

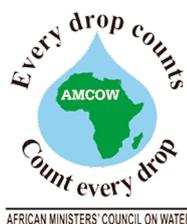


African Ministers' Council on Water

**AMCOW**

**Leave no One Behind:  
Ensuring Sustainable  
Sanitation and Hygiene  
for all in Africa**

A Synthesis Paper



AFRICAN MINISTERS' COUNCIL ON WATER







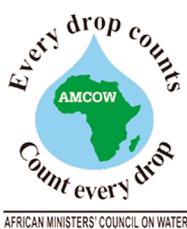
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A knowledge product commissioned by AMCOW to share lessons and emerging experience from the Fifth Africa Conference on Sanitation and Hygiene, Cape Town, South Africa, 2019

# Preface

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The 5th Africa Conference on Sanitation and Hygiene (AfricaSan5) was held in Cape Town, South Africa in February 2019 under the overarching theme: “Transforming Sanitation in Africa: Accelerating progress towards the Ngor Commitments to achieve the SDGs”.

AfricaSan5 partnered with the 5th International Fecal Sludge Management (FSM) Conference to provide a platform for linking practice to policy, and to deliver a uniquely rich blend of stakeholder dialogues and knowledge exchanges.

This synthesis paper on Policies, Institutions and Regulation of Sanitation and Hygiene Services in Africa is among a series of knowledge products commissioned by AMCOW to share emerging experience and latest thinking on topics addressed at the AfricaSan Conference.

This synthesis paper shares country experiences in incorporating SDG targets and Ngor Vision and Commitments into national planning processes, policies and strategies, and setting their own targets, taking into account local circumstances. The focus is on critical areas of the enabling framework that countries need to pay attention to strengthen sustainable and effective WASH service delivery.

Other synthesis papers under Transforming Sanitation in Africa Series are:

- Financing Sanitation and Hygiene in Africa
- Policies, Institutions and Regulation of Sanitation and Hygiene Services in Africa
- Monitoring and Using Evidence to Improve Hygiene and Sanitation in Africa
- Building Sanitation Capacity in Africa

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**Dr Canisius Kanangire**  
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# Ngor Vision and Commitments on Sanitation and Hygiene

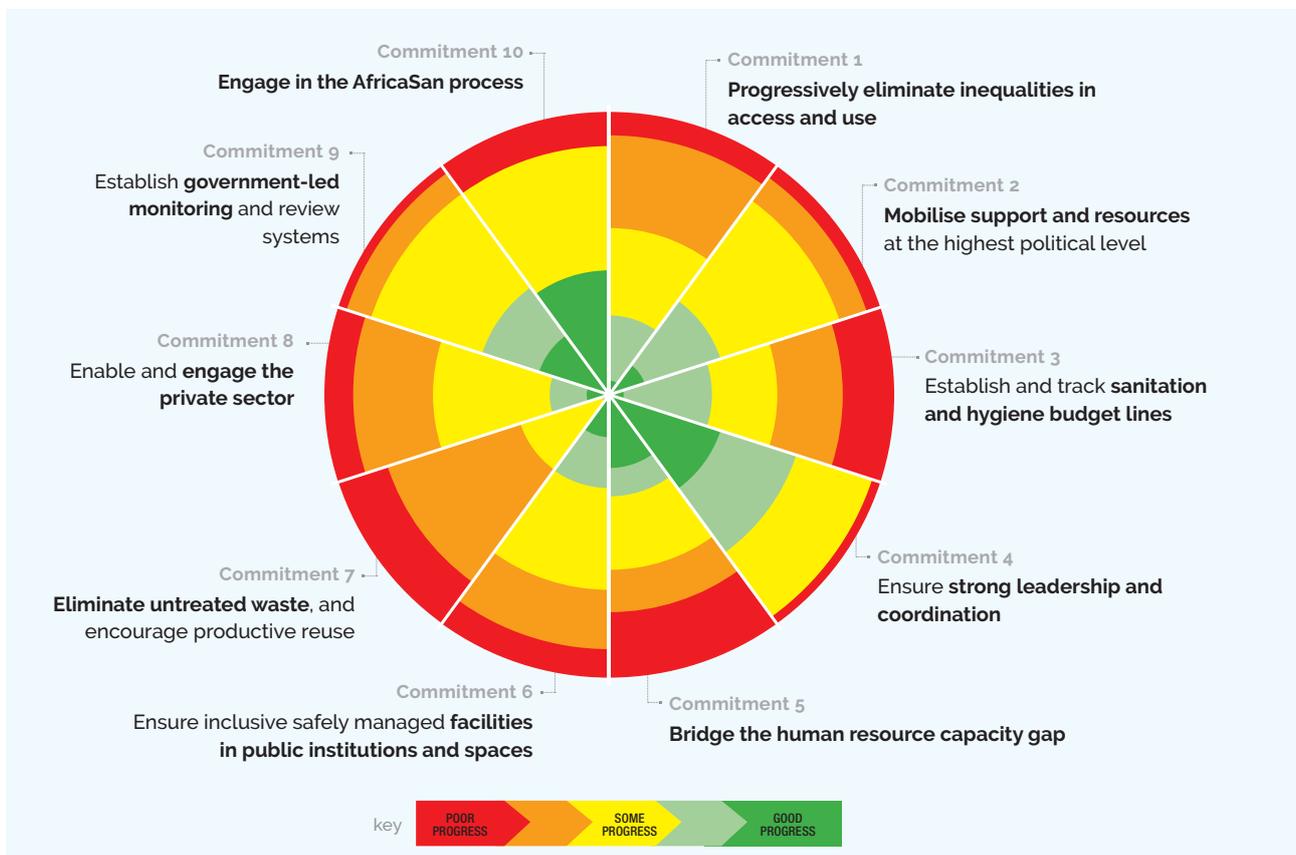
Set against the backdrop of renewed global goals for sustainable development, the Ngor Declaration by African Ministers at AfricaSan4 (Dakar, Senegal 2015) was mindful that almost two thirds of Africans lack access to basic sanitation, and about a fifth of the population practices open defecation.

The African Ministers outlined a vision to: “achieve universal access to adequate and sustainable sanitation and hygiene services and eliminate open defecation by 2030”. To realize this vision, the African Ministers pledged to undertake 10 specific commitments on the enabling environment that as a whole need to be in place to drive sanitation and hygiene progress. It is only when progress is achieved across all the Ngor Commitments that the enabling environment will support accelerated access.

Alignment of the Ngor Vision and commitments to the SDG6 principle of ‘Leave No One Behind’<sup>1</sup> is articulated in Ngor Commitment 1, to: “Focus on the poorest, most marginalised and unserved aimed at progressively eliminating inequalities in access and use and implemented national and local strategies with an emphasis on equity and sustainability”.

