

# Investment in Sanitation to Support Economic Growth in Africa:

Recommendations to the African Ministers' Council on Water (AMCOW) and Ministers of Finance

Yolande Coombes, Sophie Hickling and Mark Radin

May 2015

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## Preface

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The African Ministers Council on Water (AMCOW) was formed in 2002 in Abuja, Nigeria, primarily to promote cooperation, security, social and economic development and poverty eradication among member states through the effective management of the continent's water resources and provision of water supply and sanitation services. In 2008, at the 11<sup>th</sup> ordinary session of the Africa Union (AU) Assembly in Sharm-el-Sheikh, Heads of State and Government of the AU agreed on commitments (known as the eThekweni commitments) to accelerate the achievement of water and sanitation goals in Africa and mandated AMCOW to develop and follow up on an implementation strategy for these commitments. AMCOW has also been accorded the status of a Specialized Committee for Water and Sanitation in the African Union.

The on-going challenge of making progress on sanitation in Africa reflects, in part, policymaking without context specific country evidence, which includes both routine monitoring as well as an assessment of bottlenecks in the enabling environment. Without a focus on evidence-based decision making, countries struggle to target scarce resources and coordinate efforts among many stakeholders to scale-up sanitation programming. AMCOW recognized this important limitation and through a process known as 'AfricaSan'<sup>1</sup>, began setting a course for building up the capacity of countries to generate and utilize evidence for moving forward the effectiveness of policy decisions,

planning, and investment. Through this effort, supported by development partners, AMCOW is encouraging new approaches to meet Africa's development challenges and the regional, intergovernmental responses essential for translating the MDGs on water and sanitation into a reality in countries in Africa.

This report summarizes the results of a two-year technical assistance program requested by AMCOW, and provided by the Water and Sanitation Program of the World Bank. The objective of the technical assistance was to facilitate a process among members of national sanitation task forces, across countries in Africa, to take evidence-based decisions to inform planning, implementation, and monitoring of sanitation in order to accelerate progress towards the sanitation MDG and strengthen core government systems to the delivery of sanitation and hygiene services. Support and guidance was provided to 45 AMCOW countries (both directly and indirectly) for each country to monitor its own eThekweni commitments as well as to make necessary adjustments to its sanitation policies, programs, and strategies. Sub-regional workshops were organized for East, Southern, Central, and West African country cohorts to bring together clusters of technical working groups to facilitate cross-country learning and collectively monitor progress. The report makes recommendations based on the findings from the countries supported under this technical assistance.

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<sup>1</sup> See Annex 3 for more details.

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# Executive Summary

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- i. Africa will not meet the MDG for sanitation and continues to bring up the rear in the global race towards all the MDGs.** Globally, 19 of the 27 countries with highest rates of open defecation are in Africa, while the number of people without an improved sanitation facility across the region has increased by 197 million over the last 25 years.
- ii. Poor access to sanitation has a measurable human, social, and economic impact; every US\$1 dollar invested in sanitation yields a return of more than US\$6.60 in sub-Saharan Africa.** In addition to wide ranging impacts of broader development outcomes, estimates indicate between 1% and 5% of Africa's GDP is lost every year due to inadequate provision of basic sanitation services.
- iii. Yet, few sub-Saharan African countries have invested adequately to meet the Sanitation MDG.** The World Bank estimates that total expenditures are less than half of what was estimated to be required to achieve the Millennium Development Goals for water and sanitation in Sub-Saharan Africa. In addition, key aspects of the enabling environment such as effective policies, in-country ministerial leadership, national sanitation action plans, and monitoring systems are lacking in many countries.
- iv. Ministers of Finance therefore play an important role in supporting AMCOW's and other country-led efforts to bridge the sanitation access gap.** Specific recommendations for action include:
  - a) Increase public investment to a minimum of 1.2% of GDP by 2018; begin by doubling specific sanitation budget line-items for each year over the next 3 years;
  - b) Require the development of a sanitation strategy, financing, and monitoring plan;
  - c) Explore commercial financing as needed, particularly for urban infrastructure;
  - d) Use public investment to tackle rural sanitation where economic cost savings will be greatest;
  - e) Track financial flows for sanitation for greater accountability and targeting.
- v. AMCOW has gained significant momentum in supporting countries to tackle the sanitation challenge over the last 12 years;** countries participating in AMCOW's sanitation processes through AfricaSan have reduced open defecation faster than countries that have not. However, AMCOW has not been effective at facilitating countries to reach all the commitments for sanitation set in 2008.
- vi. AMCOW can also continue to play a catalytic role in tackling this challenge going forward by strengthening the enabling environment for the sector.** AMCOW should consolidate progress by drawing together lessons from AfricaSan to lead countries in making Africa open defecation free. Specific recommendations for AMCOW ministers responsible for sanitation include:
  - a) Redouble efforts in promoting sanitation at the highest political levels through the Africa Union and the Sanitation and Water for All global forum.
  - b) Lead the strategic development of a new set of country commitments for sanitation – linked to the SDGs with an increased focus on the poor.
  - c) Establish a system of sanitation (separate from water) and Technical Advisory Committees (TACs) that will act as focal points across global, regional, and national sector processes.
  - d) Provide country-specific evidence to lobby Ministers of Finance to increase public investment in sanitation.
  - e) Assist member countries to:
    - Establish one ministry responsible for coordinating all in-country sanitation activities and is accountable for delivering on a sanitation specific national action plan,
    - Focus implementation on key elements of the enabling environment such as policy, institutional arrangements, products and tools, capacity, financing and M&E, and
    - Ensure sanitation policies promote effective, low-cost models to increase sanitation access at scale.

# A. Investments in sanitation are vital for development and growth

## Africa will miss the sanitation MDG

1. **Africa will not meet the MDG for sanitation and continues to bring up the rear in the global race towards the MDGs.** More than 75% of the 46 countries around the world where sanitation coverage is less than 50 percent are found in Africa. AMCOW's 2014 Africa Water and Sanitation Report notes that 54% of the population in the 47 Member States that provided data still lack adequate sanitation facilities.
2. **Furthermore, open defecation continues to be endemic in Africa.** Of the 27 countries around the world with the highest rates of Open Defecation, 19 are found in Africa (see figure 2). Open defecation, especially in densely populated communities, represents a health and security risk to individuals and a serious public health risk to communities.
3. **Poor progress on the sanitation MDG halts progress in other MDGs.** It is not just in sanitation that Africa lags in the MDGs but in many other sectors as well<sup>2</sup>. This is not surprising when you examine the relationship that sanitation has with development across the board.

***"We have to fix sanitation if we want to end extreme poverty by 2030 and boost the incomes of the poorest 40 percent"***

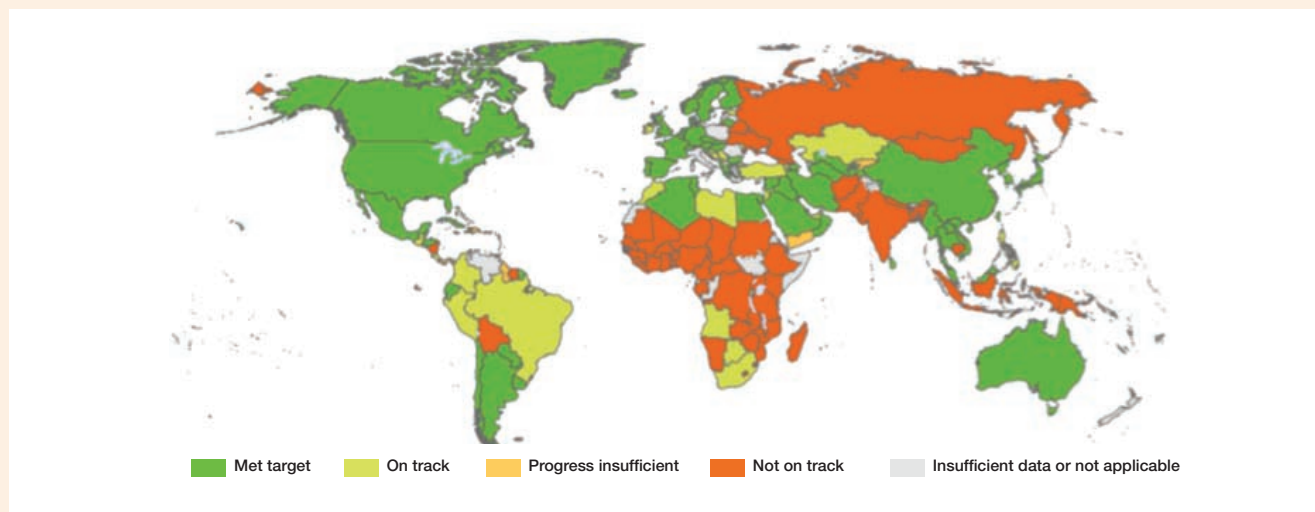
Dr. Jim Yong Kim,  
World Bank Group President

***"Access to sanitation is deeply connected to virtually all the Millennium Development Goals in particular those involving the environment, education, gender equality, the reduction of child mortality and poverty"***

Ban Ki-moon,  
UN Secretary-General 2008

For example, inadequate sanitation has a direct negative impact on the productivity of current work forces and in the education of future generations.

**FIGURE 1: PROGRESS TOWARDS SANITATION MDG: OF THE 69 COUNTRIES NOT ON TRACK TO MEET THE MDG SANITATION TARGET, 37 ARE IN SUB-SAHARAN AFRICA**



Source: JMP 2014 Update

<sup>2</sup> United Nations. The Millennium Development Goals Report 2009.

## The impact of poor sanitation is wide-ranging

4. **The effects of poor sanitation are wide-ranging but directly impact on health.** Poor sanitation directly affects child health (lack of clean water and sanitation, brings about nearly 2 million child deaths a year from diarrhea), long-term growth, and susceptibility to chronic disease later in life because of childhood severe malnutrition. Data has shown that improved sanitation technologies can reduce diarrhea by about 36%<sup>3</sup>. In addition, lack of sanitation and water, along with poor hygiene practices, is believed to contribute to as much as 50% of the effects of malnutrition<sup>4</sup>.
5. **In sub-Saharan Africa, an estimated 99 million school days are lost per year because of the lack of sanitation according to the WHO.** Building water and sanitation facilities in schools would attract and retain more students, particularly girls. In addition, health and nutritional status are important predictors of future cognitive and educational achievement.
6. **One in four girls does not complete primary school, compared with one in seven boys.**<sup>5</sup> Girls, particularly those old enough to menstruate, are reluctant to attend schools without toilets. The lack of girls in school is particularly damaging to the economy of a country because it foregoes development potential.

## Poor sanitation carries a real and measureable economic impact

7. **The human, social, and environmental costs of poor sanitation have a real economic impact; estimates indicate between 1% and 5% of the continent's GDP is lost every year due to inadequate provision of basic sanitation services,** this equates to losses of up to US\$80 billion annually,<sup>6</sup> made up by the cost of morbidity, mortality, productivity, and access time. **These estimates are very likely to be underestimated.**

<sup>3</sup> Cairncross, S et al. 2010. "Water, sanitation and hygiene for the prevention of diarrhoea". *International Journal of Epidemiology* 39(1): i193-1205 [http://ijer.oxfordjournals.org/content/39/suppl\\_1/i193.full](http://ijer.oxfordjournals.org/content/39/suppl_1/i193.full).

<sup>4</sup> Pruss-Ustun, A et al. 2008. "Safe water, better health". *World Health Organization*. [http://whqlibdoc.who.int/publications/2008/9789241596435\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241596435_eng.pdf).

<sup>5</sup> UNICEF 2008 "Why improved Sanitation is important for children". UNICEF and the International Year of Sanitation. [http://www.unicef.org/wcaro/WCARO\\_WWD\\_UNICEF-IYS\\_why.pdf](http://www.unicef.org/wcaro/WCARO_WWD_UNICEF-IYS_why.pdf).

<sup>6</sup> Calculated as 5% of GNP for Sub Saharan Africa from <http://data.worldbank.org/region/SSA>.

It is not possible to quantify many of the other costs associated with poor sanitation and hygiene - such as the impact on child cognitive development associated with malnutrition, water pollution, costs from epidemic outbreaks of cholera, and costs of the loss of other important economic activities such as tourism.

8. **Currently the highest burden of poor sanitation is in rural areas, yet rural sanitation requires less investment to meet national targets.** Losses in Africa are greater for rural sanitation, approximately 70% of annual losses are due to inadequate rural sanitation<sup>7</sup>. Yet the annual public CAPEX to meet national targets<sup>8</sup> is three times more for urban (average of US\$66m) compared to rural (US\$ 19m), this is because many countries expect the assumed user contribution to be 100% in rural areas, due to the relatively lower technology costs which can be met by households. Countries will still need to invest in demand creation and core government processes for sanitation but not capital expenditure. However, in some countries (e.g. Benin) urban users are expected to contribute more than rural and so in these countries public CAPEX is less. Table 1 also shows that the planned cost per beneficiary is also greater for urban than rural (almost 40% more), a reflection of the higher costs associated with urban sanitation delivery.
9. **Liberia, Sierra Leone and Guinea, for example, have lost US\$1.6 billion in terms of GDP due to the Ebola outbreak**<sup>9</sup>. Investment in hygiene and sanitation as well as improving service levels, will contribute to reducing future outbreak risks, not only of Ebola but other water scarcity related diseases such as Cholera.
10. **Improved sanitation is therefore not just a sector issue; it is a strategic tool in poverty alleviation.** For the poorest 40 percent, unimproved sanitation causes increased economic hardship and as a result the poorest are more likely to bear disproportionately the associated economic burden of inadequate sanitation (more frequent water-borne illness, foregone wages, etc.). Improved sanitation facilities are therefore not merely a means to improved health, but are important stepping stones for poverty reduction.

<sup>7</sup> Calculated from urban/rural averages from 16 countries where Economics of Sanitation in 2011.

<sup>8</sup> Calculated from the AMCOW country status overviews in 2012.

<sup>9</sup> World Bank. 2014. *The Economic Impact of the 2014 Ebola Epidemic: Short- and Medium-Term Estimates for West Africa*. Washington, DC.



**TABLE 1: ANNUAL RURAL AND URBAN LOSSES AND PUBLIC CAPEX NEEDED TO MEET NATIONAL TARGETS.**

Country	US\$ amount Lost (US\$)			Proportion of Economic Impacts/Costs		Assumed User Contribution		Annual Public CAPEX Needed to meet national target (US\$)		Planned Cost per beneficiary (US\$)	
	Rural	Urban	Total	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Benin	64m	39m	103m	62%	38%	40%	80%	65m	18m	165	164
Burkina Faso	141m	30m	171m	82%	18%	4%	20%	19m	11m	17	41
C.A.R	16m	10m	26m	62%	38%	0%	0%	9m	2m	20	10
Congo, DRC	137m	72m	209m	66%	34%	40%	40%	3m	16m	15	124
Ethiopia	592m	69m	661m	90%	10%	100%	100%	0	0	61	107
Ghana	148m	142m	290m	51%	49%	100%	100%	0	0	130	261
Kenya	253m	69m	322m	79%	21%	82%	48%	48m	60m	158	191
Liberia	8m	9m	17m	47%	53%	80%	50%	50m	22m	130	291
Mauritania	28m	13m	41m	68%	32%	40%	25%	9m	8m	61	81
Mozambique	83m	41m	124m	67%	33%	48%	38%	21m	46m	39	86
Niger	126m	22m	148m	85%	15%	50%	50%	23m	7m	30	58
Nigeria	1600m	1400m	3000m	53%	47%	100%	50%	0	612m	75	88
Rwanda	44m	10m	54m	81%	19%	70%	70%	8m	3m	43	74
Tanzania	156m	50m	206m	76%	24%	100%	73%	0	15m	36	52
Uganda	156m	20m	176m	89%	11%	100%	53%	0	11m	12	34
Zimbabwe	81m	39m	120m	68%	33%	50%	30%	45m	227m	13	26
Average				70%	30%	63%	52%	19m	66m	59	99

Source: WSP Economics of Sanitation for Africa reports; AMCOW Country Status Overviews

## Financing sanitation is a prudent investment and will support economic growth

**11. Access to improved sanitation has a measurable economic impact: every US\$1 dollar invested in sanitation yields a return of more than US\$6.60 in sub-Saharan Africa.**<sup>10</sup> Improved water supply and sanitation results in quantifiable benefits with substantial direct economic value. Investment in sanitation services, therefore, supports economic growth opportunities.

<sup>10</sup> Hutton, G., Haller, L., and Bartram, J. 2006 Economic and health effects of increasing coverage of low cost household drinking-water supply and sanitation interventions to countries off-track to meet MDG target 10. UNDP and WHO.

Africa loses more money from poor sanitation than is required to ensure universal access to sanitation. The WHO report quantifying the benefits of water and sanitation improvements in monetary terms showed clearly that the values are enormous: the benefit cost ratio is always greater than one for investments in water and sanitation, and in Africa it is greater than 10.<sup>11</sup>

**12. Financing sanitation is therefore a prudent public investment that will compensate for required investment over time.** At the global level, six studies

<sup>11</sup> Hutton et al IBID.

have been conducted to date on the costs of meeting the sanitation component of the MDG (target 7C). These estimates range from a low of US\$ 6 billion per year to a high of US\$ 23 billion per year depending on assumptions regarding what costs to include, how to value those costs, and the source of data. This is still considerably less than the annual losses due to the negative impacts of poor sanitation in Africa. In Sub-Saharan Africa, current spending on water supply and sanitation (investments, operation and maintenance) totals US\$7.6 billion per year (on average US\$4.7 billion per year for investments), or 1.19% of the regional GDP<sup>12</sup>.

- 13. However, current expenditures are not adequate.** The World Bank estimates that total expenditures are less than half of what was estimated to be required to achieve the Millennium Development Goals for water and sanitation in Sub-Saharan Africa; about US\$21.9 billion per year or 3.3% of the regional GDP, and for sanitation alone the AICD estimates US\$6 billion or roughly 0.9 percent of Africa's GDP.<sup>13,14</sup> The African Development Bank estimates a smaller, yet still challenging, figure of US\$12 billion is required annually to cover Africa's needs in improved water supply and sanitation<sup>15</sup>. Of 30 countries for which sanitation financing estimates were made for the eThekweni commitment monitoring, 16 have sanitation allocations of less than 0.1% of GDP and 14 had sanitation allocations of 0.1-0.5% of GDP against the eThekweni commitment (2008) of a minimum of 0.5% GDP allocated to sanitation and hygiene.

<sup>12</sup> Africa Infrastructure Country Diagnostic (AICD) (2010). Africa's Infrastructure: a Time for Transformation. Washington: World Bank. Flagship report. Given current data sources, it is not possible to disaggregate the data to get current spending on sanitation alone.

<sup>13</sup> (AICD) (2010) IBID.

<sup>14</sup> The AICD costs are lower because investments costs are based on minimum acceptable asset standards; (services will be upgraded only for a small part of customers and the relative prevalence of sanitation supply modalities will remain constant between 2006 and 2015). Therefore, as population grows, in 2015 more people will be accessing improved sanitation - this being sewers, septic tanks or improved latrines; however, Measured as share of population, access to improved sanitation will be the same as of today.

<sup>15</sup> African Development Bank (2010). Financing Water & Sanitation Infrastructure for Economic Growth and Development. Technical Summary: Proceedings and Outcomes of the Sessions during the 2nd African Water Week, 9–11 November 2009, Johannesburg, South Africa. Tunis: African Development Bank.