Although Leave No One Behind underpins the Ngor Vision and Commitments and SDG targets progress towards the Ngor Commitment to eliminate inequalities in access and use remains a critical bottleneck that threatens to undermine progress in both rural and urban communities in Africa (See Figure 1).

**Figure 1: Summary of the Ngor Commitments on Sanitation and Hygiene Baseline<sup>2</sup>**



An essential step to "Leave No One Behind" is the ability to clearly identify the most vulnerable groups in any given context and what barriers they face. The commitment to "leave no one behind" also requires increased attention to the needs and priorities of disadvantaged groups and deliberate efforts to monitor the reduction and elimination of inequalities in delivery of sanitation and hygiene services.

**AMCOW** monitoring data on the Ngor Commitments between 2015-2018<sup>3</sup> show marked inequality in sanitation provision across Africa. While there is progress in some areas, the specific commitment to "leave no one behind" and also actively prioritise sanitation services in order to eliminate inequalities is among the least performing.

According to Ngor monitoring data, many countries have carried out studies that provide some insights on inequalities. However, in over half of cases the studies are not nationally representative.<sup>4</sup> Only 14 countries Across Africa are able to report on implementation progress against country targets for Commitment 1. Of these, two are on track against their own targets for reducing inequalities.

Having clear targets and milestones is an essential indication of prioritisation, as implementation is guided by and evaluated against them. However, while many countries in Africa have sanitation and hygiene strategic plans which address the needs of the poorest and most vulnerable<sup>5</sup>, only half of these plans include specific access targets and milestones.

There is also currently little focus on tracking user satisfaction with sanitation and hygiene services.<sup>6</sup> User satisfaction is an important aspect of equity as it indicates whether services are not just available but that they are acceptable to a community.

Ngor monitoring findings are corroborated by the latest GLAAS report<sup>7</sup> which shows that many countries are failing to implement policies that sufficiently target the most vulnerable people. While 74 per cent of countries have policies and plans to target poor populations with both water and sanitation services, only 47 per cent are monitoring their progress in providing sanitation services. Fewer countries still have financial measures in place to target these populations, at 19 per cent for sanitation services.

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<sup>1</sup> With the adoption of the 2030 Agenda, UN Member States pledged to ensure "no one will be left behind" and to "endeavour to reach the furthest behind first".

<sup>2</sup> <https://programme.worldwaterweek.org/Content/ProposalResources/PDF/2019/pdf-2019-8668-2-Final%20final%20Ngor%20report.pdf>

<sup>3</sup> Ngor Commitment Baseline Monitoring

<sup>4</sup> Ngor Commitment Baseline Monitoring: 29/39 countries have carried out an objective study of the poorest and most vulnerable populations, 16 of these are not nationally representative.

<sup>5</sup> Ngor Commitment Baseline Monitoring: 28/39 sanitation and hygiene strategic plans which address the needs of the poorest and most vulnerable (only 14 of these include specific targets and milestones)

<sup>6</sup> Ngor Commitment Baseline Monitoring: 26/39 countries do not track user satisfaction in rural or urban areas.

<sup>7</sup> WHO, 2017a

# WASH for the Urban Poor

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Towns and cities present a special and major sanitation challenge, as they are expected to be home for some 66% of the world's population by 2050, with 90% of this growth taking place in Africa and Asia. Substantial investment are required, particularly in rapidly growing urban areas. Although solutions vary depending on the relative importance of sewerage networks and on-site sanitation systems.

Centralised sewered systems are a proven way to dispose of faeces and urine safely, but billions of people around the world do not enjoy this option. This is particularly so in the many African cities and towns with informal peri-urban settlements that lack formal utility coverage.

Onsite sanitation is the alternative to centralised systems. These non-sewer-serviced systems are offering solutions for urban sanitation in many parts of Africa. Like any other sanitation infrastructure, however, onsite sanitation must be operated and maintained correctly or it will fail to provide an adequate service.

Nevertheless, a major challenge is lack of maintenance which has rendered much onsite sanitation infrastructure unusable. This is ascribed to a lack of skills, or to lack of incentives or support for those who do have the skills to undertake the maintenance.

The issue is evident beyond urban areas, too. Distinctly, the hard hit have been many rural schools and institutions, where water and sanitation infrastructure is either dysfunctional, needing radical intervention or serviceable but deteriorating, and under threat of further deterioration unless supported by good operation and maintenance.

The other challenge for onsite sanitation is one of technology, because of limited ease of operation and maintenance – but this is exacerbated by the social and institutional aspects that determine if a given solution will work in a real-world situation. The experience of applying non-sewered approaches in South Africa and Madagascar offers potential solutions for reaching the underserved in both urban and rural contexts.

## Country Story: Onsite Sanitation Social Franchising in South Africa

Social franchising is a well-known worldwide adaptation of for-profit franchising. The emphasis is on providing a social service and is less commercially driven. In South Africa, social franchising in the area of WASH was pioneered through funding from the Water Research Commission (WRC). A scoping report on the possibilities of the social franchising model being adapted for operation and maintenance of water and sanitation infrastructure identified potential to simultaneously deliver services and promote local economic development.

The result was the creation of a subsidiary, Impilo Yabantu ('hygiene for the people' in the Xhosa language), to take on the role of franchisor and support local franchisee partners. Franchisees have been working with municipalities in Eastern Cape and the provincial Department of Education to tackle operational issues around sanitation and water infrastructure at a significant scale. The service objective of the pilot project was simple – clean household and school toilets, and remove the faecal sludge, disposing of it in a way that is safe for the

franchisee workers and the environment.

At its peak, the Impilo Yabantu programme was servicing more than 1,200 schools regularly. Recent extension to the programme—funded by the African Development Bank (AfDB)— has enhanced and scaled up the programme to all schools, as well as adding a set of innovative products and systems to its operation.

In an early evolution of the franchising approach, franchisees also repaired the toilets and rainwater harvesting facilities. In addition, when access to sludge pits could only be obtained by removing the toilet top structure, the franchisor designed and built a trolley that enabled the top to be manhandled to one side – a further advantage of the franchise arrangement. It is unlikely that a stand-alone micro-enterprise would have had the expertise or resources to do this.

The approach has since become more ambitious. For example, the sludge is no longer disposed of, but put to good use. The follow-on programme funded by the AfDB involved the franchisees recycling biosolids into beneficial byproducts and providing hygiene education to schoolchildren. Impilo Yabantu has again played the franchisor role, and has supported and empowered the franchisees in transition to this new offering.

The franchisee teams visit schools and collect the biosolids using ‘honeysucker’ trucks. They treat the sun-dried biosolids using extensive heating by pyrolysis, which kills bacteria and pathogens, and turns the biosolids into a safe biochar for soil amendment. Biochar improves the soil by helping it to retain organics and nitrates. It also acts as a host for microorganisms that assist plants by breaking down nutrients in the soil, thereby helping the roots take up these nutrients.