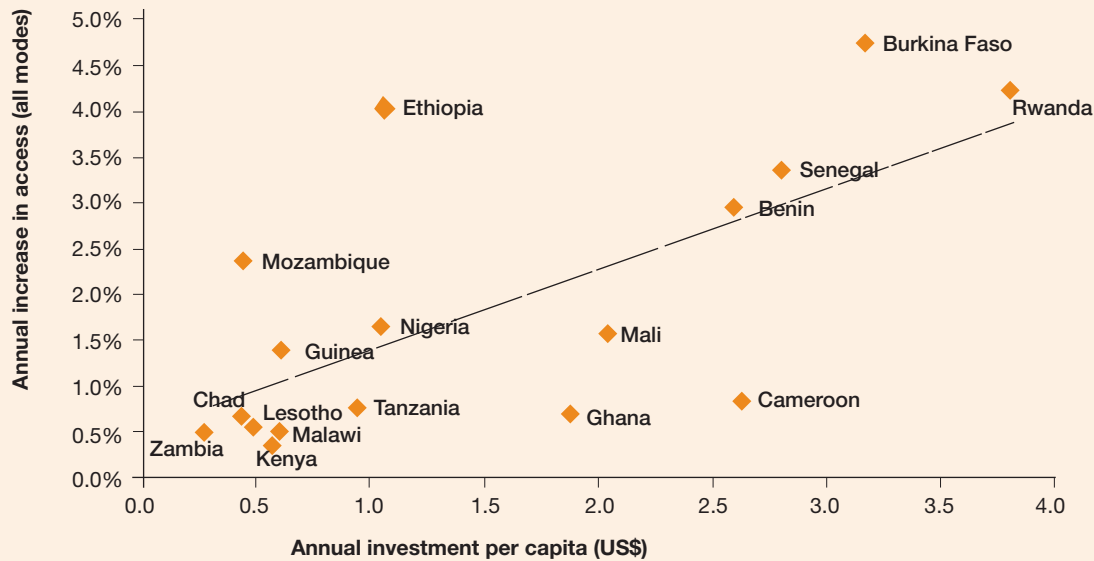
- 14. Quality not quantity of investments is critical for achieving the expected impact.** Figure 3 shows that spending more will not automatically yield results. Countries such as Senegal, Benin, and Cameroon invest approximately between US\$2.50 and 3.00 per capita per year. However, because of greater clarity in strategy and targeting, both Senegal and Benin have been able to achieve an annual increase nearly five-times greater than Cameroon. Other factors that contribute to this difference in outcomes include effective sanitation policies and emphasis on relatively low cost sanitation models, which make it cheaper to expand access. **It is important to note that Rwanda, which is one of only three<sup>16</sup> countries in Sub-Saharan Africa on track to meet the sanitation MDG, has increased investment in sanitation to achieve this result.**

- 15. Spending public funds on sanitation is a good investment because it deals directly with negative externalities.** Resources are scarce for all sectors, so it is important for Governments to prioritize public investment where goods are public, and the private sector is less likely to invest. By eliminating open defecation and increasing access to improved sanitation at the community level, benefits are accrued to everyone (not just those who previously did not have access) through reducing exposure to fecal contamination.

- 16. Eliminating open defecation, which tends to be a rural phenomenon, requires adopting and financing approaches that mobilize entire communities and promote community level total sanitation.** Experience shows that sanitation efforts fail when they are based exclusively on subsidizing latrines. Therefore, demand creation needs to come first. Public funding has a critical role to play for prioritizing software initiatives that create demand among target populations. Experience from other regions also shows that hardware subsidies applied on an output basis rather than an input basis can be effective in stimulating demand and leveraging private investment.

- 17. Tackling the negative externalities of poor sanitation in urban centers requires a city-wide sanitation approach.** Economic analysis is required to understand the most cost-effective solutions in

<sup>16</sup> The JMP 2014 update notes Rwanda, Angola and Botswana are on track to achieve the Sanitation MDG.

**FIGURE 3: AVERAGE ANNUAL INVESTMENT PER CAPITA AND THE ANNUAL INCREASE IN COVERAGE SELECTED COUNTRIES IN AFRICA**

Source: AICD DHS/MICS Survey Database, 2007

urban areas. In densely populated built environments, sanitation solutions may be limited and often have to be retrofitted. In smaller urban centers conventional sewer systems may be prohibitively expensive and not financially viable. As a result, a city-wide sanitation approach may require public investment in fecal sludge management systems (to safely deal with the waste produced by on-site solutions such as latrines) where conventional or unconventional sewer networks are not physically or financially feasible. Where sewerage systems do exist, financing household connections can address negative externalities as well as expand the customer base for utilities. Decentralized wastewater treatment may also play a role and be an integral part of a city-wide sanitation strategy.

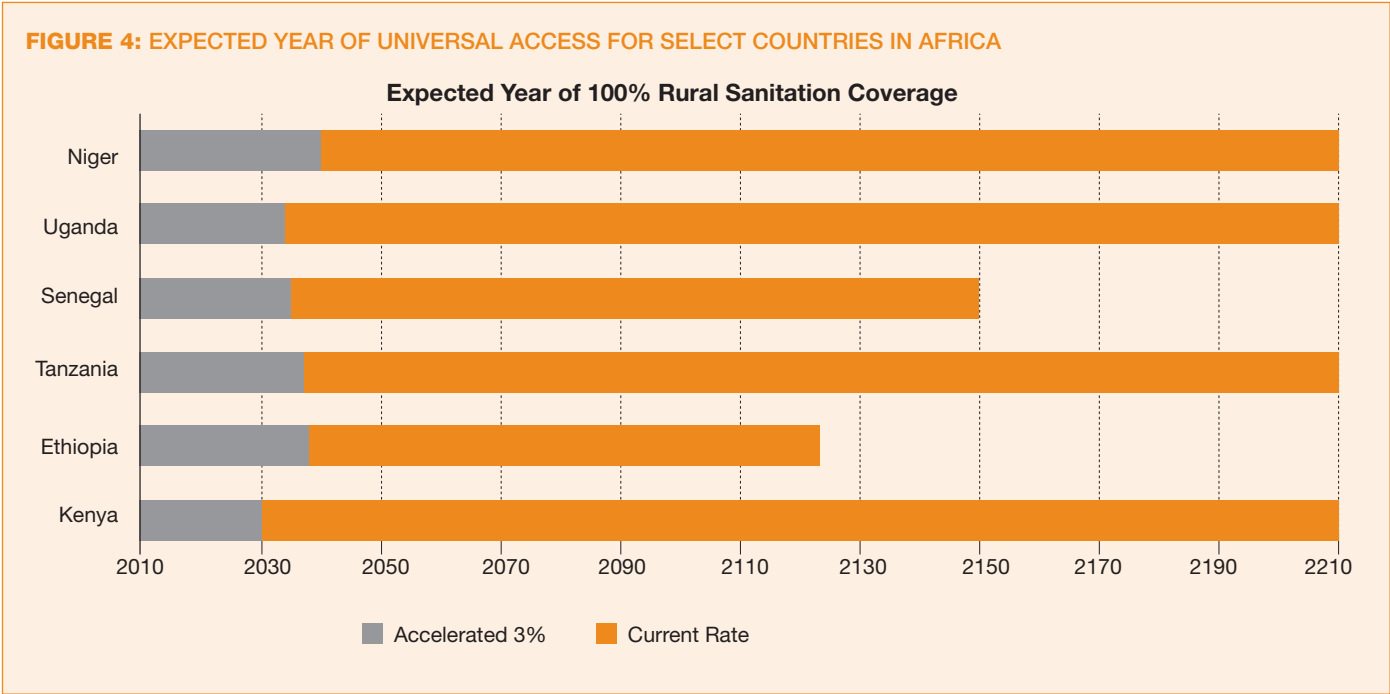
**18. Investment should focus on strengthening the enabling environment for sanitation**, especially for rural sanitation where 70% of the capital expenditure is met by households. A concerted effort to tackle rural sanitation will yield dividends given the greater burden, but smaller investment required, and proven methodologies for increasing demand. These methodologies (Community Led Total Sanitation, and Behaviour Change Communication) linked to

private sector participation through the development of low cost technologies for rural on-site sanitation can all be delivered through a strengthened enabling environment.

**19. Countries can accelerate the rate of access to sanitation by focusing on key elements of the enabling environment.** Figure 4 shows how long it will take selected countries in Africa to achieve universal access if they continue at present rate, and if they were to accelerate by 3% annually. Acceleration by 3% would have most countries achieving universal access in the next 20 years as opposed to more than 200 years for Niger, Uganda, Tanzania, and Kenya. Based on learning from other countries<sup>17</sup>, it is possible to accelerate the rate of access by more than 3% by focusing on key elements of the enabling environment such as policy, institutional arrangements, products and tools, capacity, financing, and M&E. Choosing to invest in sanitation, and to accelerate the rate of access for the continent, can begin by requiring sector frameworks to provide adequate enabling environments.

<sup>17</sup> Water and Sanitation Program, World Bank (2012) What does it take to scale up?

**FIGURE 4: EXPECTED YEAR OF UNIVERSAL ACCESS FOR SELECT COUNTRIES IN AFRICA**



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# B. Recommendations to Ministers of Finance

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**20. Countries will require the active support of Ministers of Finance to bridge the sanitation access gap.** The sanitation gap cannot be bridged without cohesive support from Ministers of Finance. While each country will need to tailor approaches for each specific context, there are three broad steps Ministers of Finance can take immediately.

**21. First, double public sector investments in sanitation each year over the next 3 years.** Public financing of sanitation represents a sound investment. In 2007, an AICD report estimated countries needed about 0.9% of GDP to meet the MDG. The Sustainable Development Goals will require an even higher investment due to the focus on universal access. Countries should therefore aim to invest at least 1.2% of GDP in the sector by 2018. While this financial commitment represents a challenge for most countries, the economic return on the investment will be up to US\$6.60 for every dollar invested. Where resources are constrained, focus should be placed on rural sanitation where the return on investment is higher. Rural sanitation coverage can be achieved through strengthening the enabling environment for demand creation and for private sector participation to meet supply, while households fund the capital investment of household sanitary infrastructure. Rural sanitation requires less public sector investment but at the same time tackles the negative externalities which lead to the high economic costs associated with poor sanitation.

**22. Second, improve the tracking of financial flows in sanitation.** Doubling allocations requires understanding the current financial flows into the sector. Financing the cost of sanitation services currently comes from three main revenue sources, in order of magnitude: donor or philanthropic contributions; tariffs; and taxes. Tracking financial flows in the sanitation sector is particularly challenging and there have been several high profile efforts (see Annex 2) to introduce more consistency and methodological rigor in tracking financial flows at both the national and sub-national levels. Ministers of Finance need to work more closely with Ministries responsible for the delivery of

***“We’ve got a lot of rigorous evidence that sanitation can be one of the most productive investments you can make”***

**Shanta Deverajan,**  
World Bank Chief Economist for Middle East/North Africa Region

sanitation (in most countries this is more than one ministry) in order to track financial flows to boost accountability and transparency in the sector and make sound and evidence-based financing decisions. A lack of definition in the structure of public budgets obscures identification and tracking of expenditure in sanitation while output reporting is rarely consolidated. In order to be able to provide better guidance on investment in sanitation, countries must be able to better track financing inputs through to sanitation outcomes.

**23. Third, leverage new sources of commercial finance, particularly to develop urban infrastructure.** Africa and Asia are projected to have historically high urban growth rates over the next decade. This requires urgent attention by countries to find innovative financing approaches to incentivize municipalities and utilities to undertake policy and institutional reform, investing in capacity building, city-wide sanitation planning, and cost-effective approaches (not only conventional networked sewerage systems) to ensure adequate sanitation service delivery. In addition to the tariffs, transfers, and taxes available to finance sanitation, repayable financing in the form of commercial loans, bonds or equity, may be used to help bridge the financing gap, particularly for income-generating investments. However, Ministries responsible for sanitation need support for project preparation for financed capital expenditure via commercial financing. Within urban utilities, operational inefficiency and lack of financial management skills, including project modelling, business plan writing, and loan application procedures needs prioritisation in order to raise the financial and operational capacity of utilities to a level sufficient to obtain commercial financing.

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## C. Lessons from Implementing AfricaSan Processes

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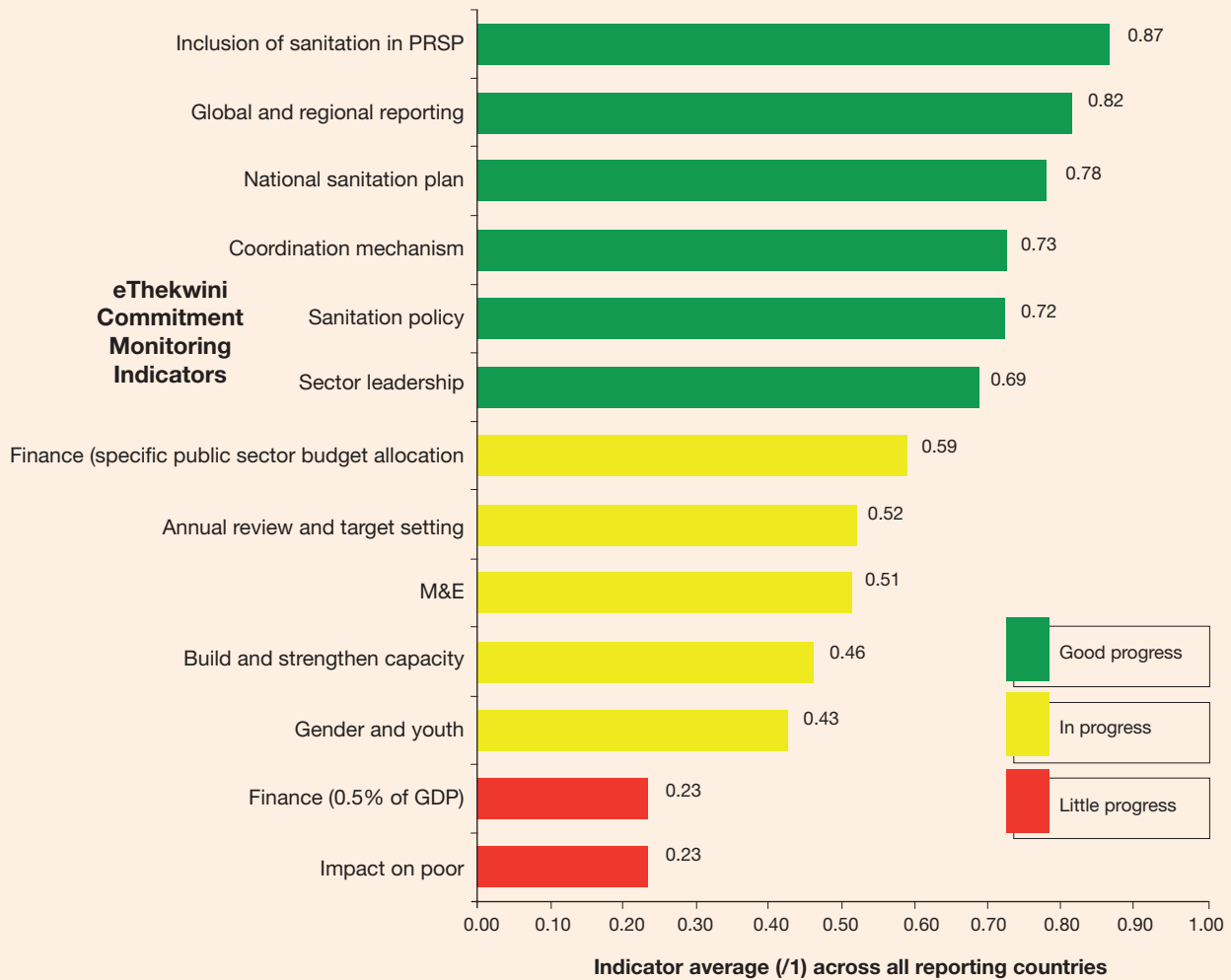
- 24. The lack of a rigorous evidence base within each country exacerbates the challenge of making progress on sanitation.** AMCOW recognized the need for policy makers to base their decisions on country specific data, which includes both routine monitoring as well as an assessment of bottlenecks in the enabling environment for sanitation. As a result of the lack of data, countries have struggled to target scarce resources and coordinate efforts to scale-up sanitation and hygiene and achieve the economic returns without proper data and information.
- 25. AMCOW started the process for change through the AfricaSan process.** AMCOW began building the capacity of countries to generate and utilize evidence for moving forward the effectiveness of policy decisions, planning, and investment. Through the AfricaSan process, supported by development partners, AMCOW has been leading the regional, intergovernmental response for supporting countries to improve their approach to sanitation recognising that a blend of political support, technical advice and knowledge exchange was needed to develop momentum for sanitation. (see Annex 3 for more details).
- 26. Ensuring commitment for sanitation delivery through national plans and dedicated budget lines that strengthen the enabling environment.** In 2008, AMCOW members endorsed the *eThekwini Declaration* which was subsequently included in the Sharm el Sheikh declaration by the African Union Heads of State. Specifically, governments committed themselves to develop single national plans for accelerating progress to meet sanitation goals, and to allocate dedicated budget lines for sanitation and hygiene programs. The number of countries submitting national plans has steadily increased since 2008, and has now reached 30 out of 47 countries, with progress in terms of policy, leadership, and raising the profile of sanitation.
- 27. Across the board, countries have made little progress in allocating a minimum of 0.5% of GDP<sup>18</sup> and monitoring equity.** Because the poor are disproportionately affected by inadequate sanitation, it is important to monitor equity of impact on the poor in all countries. Other bottlenecks in the enabling environment for sanitation progress (See Figure 5) include addressing impacts on gender, strengthening capacity, and monitoring and evaluation.
- 28. Countries with specific sanitation action plans to strengthen the enabling environment perform better against the commitments than those who have not developed them.** Countries are committed to defining specific and measurable priority country actions to improve performance in the sanitation and hygiene sector. More than 35 countries have undertaken sector wide reviews of eThekwini monitoring including identifying data sources to support revised scores between 2012 and 2014. All but 2 out of 47 countries in Sub-Saharan Africa have taken steps to improve across all 10 eThekwini commitments (13 indicators). Countries with action plans, regular reporting against eThekwini commitments and that have participated in AfricaSan regional and continental meetings have higher reductions in open defecation - an average drop in open defecation by 2.36% - compared to an average of 1.03% for countries who have been less active in AfricaSan processes (monitoring, attending meetings, and developing action plans)<sup>19</sup>.
- 29. Involvement in international processes such as Sanitation and Water for All accelerates progress.** The 2013 AfricaSan regional meetings emphasised the linkages between country AfricaSan priority action plans and the Sanitation and Water for All<sup>20</sup> (SWA) High Level Commitments (HLCs). AMCOW also stressed the importance of ensuring that both processes are grounded in sector evidence to align results. As a

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<sup>18</sup> This amount was signed up to in the eThekwini declaration and endorsed by the AU SharmelSheikh summit on water and sanitation.

<sup>19</sup> This difference is statistically significant at the 10 percent level.

<sup>20</sup> Sanitation and Water for All is a global partnership of over 90 developing country governments, donors, civil society and other development partners working together to catalyse political action, improve accountability and use resources more effectively : <http://sanitationandwaterforall.org>.

**FIGURE 5: 2013 ETHEKWINI MONITORING; BOTTLENECKS FOR SANITATION**

consequence of this effort, alignment between priority areas and SWA HLC commitments has increased<sup>21</sup>.

**30. Effective leadership is a significant factor in providing sanitation services.** 17 countries that had a ‘good’ progress score on the ‘principal accountable institution’ indicator in 2011 had an overall score average in 2013 that was 17% higher<sup>22</sup> than 14 countries with less progress on the same indicator.

<sup>21</sup> For the sample of 22 countries that participated in both the 2011 and 2013 AfricaSan meetings and both 2012 and 2014 SWA HLCs meetings.

<sup>22</sup> This difference is statistically significant.

**31. Countries that have one coordinating body involving all stakeholders are making the most progress.** According to the eThekweni monitoring, having one coordinating body is the most significant indicator in reaching a higher total average eThekweni score. The 18 countries that had good progress in this indicator in 2011 had a 33% higher average composite score in 2013 as compared to the 11 countries with some progress in this indicator. This difference is statistically significant.

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# D. Recommendations to AMCOW Ministers

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32. **AMCOW can play a vital role in providing leadership for countries to achieve the anticipated SDGs, specifically making Africa open defecation free.** As the sanitation sector in Africa moves forward with a shift in focus from halving those without access (MDG target), to a much more ambitious vision of securing universal access to sanitation, AMCOW is ideally positioned to enhance the role it has taken in terms of setting commitments and monitoring progress toward them.
33. **Engage more actively with Ministers of Finance to increase public investment in sanitation.** AMCOW's 2014 Africa Water and Sanitation Report highlights current levels of funding as a key constraint to progress towards the sanitation MDG. AMCOW needs to redouble its efforts to translate into action the commitments of Africa's political leadership, none of which have been met.
34. **Implement strategies to promote sanitation at the highest political levels through the Africa Union and Sanitation and Water for All (SWA),** especially to Ministries of Finance, Heads of State and Prime Ministers. AMCOW is encouraged to host through the African Union a regional seminar on sanitation financing with Ministries of Finance in Africa. In addition, AMCOW is encouraged to help countries align themselves to SWA processes and the high level commitments.
35. **Lead the strategic development of a new set of commitments for sanitation with relevant indicators.** As we approach the end of the MDG period, there needs to be a new set of commitments

*“What we are seeking today is a step-change in political will for action for achieving sanitation, hygiene and water for all.”*

H.E. Mr. John A. Kufuor,  
President of Ghana (2001–09) and Chairperson of the  
African Union (2007–08) and Chair of Sanitation and  
Water for All

*“Without a specific focus on progressively eliminating inequalities we will never truly reach the universal access target.”*

Ms. Catarina de Albuquerque,  
UN Special Rapporteur on the human right to safe  
drinking-water and sanitation

- that guide countries towards meeting the anticipated Sustainable Development Goals and the elimination of open defecation. Whilst the eThekweni commitments (2008) were remarkable in that they rose awareness for an otherwise neglected sector, there is now a shift towards sustainability and quality of services. Updated commitments should outline the step changes on a progressive scale with intermediate milestones against the SDGs.
36. **Lead the development of a new AfricaSan monitoring system for benchmarking.** AMCOW should consider whether to develop a unique AfricaSan monitoring system or to use existing monitoring tools such as JMP and GLAAS. If new indicators are to be developed, then consideration should be given to how they will be verified. AMCOW should also consider whether to maintain having a committee or group responsible for monitoring AfricaSan commitments.
37. **Maintain a focus on the poor.** Despite a few notable exceptions, most recent service development has mainly benefitted the rich. Only three countries in sub-Saharan Africa implement specific financial measures that help the poor. To fulfil this recommendation, AMCOW should consider developing a strategy to promote increased focus on the bottom 40% and AMCOW should consider how to better measure sanitation outcomes within the bottom 40% and how to elevate the discussion on inequality within the sanitation sector.