Impilo Yabantu also developed software for the franchisees to enable them to lodge reports of problem areas. One of the mobile apps is used to collect data, map service areas and monitor repairs being undertaken.

Although the programme is not currently at the scale envisaged, the impact of this intervention and progress is that, in less than a decade, several thousand previously unusable school and household toilets have been restored to – and kept in working condition. At the same time, sustainable jobs have been created and skills brought into the workplace.

The South African experience shows that there need to be a wider climate that creates and nurtures micro-enterprises. Nonetheless, it offers valuable lessons for wider application in the rest of the continent.

### **Country Story: Non-Sewered Solutions for the Urban Underserved in Madagascar**

In Madagascar, access to improved sanitation and hygiene services is severely limited: just 12% of the population has access to improved sanitation facilities (9% in rural areas). Open defecation remains widespread and combined with poor hygiene practices, results in high levels of diarrhoeal disease. This in turn exacerbates levels of poverty through a reduced ability to work.

Digging pit latrines or building a flushing toilet system, as we know it, is nearly impossible in most parts of Madagascar due to high risk of contaminating the high water table, and the attendant health problems. For the impoverished neighbourhoods of the capital city, Antananarivo, a radically different flushing solution—one that doesn’t use water at all—is offering hope to the Malagasy urban poor.

Since 2013, Loowatt, a UK-based start-up, has been developing and testing its whole value-chain sanitation hardware since, and is now expanding its service in collaboration with SAMVA, the local waste utility.

Loowatt has developed high quality, waterless flush toilets to help service providers deliver safe and affordable sanitation access, wherever there is a need for non-sewered toilets. Loowatt toilets lock in odour and disease effectively, providing consumers with a convenient experience without using scarce and high-value water. Waste is packaged and contained in a sealed cartridge, and then treated hygienically through anaerobic digestion and converted into compost and energy.

The experience of Loowatt in Madagascar demonstrates the potential success of a locally managed, scalable household sanitation service to meet the needs of growing urban centres in Africa.

### **Case Study: Reaching Marginalized Communities Through Community Health Clubs**

Various community-based approaches are being implemented in different settings to improve sanitation and change hygiene behaviours. Among these are community health clubs, which are multi-session village-level gatherings led by trained facilitators and designed to promote healthy behaviors mainly related to water, sanitation, and hygiene. In Zimbabwe, CHCs have succeeded in mobilizing communities over the past 25 years, and have been found to be a cost-effective method of integrated development. Although the Zimbabwe program showed good Value for Money, being more efficient, long term sustainability to prevent slippage of hygiene behaviour change depends on a strong monitoring system. In Rwanda, Community Health Clubs (CHCs) were introduced in 2010 and are being rolled out in rural and peri urban settings. Rwanda is the only country in Africa to have embedded the CHC model into a national program known as the Community Based Environmental Health Promotion Programme (CBEHPP).

CBEHPP used the community health club approach to promote healthy practices, with the aim of achieving zero open defecation, at least 80% hygienic latrine coverage, and improvements in related health behaviours such as household water treatment and handwashing with soap. By 2015, CBEHPP had succeeded in establishing CHCs in 15,000 villages throughout the country. CBEHPP contributed to Rwanda becoming one of only five countries in Africa to meet sanitation targets of the MDGs and to halve the number without sanitation in the country.

Community Health Clubs have been successfully replicated in other African countries. In Uganda, CHCs were started in camps for internally displaced people, enabling the construction of latrines, as well as bath shelters and hand washing facilities. In both Namibia and South Africa, CHCs have been successfully used to enable community maintenance for ablution facilities in informal settlements. In West Africa, the Community Health Club Model was introduced into Sierra Leone for post conflict rehabilitation. Based on the Rwandan success story using CBEHPP, the African Union (AU), with backing from the African Development Bank (AfDB) and AMCOW recommended in 2016 that the CHC Model should be used in the 10 most fragile states in Africa to achieve the SDGs.

However, although community health clubs have been implemented in several African and Asian countries, they have not been evaluated rigorously. More evidence is needed on the effectiveness of the community health club or other community group-based models for health outcomes.

# Improving Sanitation Access in Informal Settlements

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Many of the informal settlements in South Africa were established in the early 1990s, a legacy of discriminatory spatial planning that resulted in their proliferation across urban areas. The National Housing Development Agency estimates that one in every five households in metropolitan municipalities live in an informal dwelling.

Primarily because of the government's emphasis on eradicating informal settlements, many municipalities provide water and sanitation services as temporary or emergency measures, even though many settlements have existed for more than ten years. Very few informal settlements have formal electricity, adequate water and sanitation, health or emergency services. Communal taps can be shared by upwards of 50 households per tap, and chemical latrines are often shared by hundreds of households.

Sanitation is an important issue to residents in informal settlements for a variety of reasons. Access to basic sanitation is a matter of basic human dignity and a right of all South Africans as enshrined in the Constitution. It is also an important health issue, especially for children: more than 20 percent of deaths and disabilities among children under 14 in South Africa are attributable to unsafe water, inadequate sanitation, or insufficient hygiene.

During AfricaSan5, the Social Justice Coalition (SJC)—a grassroots social movement committed to making government accountable—discussed their campaign for dignified sanitation services in informal settlements in Cape Town, noting clearly that 66% of informal settlement latrines are temporary, pose safety risks, are culturally and socially inappropriate and are neither private nor dignified. In Khayelitsha, 83% of informal settlements were established over 15 years ago.

The Socio-Economic Rights Institute of South Africa (SERI)—which focuses on addressing inequalities and realization of socio-economic rights—shared findings from informal settlement action research in Marikana (Cape Town), Ratanang (Klerksdorp) and Siyanda (eThekweni).

## Country Story: Campaigning for Sanitation Justice in Cape Town

Cape Town is South Africa's second largest city with an estimated population of 3.8 million. Rapid population growth has put a strain on delivery of basic services, especially in the 230 informal settlements in which about a quarter of the city's population reside. A lack of access to water and basic sanitation remains a serious problem.

Furthermore, sanitation is intimately linked to safety and security in the settlements. Using a toilet or fetching water exposes a person to the risk of robbery, physical or sexual assault and for women and girls, remains a dangerous, yet unavoidable daily task.

In response to community concerns, the SJC launched the Clean and Safe Sanitation Campaign to compel the Cape Town City Council to properly maintain existing toilets and also provide additional clean and safe sanitation facilities in informal settlements.

SJC's campaign has several achievements, including the introduction of a janitorial service for regular maintenance of flush toilets and standpipes. To achieve these gains, SJC relied on a multifaceted approach including extensive research, a legal strategy, media publicity targeting both poor and wealthy communities, protest, and some budget work. SJC has become a pivotal player in power relations by forcing the hand of Cape Town City Council to focus more attention on delivering better sanitation services in informal settlements.