- 38. Support countries to tackle rural sanitation by focusing on the enabling environment** by creating demand and facilitating the engagement of the domestic private sector to provide low cost sanitation solutions that households are prepared to invest in. Public funds for rural sanitation should focus on demand creation, implementation arrangements, building government capacity and monitoring and evaluation
- 39. Urban sanitation needs increased investment by Governments, donors, and domestic private sector financing.** AMCOW could document innovative approaches that have been taken to blended financing and PPPs to provide countries with guidance on how to tackle sanitation service delivery in large metropolitan areas as well as small towns which are projected to be the recipients of most of the growth in urbanisation.
- 40. Establish a system of sanitation technical advisors that will act as focal points across global, regional and national sector processes.** AMCOW works with country *Water* TACs (Technical Advisory Committees) whose water focus means that sanitation responsibilities are often unclear and the information flow interrupted at the country level. AMCOW is encouraged to identify a solution to these structural challenges so that Ministers responsible for sanitation (where this is not the same portfolio as water) can become engaged in regional sanitation leadership with AMCOW.
- 41. Assist countries in identifying one ministry responsible for sanitation.** The importance of having one clear, accountable ministry responsible for sanitation has been established. Increasingly, effective sanitation programs have found an institutional home outside the national ministry of water.

# Annex 1: eThekwini commitment progress scores

## East Africa

eThekwini commitment on sanitation		East Africa											
		Burundi	Comoros	Djibouti	Eritrea	Ethiopia	Kenya	Rwanda	Somalia	South Sudan	Sudan	Tanzania	Uganda
3a	To establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008	Good	Little	No Info	No Info	Good	Good	Good	In Progress	Good	In Progress	In Progress	Good
3b	To establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015,	Good	Little	No Info	No Info	Good	Good	Good	In Progress	Good	In Progress	In Progress	Good
3c	and take the necessary steps to ensure national sanitation programs are on track to meet these goals	In Progress	Little	No Info	No Info	Good	Good	Good	Little	In Progress	In Progress	In Progress	Good
4	To increase the profile of sanitation and hygiene in Poverty Reduction Strategy Papers and other relevant strategy related processes	In Progress	In Progress	No Info	No Info	Good	Good	Good	Little	Good	In Progress	In Progress	Good
5a	To ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio	In Progress	Little	No Info	No Info	Good	Good	Good	Good	Good	Good	Good	Good
5b	To establish one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders, including but not limited to those responsible for finance, health, water, education, gender and local government	Good	Little	No Info	No Info	Good	Good	Good	Good	Good	Good	Good	Good
6a	To establish specific public sector budget allocations for sanitation and hygiene programs	In Progress	Little	No Info	No Info	In Progress	Little	Good	Little	In Progress	In Progress	In Progress	Good
6b	(our aspiration is that) these allocations should be a minimum of 0.5% of GDP for sanitation and hygiene	Little	No Info	No Info	No Info	In Progress	In Progress	In Progress	Little	Little	Little	Little	Little
7a	To use effective and sustainable approaches, such as household and community led initiatives, marketing for behaviour change, education programs, and caring for the environment,	No Info	No Info	No Info	No Info	No Info	No Info	No Info	No Info	No Info	No Info	No Info	No Info
7b	(which make a) specific impact upon the poor, women, children, youth and the unserved	Little	Little	No Info	No Info	In Progress	In Progress	In Progress	In Progress	Little	In Progress	In Progress	Little
8	To develop and implement sanitation information, monitoring systems and tools to track progress at local and national levels	In Progress	In Progress	No Info	No Info	In Progress	Good	Good	Little	In Progress	Good	In Progress	Good
8b	(and to) work with global and regional bodies to produce a regular report on Africa's sanitation status, the first of which to be published by mid-2010	Good	Little	No Info	No Info	Good	Good	Good	Little	Good	Good	Good	Good
9	To recognize the gender and youth aspects of sanitation and hygiene, and involve women in all decision making levels so that policy, strategy and practice reflect gender sensitive approaches to sanitation and hygiene	In Progress	Little	No Info	No Info	Good	Little	Good	In Progress	Good	Little	Good	Little
10	To build and strengthen capacity for sanitation and hygiene implementation, including research and development, and support knowledge exchange and partnership development	In Progress	Little	No Info	No Info	Good	Good	Good	In Progress	In Progress	In Progress	Good	In Progress

**Average eThekwini Monitoring Result 2015**

● Good Progress ● In Progress ● Little Progress ● No Information

- Faded coloring indicates 2013 eThekwini monitoring results agreed during AfricaSan regional meetings, these scores have not been updated for 2015.
- All results show a weighted average of rural and urban scores, except for Somalia which shows a weighted average based on population of the three regions.

## West Africa

eThekwini commitment on sanitation		West Africa															
		Benin	Burkina Faso	Cape Verde	Côte D'Ivoire	Gambia, The	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Niger	Nigeria	Senegal	Sierra Leone	Togo	Mauritania
3a	To establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008																
3b	To establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015,																
3c	and take the necessary steps to ensure national sanitation programs are on track to meet these goals																
4	To increase the profile of sanitation and hygiene in Poverty Reduction Strategy Papers and other relevant strategy related processes																
5a	To ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio																
5b	To establish one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders, including but not limited to those responsible for finance, health, water, education, gender and local government																
6a	To establish specific public sector budget allocations for sanitation and hygiene programs																
6b	(our aspiration is that) these allocations should be a minimum of 0.5% of GDP for sanitation and hygiene																
7a	To use effective and sustainable approaches, such as household and community led initiatives, marketing for behaviour change, education programs, and caring for the environment,																
7b	(which make a) specific impact upon the poor, women, children, youth and the unserved																
8	To develop and implement sanitation information, monitoring systems and tools to track progress at local and national levels																
8b	(and to) work with global and regional bodies to produce a regular report on Africa's sanitation status, the first of which to be published by mid-2010																
9	To recognize the gender and youth aspects of sanitation and hygiene, and involve women in all decision making levels so that policy, strategy and practice reflect gender sensitive approaches to sanitation and hygiene																
10	To build and strengthen capacity for sanitation and hygiene implementation, including research and development, and support knowledge exchange and partnership development																

**Average eThekwini Monitoring Result 2015**

● Good Progress ● In Progress ● Little Progress ● No information

- Faded coloring indicates 2013 eThekwini monitoring results agreed during AfricaSan regional meetings, these scores have not been updated for 2015.
- By 2008, significant progress towards the Sanitation MDG had been made in most North African countries. Therefore North Africa as a region has not been involved in the AfricaSan and eThekwini monitoring processes to date. Mauritania however, has been fully engaged in AfricaSan and eThekwini processes; their data is presented here.

## Central Africa

eThekwini commitment on sanitation		Central Africa							
		Cameroon	Central African Republic	Chad	Congo, Dem. Rep. of	Congo, Rep. of	Equatorial Guinea	Gabon	São Tomé and Príncipe
3a	To establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008	Yellow	Green	Light Green	Green	Red	Grey	Grey	Grey
3b	To establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015,	Green	Red	Light Green	Yellow	Red	Grey	Grey	Grey
3c	and take the necessary steps to ensure national sanitation programs are on track to meet these goals	Red	Red	Light Green	Red	Red	Grey	Grey	Grey
4	To increase the profile of sanitation and hygiene in Poverty Reduction Strategy Papers and other relevant strategy related processes	Green	Green	Light Green	Green	Green	Grey	Grey	Grey
5a	To ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio	Yellow	Yellow	Light Green	Yellow	Yellow	Grey	Grey	Grey
5b	To establish one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders, including but not limited to those responsible for finance, health, water, education, gender and local government	Green	Green	Light Green	Yellow	Yellow	Grey	Grey	Grey
6a	To establish specific public sector budget allocations for sanitation and hygiene programs	Yellow	Red	Light Green	Red	Green	Grey	Grey	Grey
6b	(our aspiration is that) these allocations should be a minimum of 0.5% of GDP for sanitation and hygiene	Red	Red	Light Green	Red	Yellow	Grey	Grey	Grey
7a	To use effective and sustainable approaches, such as household and community led initiatives, marketing for behaviour change, education programs, and caring for the environment,	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
7b	(which make a) specific impact upon the poor, women, children, youth and the unserved	Red	Red	Light Green	Yellow	Red	Grey	Grey	Grey
8	To develop and implement sanitation information, monitoring systems and tools to track progress at local and national levels	Yellow	Yellow	Light Green	Yellow	Red	Grey	Grey	Grey
8b	(and to) work with global and regional bodies to produce a regular report on Africa's sanitation status, the first of which to be published by mid-2010	Green	Green	Light Green	Red	Yellow	Grey	Grey	Grey
9	To recognize the gender and youth aspects of sanitation and hygiene, and involve women in all decision making levels so that policy, strategy and practice reflect gender sensitive approaches to sanitation and hygiene	Red	Green	Light Green	Yellow	Red	Grey	Grey	Grey
10	To build and strengthen capacity for sanitation and hygiene implementation, including research and development, and support knowledge exchange and partnership development	Red	Red	Light Green	Red	Yellow	Grey	Grey	Grey

**Average eThekwini Monitoring Result 2015**

● Good Progress ● In Progress ● Little Progress ● No information

➤ Faded coloring indicates 2013 eThekwini monitoring results agreed during AfricaSan regional meetings, these scores have not been updated for 2015.

## Southern Africa

eThekwini commitment on sanitation		Southern Africa										
		Angola	Botswana	Lesotho	Madagascar	Malawi	Mozambique	Namibia	South Africa	Swaziland	Zambia	Zimbabwe
3a	To establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008											
3b	To establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015,											
3c	and take the necessary steps to ensure national sanitation programs are on track to meet these goals											
4	To increase the profile of sanitation and hygiene in Poverty Reduction Strategy Papers and other relevant strategy related processes											
5a	To ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio											
5b	To establish one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders, including but not limited to those responsible for finance, health, water, education, gender and local government											
6a	To establish specific public sector budget allocations for sanitation and hygiene programs											
6b	(our aspiration is that) these allocations should be a minimum of 0.5% of GDP for sanitation and hygiene											
7a	To use effective and sustainable approaches, such as household and community led initiatives, marketing for behaviour change, education programs, and caring for the environment,											
7b	(which make a) specific impact upon the poor, women, children, youth and the unserved											
8	To develop and implement sanitation information, monitoring systems and tools to track progress at local and national levels											
8b	(and to) work with global and regional bodies to produce a regular report on Africa's sanitation status, the first of which to be published by mid-2010											
9	To recognize the gender and youth aspects of sanitation and hygiene, and involve women in all decision making levels so that policy, strategy and practice reflect gender sensitive approaches to sanitation and hygiene											
10	To build and strengthen capacity for sanitation and hygiene implementation, including research and development, and support knowledge exchange and partnership development											

**Average eThekwini Monitoring Result 2015**

● Good Progress ● In Progress ● Little Progress ● No information

➤ Faded coloring indicates 2013 eThekwini monitoring results agreed during AfricaSan regional meetings, these scores have not been updated for 2015.

## Annex 2: Sector Efforts to track Financial Flows in Sanitation

- a) Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS) – the main objective of the GLAAS studies (pilot in 2008; update 2012) is to document the inputs in countries to deliver water and sanitation services, including the volume, source and targeting of investments. The report also identify where there are bottlenecks in achieving the water and sanitation MDGs
  - b) UN-Water TrackFin Initiative – define and test globally acceptable methodology to track WASH financing<sup>23</sup> (Tremolet 2012)
  - c) Country Status Overviews (CSO) / Service Delivery Assessments (SDA) – examine service delivery pathways to turn financing in WASH services, identify bottlenecks and estimate financial gaps
- for meeting MDGs. Use a through application of a systematic costing tool that enables unit-cost calculation of the investment requirements and funding gaps for the MDG Water Supply and Sanitation targets – assess adequacy of future investments
- d) Public Expenditure Reviews (PER) – track volume of transfers from central government to service providers and assesses quality and quantity of service provided
  - e) FEASIBLE tool – for strategic financing planning determines how much money is needed, who will fund and addresses targets to be reasonable and achievable

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<sup>23</sup> Trémolet, S. and M. Rama (2012), Tracking national financial flows into sanitation, hygiene and drinking water, A Working Paper for WHO and UN-Water GLAAS, Geneva, August 2012.

# Annex 3: Activities and Outputs of the Technical Assistance Program

1. Since 2002, WSP has supported AMOCW with the AfricaSan process, specifically leading the international task force for sanitation. In 2012, AMCOW took over leading this task force but requested WSP to continue to support AMCOW through this technical assistance program until AfricaSan 4 which takes place in May 2015 (originally planned for October 2014).
2. The development objective of this technical assistance was to facilitate country level actors, including members of national sanitation task forces, to take evidence-based decisions to inform planning, implementation and monitoring of sanitation in order to accelerate progress towards the MDGs

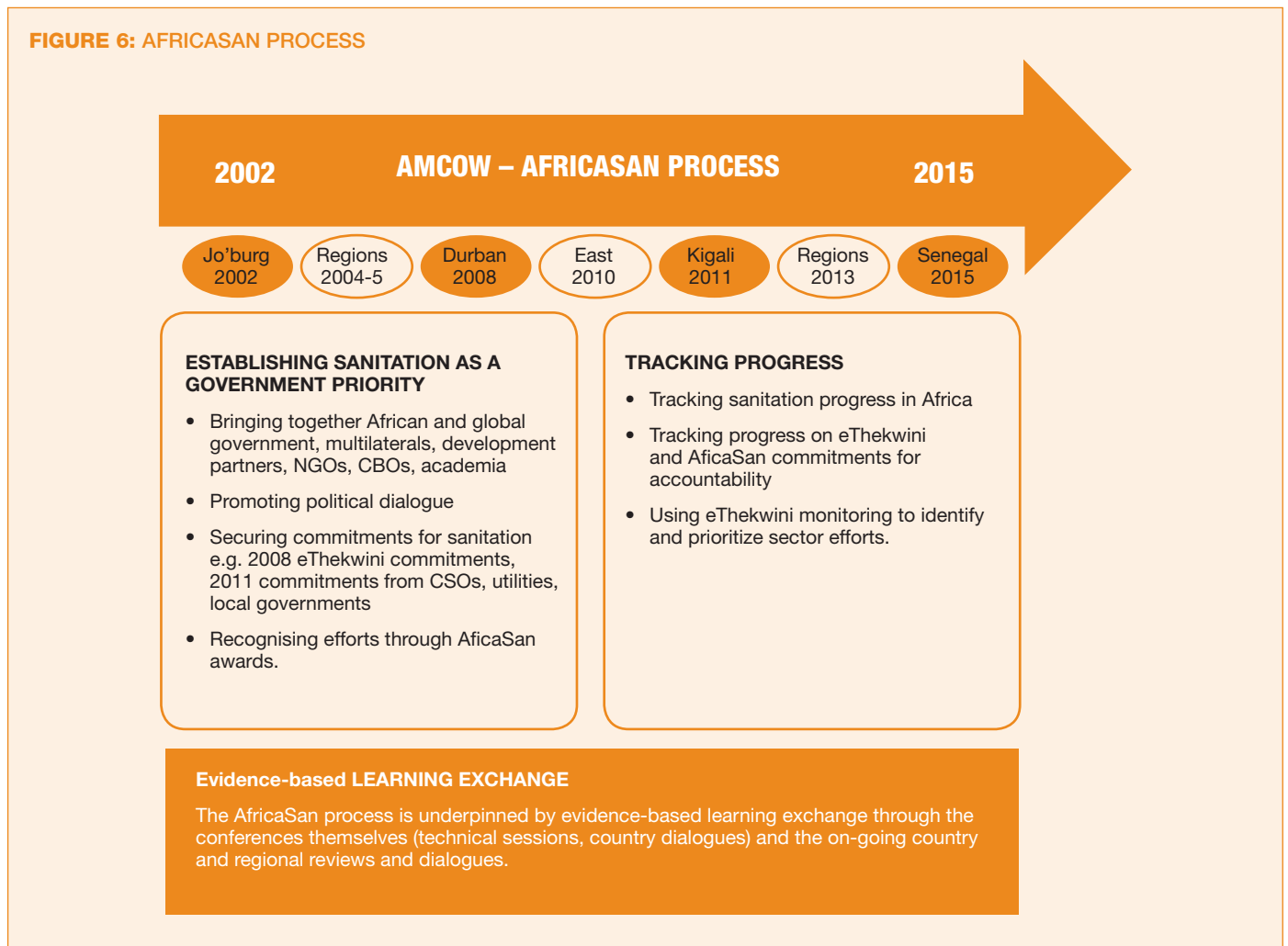
## AfricaSan Process

3. The concept of AfricaSan is to generate political momentum for sanitation as well as provide a pan-African forum to show-case best practices and support problem solving. The Africa Region was at the forefront of a movement that has expanded to South Asia, East Asia, and Latin America. From the outset, AfricaSan recognised that a blend of political support, technical advice and knowledge exchange was needed to develop momentum for sanitation. The vision was that Governments should lead sanitation improvement, whilst engaging the private sector, civil society, consumer/ community bodies, the research community, finance institutions and development agencies.
4. The AfricaSan process endorsed the *eThekwini Declaration* in 2008: specifically, governments committed themselves to develop single national plans for accelerating progress to meet sanitation goals, and to allocate dedicated budget lines for sanitation and hygiene programs.
5. In Africa, the creation of AMCOW gave AfricaSan an organized political leadership and the organizational capacity from the AMCOW secretariat. To retain engagement of partners and support agencies, the AMCOW secretariat created a Sanitation Task Force which amongst its responsibilities was the organization of AfricaSan activities.
6. Reporting to the task force is a sub-committee with responsibility for monitoring progress on the eThekwini commitments, supporting the country action planning process and organising regional learning events. WSP established this separate committee as part of this technical assistance. Figure 6 summarizes the AfricaSan Process

## Results: A strengthened evidence base for sanitation in Africa

7. AMCOW has been supported to strengthen the evidence base for sanitation in Africa with the following results supporting the development objective:
  - More than 35 countries have undertaken sector wide reviews of eThekwini monitoring including identifying data sources to support revised scores between 2012 and 2014
  - All but 2 countries in Sub-Saharan Africa have taken steps to improve. Most progress has been made on developing policies, implementation, leadership and sector coordination.
  - Thirty countries have developed country priority action plans to address identified bottlenecks in their sanitation sector. Countries with plans perform better against the commitments.
8. The following intermediate outcomes results were achieved:
  - Countries with better progress in 'Leadership' and 'Coordination' have led to those countries having overall improved scores across all the commitments.
  - Use of evidence and review of data has led to better alignment between sanitation priorities, eThekwini commitments and other international processes such as Sanitation and Water for All High level commitments advocating for increased financing to the sector.
  - Knowledge products have been generated which focus on addressing those priority areas most commonly cited by countries

FIGURE 6: AFRICASAN PROCESS



- Country Peer Learning opportunities have been provided for countries to learn directly from those countries which have achieved some success in areas they struggle with.
- Countries which have engaged more comprehensively in AfricaSan processes have seen a greater reduction in open defecation.

### Monitoring and supporting implementation of revised AfricaSan Commitment Indicators and Country Action Plans

9. At AfricaSan 3, the first All-Africa eThekwini monitoring report showed that although significant progress had been made, the monitoring indicators used did not adequately capture all commitments. The AfricaSan 3

Ministers requested that AMCOW address these issues and report back to the AfricaSan 4 conference with a final eThekwini monitoring report (see box).