### Case Study: Sanitation for Women with Disabilities in Informal Settlements

Women with disabilities living in informal settlements stand out as among the most vulnerable and marginalised groups in South Africa. While accessing adequate water and sanitation facilities is challenging for informal settlement residents; for residents with disabilities, these facilities are virtually inaccessible. Facilities are placed on settlement peripheries, which poses a challenge for people with physical disabilities, particularly for people using assistive devices like wheelchairs or crutches, who find it extremely difficult to traverse long distances and unpaved roads.

Moreover, facilities also do not meet the minimum design standards to accommodate people with disabilities. Sanitation facilities often lack space to accommodate a wheelchair, an assistive device or caregiver, ramped access and support structures such as toilet seats and handrails, compromising the rights to dignity and privacy of people with disabilities.

Nevertheless, the right to water and sanitation is provided for in the Constitution of South Africa. Additionally, South Africa is party to a number of international instruments which create a legal obligation, to ensure and protect the human rights of women with disabilities within its borders, with respect to the right to water and sanitation. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in particular, provides States Parties with the two interrelated principles of accessibility and reasonable accommodation amongst others, which when applied to national legislation and policy, can help to achieve equality and freedom from discrimination for people with disabilities.

Based on informal settlement action research, the Socio-Economic Rights Institute of South Africa (SERI) proposes two key actions to address the constraints to adequate sanitation for women with disabilities living in informal settlements:

- that housing and sanitation legislation and policies need to be revised to align with international human rights instruments especially the principles of accessibility and reasonable accommodation in United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and;
- that the Upgrading of Informal Settlements Programme (UISP) and the Emergency Housing Programme must be implemented in line with the accessibility and reasonable accommodation standards of the UNCRPD.

# Inclusive Urban Sanitation Beyond the Household

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The concept of sanitation beyond the household embraces the notion that many groups of people and individuals rely on places beyond the scope of the household to live and enjoy their rights, including their rights to water and sanitation.

The UN Special Rapporteur on the human right to safe drinking water and sanitation<sup>8</sup> defines these spheres of life beyond the household to include spaces where people live and these are different conventional households (streets, prisons, dormitories, refugee camps); places where people work; places where people habitually spend time (public spaces, schools, places of worship); and places where people go occasionally and might spend significant time (stores, public transit hubs, health care facilities, government offices, other public buildings, parks, mass gatherings, restaurants). All those spheres of life require attention in relation to the enjoyment of the human rights to water and sanitation, but they constitute a heterogeneous landscape, differing substantially in terms of needs and appropriate approaches.

## Case Study: A Guide for Female-Friendly Public and Community Toilets

In addition to lack of access to household toilets, a key issue for universal access is low availability of public and community toilets. Another dilemma surrounding public toilets concerns the quality of service. Where they do exist, public and community toilets are often dirty, poorly maintained and have not been designed to meet the requirements of women and girls.

Women and girls have different requirements from men and boys, due to both biological factors (including menstruation and pregnancy) and social norms and realities (including greater risks of harassment and sexual violence, and increased likelihood of being caregivers). Failing to plan, design or manage public and community toilets to ensure they are female-friendly and accessible to all users restricts the movement of women and girls, as well as older people and people with disabilities, and limits their ability to participate in public life.

Governments and city planners can improve this situation by: (a) including women in the planning process, and (b) following basic principles of universal design that ensure public and community toilets are accessible for all users, are secure and well located, include context specific menstrual health features, cater for caring responsibilities (of all genders) and are maintained for cleanliness and safety.

In this regard, WaterAid, UNICEF and WSUP have developed a '[Female-friendly public and community toilets guide](#)' that highlights the importance of looking at public and community toilets through a gender lens. The practical guide is designed to help city authorities, planners and NGOs identify areas that lack public and community toilets and check if existing toilets are female-friendly while also giving some practical guidance for non-negotiable design elements.<sup>9</sup>

According to the guidelines, ensuring public and community toilets are female-friendly needs to be a city-wide effort, including assessment and local implementation. A participatory city-wide assessment is recommended to analyse: the public spaces and informal settlements lacking public and community toilets; and the extent to which existing toilets meet female-friendly requirements. Planners can then use the results to develop strategies to ensure city-wide coverage, including provision of new female-friendly toilets and the upgrading and expansion of substandard toilets.

### **Country Story: Citywide Sanitation Plan Preparation in Lusaka, Zambia**

Citywide inclusive sanitation means that everybody benefits from adequate sanitation service delivery outcomes; human waste is safely managed along the whole sanitation service chain; effective resource recovery and reuse are considered; a diversity of technical solutions is embraced for adaptive, mixed and incremental approaches; and on-site and sewerage solutions are combined, in either centralized or decentralized systems, to better respond to the realities found in developing country cities.

In Zambia, the Lusaka Water and Sewerage Company (LWSC) is working with sanitation stakeholders towards citywide improved on-site sanitation and FSM service provision, with particular emphasis on the lower-income peri-urban areas of the capital city. Only about 10-20% of the city is currently connected to sewerage services. As a result, the lack of off-site sanitation infrastructure in peri-urban areas is not bridged by adequate on-site sanitation infrastructure (like improved toilets connected to septic tanks) or by efficient, clean and affordable on-site sanitation services (such as vacuum tankers that safely collect, transport and discharge sludge from latrines and tanks).

It is estimated that nearly 30,000 tonnes of sludge are produced in Lusaka every year – much of which remains in pit latrines which become unusable, are buried, or which overflow during Zambia's long rainy season, contaminating groundwater and contributing to the spread of diarrhoeal diseases such as cholera.

Critical to addressing this situation is the Lusaka Sanitation Program (LSP), a significant development in the city's sanitation story. With financial backing from the World Bank, the European Investment Bank, the African Development Bank and the KfW3, and led by LWSC, the LSP is a major first step towards implementing the Government of Zambia's Lusaka Sanitation Master Plan, which aims to achieve 100% improved sanitation coverage (both off-site and on-site) by 2035.

The LSP recognises that connecting all of Lusaka to a centralised sewer network is not feasible in the foreseeable future. Importantly, given the heavy reliance on on-site sanitation amongst peri-urban residents, the LSP observes that investing in on-site sanitation will have a greater impact on public health than investing in sewerage collection, given the expense of extending the network and the difficulty of recovering costs through tariffs.

Accordingly, improving the decentralised sanitation chain in peri-urban areas is a significant aspect of the LSP's design. New and upgraded FSM service providers and infrastructure (such as improved septic tanks and toilets) will serve an estimated thousands of on-site facilities, which will in turn benefit around 450,000 people in PUAs. These will be supported by 4 FSM treatment plants and 10 new decentralised wastewater treatment systems.

Improving on-site sanitation services on offer to lower-income consumers will require engaged and proactive service providers focused on customers, especially at the front end of the sanitation chain - those constructing and selling upgraded latrines, emptying septic tanks and pit latrines, and transporting sludge to transfer and/or treatment sites. Designing and applying sustainable service delivery models that can deliver those services and infrastructure at scale will catalyse the market for sanitation products.

The focus, resource and expertise now coalescing in Lusaka could result in significant and widespread improvements to sanitation, public health and management capacity across the entire city over the next few years.

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<sup>8</sup> Human Rights Council (2019). Human rights to water and sanitation in spheres of life beyond the household with an emphasis on public spaces - Report of the Special Rapporteur on the human rights to safe drinking water and sanitation. Human Rights Council, United

<sup>9</sup> Nations General Assembly, A/HRC/42/47

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<sup>10</sup> [https://citywideinclusivesanitation.files.wordpress.com/2018/02/cwis\\_cta\\_brochure\\_v033117.pdf](https://citywideinclusivesanitation.files.wordpress.com/2018/02/cwis_cta_brochure_v033117.pdf)

# Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability

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Most Africa governments struggle to prioritize rural sanitation in the national agenda and to make progressive financial commitments. The AMCOW Ngor monitoring data showed that many countries reported insufficient financing to meet national targets for rural sanitation, and have no financing plan that was consistently followed. Weak institutional structures for rural sanitation and hygiene also hamper effective resource mobilization.

Poor results from prior investments may be a compounding factor to sustain commitments for rural sanitation. Programs have struggled to demonstrate results at scale with quality and equitable outcomes. The ability of countries to sustain any gains achieved remains a real concern. This further undermines the already fragile political backing for rural sanitation and hampers mobilization of resources.

Over the past decades, rural sanitation programming has seen a shift from construction-driven approaches towards social mobilization and behavioral change approaches, including, among others, Community Led Total Sanitation (CLTS). Market-based approaches have also gained momentum. Other examples include the approach by the Burundi Red Cross—the local chapter of a global humanitarian assistance network—which is applying a humanitarian approach to tackle the vulnerabilities of migrant communities and refugees. The BRC has adopted the "Model Household" approach that leverages on its extensive network of 700,000 volunteers from the grassroots upwards to address hygiene and sanitation issues at the household level.

Through the CLTS approach, facilitators work with community members to map houses, stores, fields, and areas where people defecate, and then confront them with the reality that human feces covers the entire community. Visits to open defecation sites are used to trigger responses of disgust.

The goal of these triggering events is to motivate community members to change their behavior and construct latrines—without individual subsidies—for the entire community. The intervention culminates in the community being certified as “open defecation– free” by the implementing nongovernmental organization or by the local government.

While these innovations have been an important step forward, they present mixed outcomes. An important area of CLTS related public health research is to determine whether unimproved latrines, which are overwhelmingly the ones installed as a result of CLTS programs—are sufficient to achieve and sustain health gains. As CLTS is being scaled up, what is known so far is that there is limited evidence on its impact on improving sanitation or health outcomes.

The key lesson here is that behavior change brought about by the best of the CLTS deployments, even when short of the installation of hygienic latrines, may be sufficient to improve health; however, further research is needed.

The other lesson is that applying a blueprint of single approaches across large areas, or even countries, does not work everywhere, all the time, and is simply not enough to reach everyone. Instead of considering CLTS a “silver bullet,” practitioners can target communities where CLTS is most likely to make a difference.

### **Country Story: Effect of CLTS on Child Diarrhoea and Child Growth in Rural Mali**

At the moment there is a single high-quality health study of CLTS in Mali that provides a first encouraging hint that the approach can address child growth faltering. The aim of the study was to undertake the first randomised trial of CLTS to assess its effect on child health in a rural setting of Koulikoro, Mali.

A randomised trial of CLTS to assess its effect on child health was undertaken in a rural setting of Koulikoro, Mali. No differences were observed in diarrhoeal prevalence between CLTS and control villages. In CLTS villages, access to private latrines doubled and was twice as high as controls, reported open defecation was reduced, children were more likely to use a potty for defecation, latrines were observed to be in better condition, and households were more satisfied with their overall sanitation situation.

Children in CLTS villages were taller and less likely to be stunted (especially children under two years old); there was minimal difference in underweight prevalence. CLTS households were less likely to report a child death by diarrhoea. No significant difference was found in fecal contamination of drinking water sources and household-stored water. The results suggest that a behavioural intervention can substantially increase access to sanitation facilities in a rural setting without financial subsidies.

Future research is warranted to understand whether improved sanitation could improve child height through pathways other than diarrhoea reduction.

### **Country Story: Eliminating Inequalities Through Comprehensive Community Approaches in Niger**

In Niger, having noted that the subsidized approach to sanitation did not allow the poorest and most marginalized to access basic sanitation services, the government adopted the Community-Led Total Sanitation approach (CLTS) in 2009, with the support of UNICEF.

At the community level, the adoption of CLTS has led to an approach through which community self-help supports the poorest. The CLTS approach – which encourages the community to analyze their own hygiene and sanitation situation, their defecation practices, and its consequences - has greatly helped in stopping the practice of open defecation. Construction of latrines has been carried out by the community without external subsidies.

At the national level, following the survey of the National Institute of Statistics giving the rates of access to sanitation services by region, the government of Niger has established a strategy that gives it authority to decide on intervention zones for sanitation services through the redeployment of partners, according to the principle of reducing inter- and intra-regional disparities.

# Equity and Inclusion in Sanitation Finance Programming

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Having the right business case and budget plans, joint efforts and partnerships, effective monitoring of financing and budget allocations are all necessary but not enough for achieving universal access to sanitation and hygiene by 2030. Leaving no one behind while achieving this aim is necessary if change is to be equitable, inclusive and sustainable over time. But, how can sanitation and hygiene financing reach the most vulnerable, the poorest of the poor, people with special needs, those living in hard to reach areas and the most marginalised and excluded ones?

Country examples shared at AfricaSan5 tease out rich experiences on securing political will to focus on pro-poor targeting of policies and strategies to achieve rural sanitation and hygiene targets.

## **Country Story: Angola - Planning, Budgeting and Implementing through the Local Government**

In Angola, several municipalities did not know how to plan a budget to present to the central government to increase the resource allocations to sanitation and hygiene. Furthermore, many of them were not aware of when the national government planned its annual budget to advocate at that time to the government to increase the funding. UNICEF ran a project to strengthen the planning and budgeting for sanitation and hygiene. First, the focus was on the best performing municipalities in regards to CLTS, then the best leaders were chosen and trained on how to make a budget plan. In 2018, the national budget allocated to sanitation and hygiene was 10 million Angolan Kwanza and increased to 30 million in 2019. Moreover, the programme implementation efficacy has improved from 20% to 40%.