10. A consultative process of revising the indicators was carried out as part of this TA through the sub-committee on eThekwini monitoring and action plans<sup>24</sup>. New indicators are now aligned to international processes (UN-Water GLAAS and the AMCOW Country Status Overviews), address all eThekwini commitments, and focus on core government systems that will strengthen service delivery.

<sup>24</sup> Sub-Committee members include: AMCOW, SWA, UNICEF, WaterAid, WSA, WSP, WSSCC.



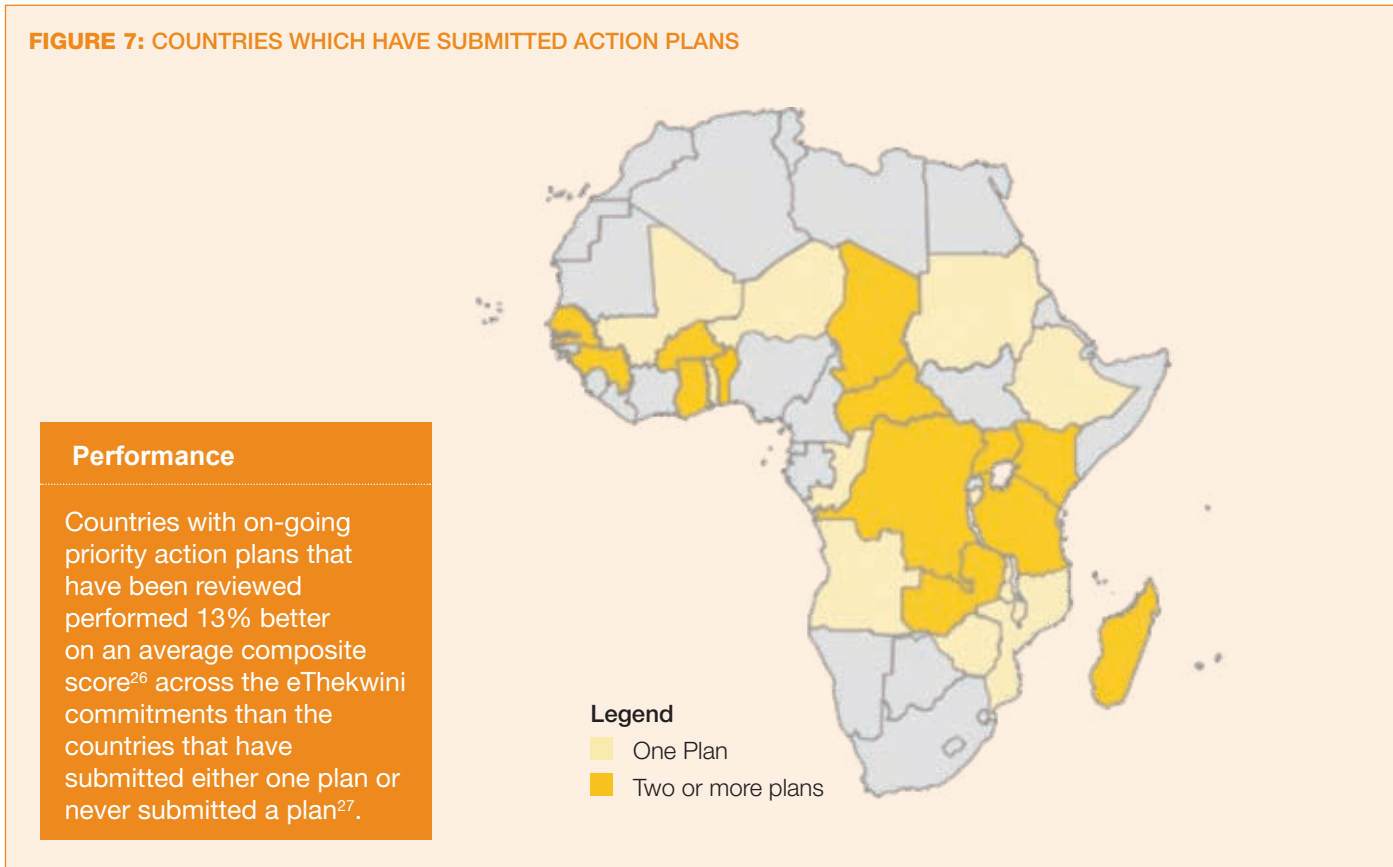
11. 30 countries used the new methodology to update and endorse eThekwini monitoring during 2013. The change in methodology in many cases promoted a greater level of evidence-based dialogue at country level, as illustrated by countries' willingness to revise draft scores both higher and lower. An All-Africa country-endorsed baseline has been generated through the 2013 AfricaSan Regional Meetings process<sup>25</sup> and is being updated through another round of country meetings in the lead up to AfricaSan 4.
12. Analysis of the eThekwini monitoring shows that a country's commitment to the priority action plan process in terms of developing, implementing, and maintaining the plans leads to increased progress against those commitments (See Figure 7).

**BOX 1: KIGALI MINISTERIAL STATEMENT ON SANITATION AND HYGIENE (EXTRACT)**

We call on AMCOW, through the Sanitation Task Force to:

- a. Review and propose indicators for those targets for which no indicators yet exist where necessary
- b. Refine indicators for those targets which have now largely been met
- c. Test and consult widely on the proposed new indicators and
- d. Report back at the next AfricaSan meeting using the new proposed indicators.
- e. Continue to report back annually on progress made in the implementation of our commitments.

**FIGURE 7: COUNTRIES WHICH HAVE SUBMITTED ACTION PLANS**



<sup>25</sup> See Regional AfricaSan meeting reports at the following link <https://www.africasan.com/pages/32/africasanreports>.

<sup>26</sup> Composite scores are based on assigning a numeric value for each sub-indicator that has been achieved.

<sup>27</sup> Although this result is not statistically significant it is indicative of the value of reviewing and updating plans.

13. The 2013 AfricaSan regional meetings emphasised the linkages between country AfricaSan priority action plans and the Sanitation and Water for All<sup>28</sup> (SWA) High Level Commitments (HLCs) and the importance of ensuring that both processes are grounded in sector evidence to ensure internal cohesion and alignment for results. Alignment between priority areas and SWA HLC commitments increased<sup>29</sup>. This reflects better use of data to identify priorities for both AfricaSan and SWA processes, and the data/evidence therefore lead to greater concurrence.
14. As a result of the regional meetings, SWA high level commitments on sanitation in 2014 were more strongly aligned to sanitation priorities than SWA commitments in 2012<sup>30</sup>. 22 countries had 2011 AfricaSan priorities and both 2012 and 2014 SWA commitments. In 2012, 63% of the 2011 AfricaSan priorities were reflected within the SWA commitments. In 2014, the percent of 2011 AfricaSan priorities reflected in the 2014 SWA commitments increased to 70%. This suggests that more detailed review of evidence and data results in more aligned commitments.

### Analysis of country progress and critical success factors

15. Effective leadership is a significant factor in providing sanitation services. 17 countries that had a 'good' progress score on the 'principal accountable institution' indicator in 2011 had an overall average score in 2013 that was 17% higher than the 14 countries with 'some' progress on the same indicator (see Figure 8). This difference is significant at the 10% level, implying that this is a very significant component for a functioning sanitation sector.
16. One coordinating body involving all stakeholders, according to the eThekwini monitoring, is the most significant indicator in reaching a higher total average eThekwini score. The 18 countries that had good

progress in this indicator in 2011 had a 33% higher average composite score in 2013 as compared to the 11 countries with some progress in this indicator (See Figure 8). This difference is significant at the 5% level and therefore has a clear correlation with higher average scores.

17. There is however still some way to go to ensure that country sector processes are aligned and promote evidence-based decision making. Inconsistent membership, a lack of clear focal point working across global, regional and country processes and inadequate use of evidence for decision making are likely to be contributing factors to the shortfall.

### Knowledge exchange

18. To transfer knowledge faster and cost-effectively, new knowledge has been successfully packaged to enhance its accessibility within and outside the sector. Client readership and audience is taken into account when developing knowledge products, for example the 6-page Economics of Sanitation Initiative Africa country reports<sup>31</sup> developed for AfricaSan 3 present key information in an accessible format. Accompanying guidance on how to use new knowledge for advocacy has been found to help clients use the knowledge in-country more successfully.
19. Following the AfricaSan 3 conference in Kigali, a book to curate the breadth of evidence presented at the conference was produced. This allowed for greater analysis and more data to be provided. The publication, "*Sanitation and Hygiene in Africa: Where do we stand?*" provides decision makers with evidence and analysis on what is needed to overcome bottlenecks and accelerate progress in sanitation in Africa. The book is available in hardcopy from the publisher and is also available as a free download to ensure that it is widely accessible<sup>32</sup>.
20. During 2013, through the AfricaSan Taskforce sub-committee on eThekwini monitoring and action plans, AMCOW worked with partners to organize a series of four highly successful regional AfricaSan meetings