## **Country Story: Benin - Advocacy and Institutional Triggering**

The rural communities from Benin had the skills and experience to implement sanitation and hygiene projects but there were not enough resources at the commune level; consequently, there was a lack of operation due to the limited resources. GIZ supported communities to take the lead, to advocate to the government for a specific budget line and to look for funding to allocate their own resources to sanitation and hygiene. Institutional triggering of district representatives was also carried out. Nowadays, communities are sharing their lessons learned on institutional triggering and have the aim to disseminate them beyond the national government level.

## **Country Story: Kenya - Evidence-Based Advocacy Using local Level Data**

The Kenyan national ODF campaign was delaying the date to reach ODF, as well as postponing sanitation and hygiene priorities, commitments and the mobilisation of resources. Furthermore, there were not active CSOs advocating for the same sanitation issues that could engage government leaders. SNV developed a case-controlled study about children's diarrhea and looked for data that could convince politicians at the lo-

cal level to increase the country budget allocated to sanitation and hygiene. Despite the fact that there was not a sanitation budget line in Kenya, there were resources available at the county level. SNV developed advocacy products and found community leaders to advocate for budget allocations to the sector. From an SNV perspective, local data that can speak to people directly, can bring results in a cost-effective manner.

### Country Story: Nigeria - Lessons Learned from Field Trips to India

In October 2018, Nigerian representatives from government, donors and the private sectors visited five Indian states to learn from the Indian sanitation and hygiene campaign and to share experiences between the countries. The **WSSCC** Nigeria National Coordinator highlighted the political will and financial commitment from the Indian Prime Minister Narendra Modi. Political will and resources first came from the government itself. The mission has been to achieve **ODF** status in every Indian state, so every year there has been funding for sanitation no matter the political affiliation of the states. It has been not only about sanitation and building toilets but about livelihoods; there has also been funding for women and the poorest of the poor. There has been a structure on how to achieve this aim; a baseline assessment indicated who had toilets and who did not, and there have also been regular updates to a governmental sanitation database to monitor progress.

### Country Story: Tanzania - Involvement of High-Level Politicians

The national Parliament budget allocated to sanitation and hygiene was limited in Tanzania. Training for female members of Parliament was delivered to build capacity and raise awareness on sanitation and hygiene. Furthermore, a fundraising strategy was developed: a car washing event and a dinner gala, where Parliament members washed cars, performed, sang and danced and raised over 1 billion Tanzanian shillings to sanitation and hygiene. This lesson draws attention to the fact that if the Parliament takes up the sanitation and hygiene campaign, a country can be fully aware and move further to achieve its sanitation and hygiene targets.

AfricaSan5 also emphasized the need to demystify sanitation financing by: enabling more effective communication with grassroots' audiences and influencers; simplifying technical jargon and terminologies to allow for easier uptake of financial products and services for sanitation; and allowing for healthy discourse to secure buy-in from decision makers. Having the right evidence to solve bottlenecks and to shape the right financial strategies, fostering partnerships and paying constant attention to the people most in need are additional key requirements for Africa to achieve its sanitation and hygiene targets.

A delicate balance is needed on financing frameworks that tend to be more focused on service provision rather than on households; and what about finance for the communities and especially for rural communities who largely self-finance their access to sanitation and hygiene services? For example, **UNICEF** studies in Mozambique revealed that government expenditures in rural communities were much higher on behaviour change than on

infrastructure, whereas in urban areas the most resources were disbursed in high-income areas to the exclusion of poorer communities. This highlights the need to prioritise issues about affordability, equity and access.

The question of how to ensure effective pro-poor sanitation financing can learn from experiences in Zambia, which is paying attention to the most vulnerable populations while financing the sector. The country is leveraging the tariff of the water and sanitation service delivery by embedding subsidies among the different customer categories through cross-subsidies and subsidising those who consume less. The sanitation sector should mobilize funding from non-traditional financial sources to ensure no one is left behind, especially those who have the farthest leap to make to achieve the Ngor Vision and Commitments on sanitation and hygiene, and SDG6.

# Multi-Stakeholder Approaches for Inclusive Sanitation

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Citywide Inclusive Sanitation is the notion that currently, approaches to sanitation - is too small in scale and too focused on infrastructure to genuinely deliver universal coverage across whole urban areas. Citywide inclusive sanitation means that: everybody benefits from adequate sanitation service delivery outcomes; human waste is safely managed along the whole sanitation service chain; effective resource recovery and reuse are considered; a diversity of technical solutions is embraced for adaptive, mixed and incremental approaches; and on-site and sewerage solutions are combined, in either centralized or decentralized systems, to better respond to the realities found in developing country cities.

African towns and cities need to develop comprehensive approaches to sanitation improvement that encompass long-term planning, technical innovation, institutional reforms and financial mobilization. They will need to demonstrate political will, technical and managerial leadership, to focus on durable drivers for innovation, and to manage funding for sanitation in new and creative ways. To achieve city-wide inclusive sanitation, a radical shift in mindsets and practices is needed in sanitation and urban development. AfricaSan5 shared perspectives from three programmes in Burkina faso, Kenya and Nigeria.

## Country Story: City-Wide Integrated Sanitation Program in Ouagadougou, Burkina Faso

Ouagadougou, the capital of Burkina Faso and country's largest city, is host to nearly three million people, and with a sewer system that serves no more than 12,000 persons. The majority population relies on onsite sanitation systems, mainly pit latrines and septic tanks. Faecal sludge emptying is done by vacuum trucks (77%) and manual systems. The Ouagadougou Strategic Sanitation Plan (PSAO) is an integrated sanitation, and hygiene promotion program implemented by the parastatal National Water and Sanitation Office (ONEA). It recognizes that conventional sewerage is not an affordable option for the entire city, and expects 80 percent of the city's residents to adopt on-site solutions to their sanitation needs.

Through PSAO, thousands of people in Ouagadougou have been able to upgrade their latrines, and install lavabos. Householders are informed about the technical options available, and negotiate the work with artisans trained for that purpose. In addition, some subsidies are available if needed. ONEA's promotional work, and subsidies for on-site sanitation are funded by a surcharge, levied on water bills. Ouagadougou's schools have also benefited from latrine blocks. In order to implement all these activities, ONEA has sub-contracted a local nongovernmental organization - ADRA - and a regional training center - CREPA. Within PSAO, a sewerage system and wastewater treatment work are also under construction, to treat sewage from the city center and industrial area.

Recent legislation requires industries to treat their effluents before discharging them into the sewerage system. Low-interest loans to industries will be available to install the necessary pre-treatment processes, and, to finance this, ONEA will levy another surcharge on water customers connected to the sewerage system. While PSAO does have problems, for example in targeting subsidies for the poorest people, and in its relationship with local gov-

ernment, it offers a practical example of a city-wide integrated sanitation program that could be useful in other countries.

### **Country Story: Inclusive Sanitation Approaches in Kenya**

The Kenya Sanitation and Hygiene Improvement Programme (KSHIP) works to reduce the disease burden resulting from poor sanitation and hygiene, while helping to improve health outcomes. Through behaviour change programming and advocacy targeting local governments and stakeholders, KSHIP helps drive the national sanitation movement. The WSSCC Global Sanitation Fund programme contributes to the achievement of Kenya's vision for an Open Defecation Free (ODF) nation by 2020 as outlined in Kenya's national policy and ODF roadmap.

K-SHIP competitively contracts sub-grantees to implement sanitation and hygiene activities in 11 counties across Kenya. The programme is aligned to achieving the SDGs, with particular focus on inclusive programming and addressing the needs of women, girls and people in vulnerable situations. KSHIP's approach is to identify the marginalized and underserved, and apply inclusive strategies to enable them access sanitation and hygiene services. A key lesson is that the 'ones often left behind' in the communities can also be a springboard for the success of a community; by identifying how to use them as a motivation to the rest of the community members. Preliminary findings from an outcome survey in 2018 demonstrate the soundness of the behaviour change pathway of this programme. The findings provide proof for the concept and model; making a case for scaling-up of the programme in Kenya.

### **Country Story: Inclusive Sanitation Services Through Private Sector Engagement in Nigeria**

WaterAid's 'Sustainable Total Sanitation (STS) project in Nigeria seeks to improve the effectiveness, efficiency, inclusion and sustainability of total sanitation approaches for the poor and underserved in Ekiti and Enugu States, and contribute to wider national and regional good practice.

The program is attempting to develop, test and then learn from a new approach to achieving sustainable sanitation in Nigeria. This represents a departure from more conventional strategies where the primary focus is maximising the number of communities achieving or maintaining Open Defecation Free (ODF) status, or using improved latrines.

Community Led Total Sanitation (CLTS) has been the central methodology in Nigeria since being introduced by WaterAid in 2004. Despite better results than previous construction driven approaches, CLTS has had only limited success in Nigeria. STS aimed to develop a model which combines the demand driven, participatory philosophy of CLTS with Sanitation Marketing (SanMark), an approach focusing on creating an effective supply of quality, affordable toilets which meet the needs of local communities.

#### **Lessons from the project highlight the following:**

- Reducing Open Defecation (OD) is intimately tied to increasing toilet ownership in Nigeria.
- CLTS improved sanitation and reduced OD in poor communities, but had no impact in comparatively rich communities.

- Households with no toilets report financial constraints as the main barrier to toilet ownership.
- SanMark products are increasingly being sold by businesses, but sales remain low, leading to low ownership among households.
- Door-to-door sales agents are key to increasing sales of SanMark products

**Key recommendations from the project include:**

- In poorer areas, a combination of CLTS with targeted subsidies or credit might prove effective.
- SanMark in Nigeria is a relatively new intervention with potential. However, it needs refinement in its current model and more investment and innovation in the sanitation market if it is to contribute towards closing the country's sanitation gap.
- Policymakers should continue to monitor the effectiveness of SanMark and encourage further development of the model before wider promotion.
- Door-to-door sales agents show the potential of being essential support mechanisms to achieve SanMark product sales. Training and support should be offered to these agents as well as ensuring they have incentives such as commissions.
- Policymakers should consider complementary policies to CLTS and SanMark that address financial constraints such as targeted subsidies or credit lines.

# Engendering Sanitation and Hygiene Services

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AfricaSan5 emphasized the relevance of engendering sanitation programmes and policies by involving women and girls in the planning process to ensure that dignified and gender-sensitive sanitation solutions are developed. The conference also stressed the need to have measures for strengthening and effectively implementing pro-poor sanitation policies and strategies, and for programmes to work with both men and women to address gender power relations which influence toilet adoption and use. Evidence suggests sanitation development is more effective when women are involved. However, gendered solutions to sanitation are few despite recognition of the key role that gender plays in solving sanitation problems around the globe.

## Country Story: Women's Solutions to Sanitation in Informal Settlements in Nairobi, Kenya

There is unlikely to be a one-solution-fits-all model to improve sanitation conditions for women in informal settlements because the challenges they face are numerous and complex. In Kenya, a gender lens was applied to tap women's perceptions of and solutions to sanitation issues in Nairobi's informal settlements.<sup>11</sup> Their solutions present an important perspective on how sanitation conditions might be improved for women in these settlements and what obstacles need to be overcome in order to help foster change.

Demand-driven approaches to sanitation could prove difficult for women in these environments if they are unable to access sufficient funds to invest in sanitation. Women's responsibilities for improving sanitation are further constrained by their status as a socially and economically disadvantaged group that has yet to see equal decision-making power in the household and community. The relationships between different stakeholders (e.g. residents, landlords, nongovernmental organisations, government, and public/private service providers) further complicates the notion of responsibility for sanitation in these settings, particularly for residents who are often very limited in their decision-making power.

The majority of women in informal settlements do not perceive sanitation to be a household-level responsibility, but rather view it as the responsibility of landlords and/or local governments. Tenants are often unwilling to pay directly for sanitation improvements because they feel landlords will be the ultimate beneficiaries. Landlords often benefit more from investments in long-term sanitation improvements than tenants do because they can charge higher rent and evict tenants who are unable to afford associated rent increases.

Kenya's Environmental Sanitation and Hygiene Policy holds landlords responsible for sanitation improvements in informal settlements. It admits that the government lacks

the public financing and institutional structure to properly coordinate sanitation financing and provision in all areas, particularly those with the poorest residents, such as informal settlements. However, many landlords in informal settlements also lack finances to invest in sanitation. Obstacles to sanitation improvements in informal settlements are pervasive especially considering a common externalisation of responsibility for sanitation by actors at all levels.

The solutions presented by the women offer opportunities for collective action and collaborative co-production strategies for sanitation improvements. For example, women in combination with other residents, should come together to renovate better maintain (e.g. cleaning), and follow-through on small-scale solutions (e.g. power and water supply in toilets). Others suggested that women/residents should collectively hold other groups (e.g. toilet managers) accountable for doing these things. Others talked about women/residents collectively holding landlords accountable for providing land/space (e.g. a room in a plot or building and/or building toilets).

Others recommended that residents, property owners, landlords, tenants, local groups, and government representatives should have more transparent dialogues about sanitation in informal settlements. Still others suggested that there were not only opportunities for women and residents to collectively push landlords to provide sanitation, but to also hold local government representatives accountable for providing alternative sanitation options for residents who cannot afford to live in a plot or building with a toilet.