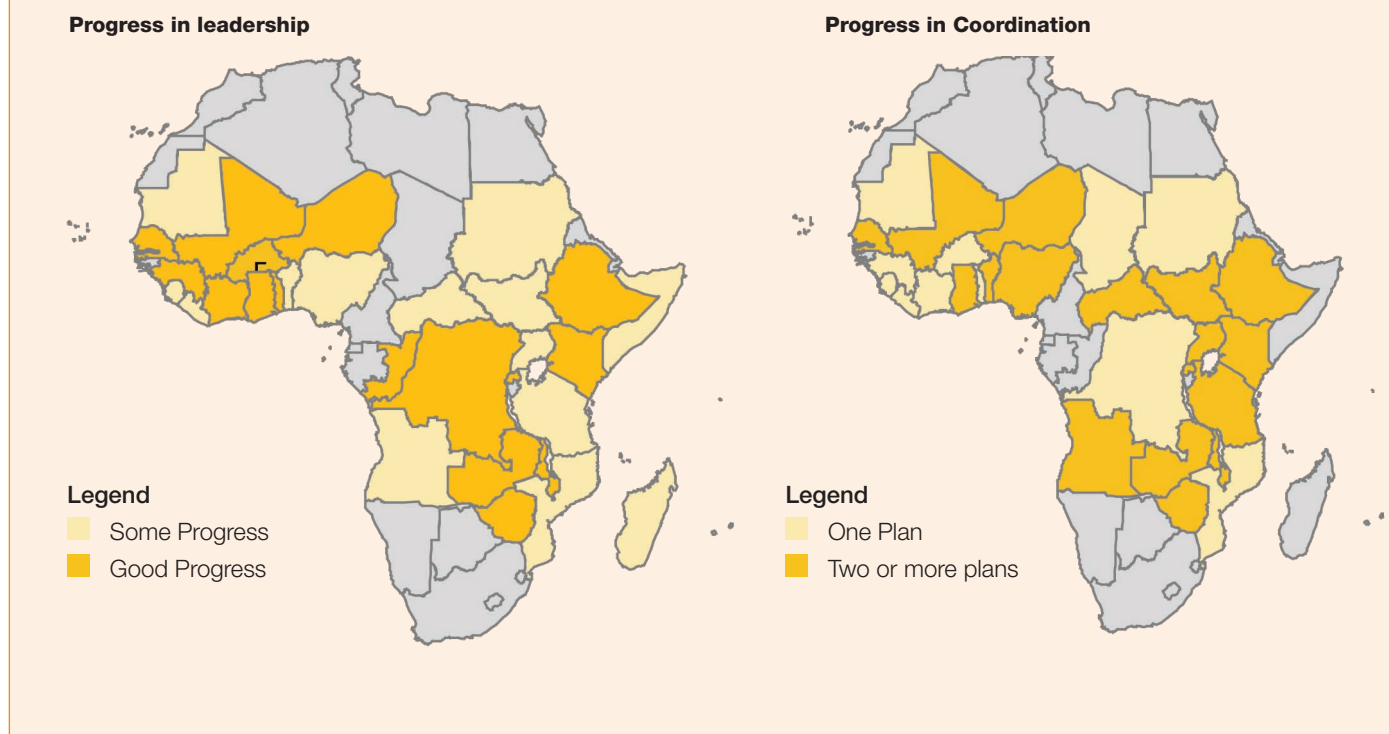
<sup>28</sup> Sanitation and Water for All is a global partnership of over 90 developing country governments, donors, civil society organizations and other development partners working together to catalyse political leadership and action, improve accountability and use scarce resources more effectively - See more at: <http://sanitationandwaterforall.org>.

<sup>29</sup> For the sample of 22 countries that participated in both the 2011 and 2013 AfricaSan meetings and both 2012 and 2014 SWA HLCs meetings.

<sup>30</sup> This only includes countries that had HLM Commitments and had eThekwini measurements corresponding with HLM commitments.

<sup>31</sup> Country reports can be accessed at <http://www.wsp.org/content/africa-economic-impacts-sanitation>.

<sup>32</sup> The book is available for free download at <http://www.iwaponline.com/wio/2013/wio2013RF9781780405421.htm>.

**FIGURE 8: COUNTRIES WITH PROGRESS IN LEADERSHIP AND COORDINATION**

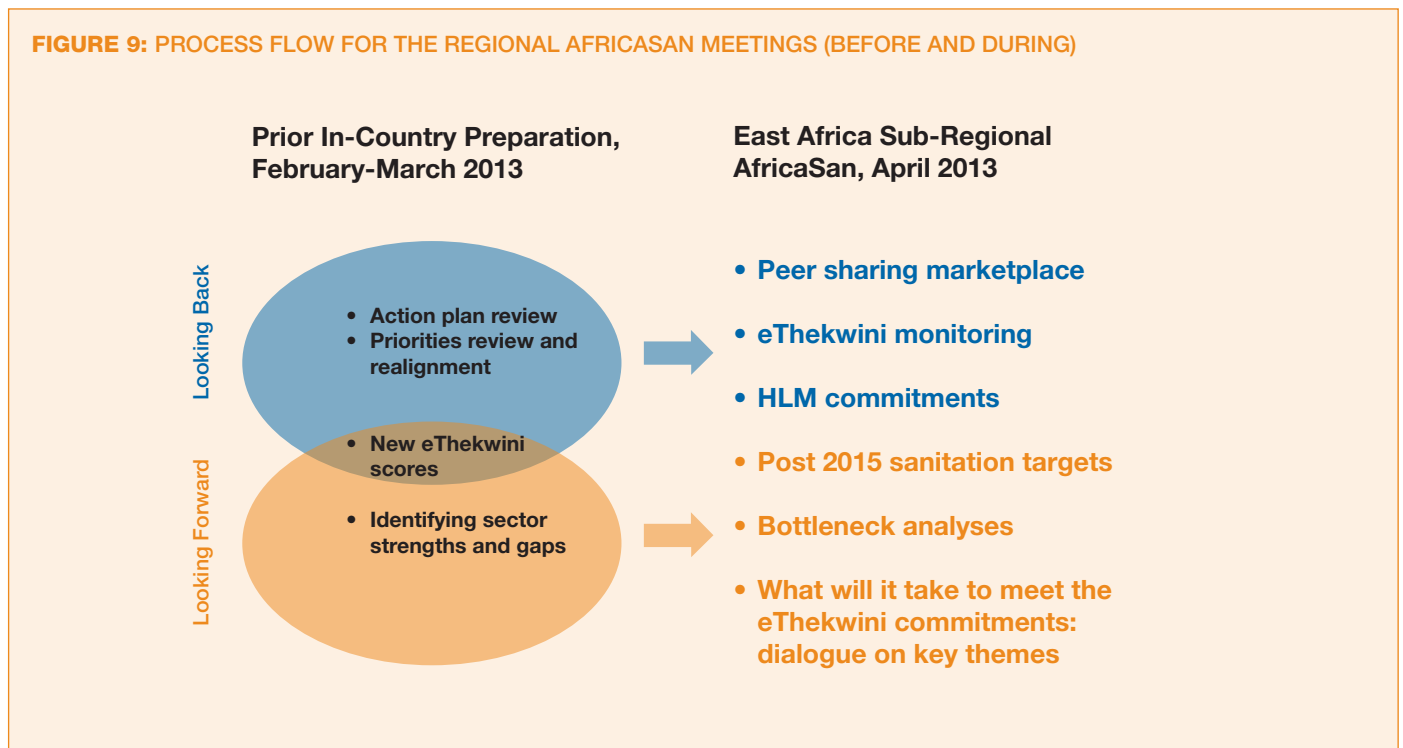
(Central, East, South and West). Countries were given guidance and templates to assist them to prepare data and materials in advance of the meetings, as well as support to organize in-country preparation meetings. Thus the regional events were one step in a process of reflection, analysis and decision-making (See Figure 9) which contributed to monitoring and identifying activities to meet the eThekweni commitments as well as other processes such as the High Level Meetings (HLM) organized by Sanitation and Water for All.

21. The regional AfricaSan meetings, which targeted technical staff from government departments responsible for sanitation, were designed to be highly interactive by allowing country participants to guide their own learning according to their context and needs and to facilitate peer-to-peer exchange. In-country consultations to review action plans and update eThekweni monitoring ensured that meeting content reflected the knowledge gaps in the sector. This was achieved through identification of low scoring eThekweni commitments in the region as well as individual country challenges.

For example, Nigeria was seeking to address the lack of a clear government agency taking leadership of sanitation and hygiene at national level, as well as weak institutional structures at local level. Malawi had identified a need for development of Supply Chain for Sanitation Marketing, with action points noted on the development of appropriate technological options and financial and marketing options suitable for rural areas. This approach allowed participants to reflect on their own lessons learned and access new information from others as they planned the way forward.

22. More than 240 participants from 40 of the 47 countries invited attended the regional AfricaSan meetings. A format similar to that used for the regional AfricaSan meetings is planned for the country dialogue sessions of the AfricaSan 4 conference. Countries will be given the opportunity to present their lessons learned and at the same time identify and have focused dialogue with other countries that have made progress in areas that they themselves are struggling with. Figure 9 summarizes the process for the East Africa Meeting.

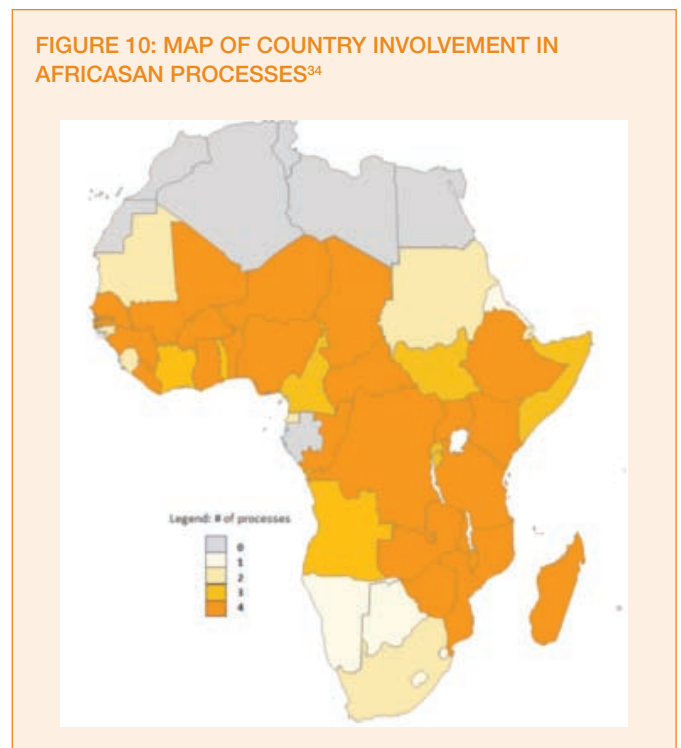
**FIGURE 9: PROCESS FLOW FOR THE REGIONAL AFRICASAN MEETINGS (BEFORE AND DURING)**



**Involvement in AfricaSan processes and progress in reducing Open Defecation**

23. Figure 10 shows the coverage by country for key AfricaSan processes such as preparation meetings for AfricaSan 3; Developing Action Plans, Participating in regional Meetings and preparatory activities. The map shows the high level of engagement by most countries in the region, and the extent of the knowledge connections, and reach. Countries that fully participate in all the AfricaSan processes tend to have higher reductions in the percentage of the population practicing open defecation. The change in rural areas for the groups that fully participated in the eThekwini process as defined above had an average drop in open defecation in rural areas by 2.36% while those that only partially participated experienced a drop of 1.03%<sup>33</sup>. Only two countries in sub-Saharan Africa have not participated in any processes (Cape Verde and Gabon).

**FIGURE 10: MAP OF COUNTRY INVOLVEMENT IN AFRICASAN PROCESSES<sup>34</sup>**



<sup>33</sup> This difference is statistically significant at the 10 percent level

<sup>34</sup> This refers to preparation activities, action plans and technical meetings. It does not include participation at AfricaSan conferences.







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