But there are some serious obstacles to collective action and co-production of sanitation development in informal settlements. These include landlords' inability to pay for sanitation improvements; governments' inability to raise public funds to subsidise/provide sanitation for the poorest populations and residents; particularly women's lack of economic and political power to collectively demand improved sanitation in informal settlements. Collective action and co-production can also be used to overcome these obstacles by encouraging micro-finance institutions, merry-go-round savings groups, investment clubs, and other credit organisations to provide sanitation development financing to households and landlords in informal settlements who lack the funds to make improvements on their own.

Some of gender-specific solutions include coming together to advocate for gendered sanitation improvements (e.g. provision of bins for pads) and/or to take more direct control of their sanitation environments (e.g. by collectively managing a public toilet/women's side of the toilet). Additionally, there is a need to recognise and address less-commonly known factors influencing women's ability to access and utilise sanitation such as safety and fear of crime. These solutions have important implications for future policy and intervention strategies.

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<sup>11</sup> <https://www.tandfonline.com/doi/abs/10.1080/09614524.2018.1519013?journalCode=cdip20>

# Towards Sustainable Menstrual Health Management in Africa

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Menstrual Hygiene Management (MHM), according to UNICEF and WHO (2014)<sup>12</sup>, is defined as women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management material. The definition recognises the need for MHM products, access to water and soap for cleaning up, a private place to change sanitary pads and lastly, disposal facilities.

Providing girls, women and people who menstruate with the necessary information, resources, skills, social support, water, sanitation, waste disposal and health facilities required to manage their menstrual needs is important for their well-being, mobility, educational and economic empowerment and dignity. Yet many girls, women and other people who menstruate in Africa, especially those who live in poor areas and those that have been displaced or affected by political, economic and social emergencies, have little to no access to age-appropriate information on menstrual health, skills, health and hygiene facilities (including disposal and waste management) and products that are accessible, effective, comfortable, convenient, affordable and safe to use and change.

This hinders the ability of girls and women who menstruate to understand, manage menstruation and seek help and support when they experience menstrual health problems, thereby negatively impacting their self-esteem, sense of agency and ability to participate in daily activities, including school, social activities and work. While implementation of MHM programmes aims to be holistic and acknowledge issues such as affordable menstrual products and effective policies, decent menstrual hygiene management which requires access to clean water, safe private toilets and disposal facilities. It has been argued that the absence of water and toilets does not necessarily mean one cannot manage menses, especially in emergency settings like refugee/migrant situations. However, these are unique scenarios and should not detract from efforts to make safe private toilets a reality for everyone, everywhere.

Schools provide the ideal environment to reach all girls and boys to address taboos and misconceptions about menstruation in a culturally sensitive manner. There is a growing pool of evidence with regard to the effectiveness of school-based MHM interventions under WASH in Schools (WinS).

An enabling policy and institutional environment is essential for the key components of MHM services in schools to be provided and sustained for all girlchild. In this regard, Ministries of Education have the power and the responsibility to transform schools into places with MHM-friendly sanitation facilities and easy access to information about menarche and menstruation.

## Country Story: Experiences from Tanzania

Researchers from Lund University, Sweden, studied the cultural acceptability and management challenges of different menstrual products among adolescent school girls in rural Tanzania. The study, which tested three types of menstrual products: the menstrual cup, disposable sanitary pads and wash-

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<sup>12</sup> <https://www.unicef.org/wash/files/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>

able fabric pads, found that the menstrual cup was the most preferred menstrual option among the girls and has the potential to make a tremendous difference for girls' health and education as well as other important challenges such as waste management and gender equality.

In 2018, the WSSCC facilitated training of Tanzanian legislators from various regions to become MHM champions in their respective constituencies and made actions plans for commitments to be implemented. At the training, the Tanzanian parliamentarians committed to advocating for a budget and policy changes to address MHM issues.

## Key Issues Emerging on MHM

- WASH must be part of a holistic MHM approach and must take into account and address the challenges specific to varying contexts/ localities.
- Supportive facilities, especially water and sanitation waste management systems, must be provided and must be sustainable, affordable, safe and of good quality.
- National guidelines and quality assurance around water and sanitation and waste disposal menstrual products need to be consistently implemented. This requires tackling a wide range of taboos and social norms that determine which products girls and women choose and how they use them.
- There must be more focus on environmentally-friendly, culturally-appropriate, safe and efficient disposal systems, and intensify research on solutions in the region.
- There is a need for greater understanding of how women are managing menstruation in the context of increasing water scarcity.

## Recommendations for Improved MHM in Africa

- All stakeholders should prioritise access to clean water, decent sanitation and good hygiene practice as key for the effective management of menstruation.
- WASH organisations like WaterAid, WSSCC and so on have a significant role to play in raising awareness on the importance of access to WASH for MHM.
- MHM-specific indicators are needed to best capture menstrual needs and progress.
- There is a need to foster political support and social acceptance through well-organised Information, Education and Communication (IEC) Campaigns about innovative sanitation technologies at different levels of governments and in communities.
- There is a need for more research on women's use of sanitation facilities for menstrual management and the disposal of the materials.

# Closing the Data Gaps on Sanitation and Hygiene

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The **International Water and Sanitation Centre (IRC)** has been implementing the WASHCost project to fill a glaring gap in information about the costs of water, sanitation and hygiene services in rural and peri-urban areas not served by utilities and about the spending needed to ensure that they survive in the long term. The WASHCost project was born in reaction to the poverty of data that threatened the United Nations' Millennium Development Goals for water and sanitation. Many people in low and middle income countries experience poor and unreliable water and sanitation services, although they are considered to be 'covered' by an improved supply.

The WASHCost project has developed an innovative app—called the WASHCost calculator—to help implementers and donors of water, sanitation and hygiene (WASH) programmes better plan and evaluate sanitation and water services using cost and service level data. More specifically, it aims to ease the use or planning of the life cycle costs approach by governments, multilaterals, training institutions, International NGOs and donors.

The vision for WASHCost is that WASH sector practitioners use life cycle costs information to adapt their plans and achieve water and sanitation services that will last for generations. Users without expert knowledge about the life cycle costs approach are able to run a sustainability check to strengthen delivery of water and sanitation services, make use of reliable life cycle cost information and understand the benefits of the life cycle costs approach. The calculator allows organisations to collect, upload, analyse, and exchange data on the cost of water and sanitation services.

WASHCost teams in Burkina Faso, Ghana, Mozambique and Andhra Pradesh (India) recently collected and analysed cost and service level information for water, sanitation and hygiene in rural and peri-urban areas, applying the life-cycle costs approach. The life-cycle costs approach examines the complex relationships between expenditure, service delivery, poverty, effectiveness and sustainability. Recent WASHCost research suggests that a failure to fully fund services and especially to finance recurrent expenditure is a significant factor in frequent breakdowns and service weaknesses. Research in five countries over five years shows that the poor pay more for poorer quality WASH services across the world.

# Investing in Sanitation, Investing in People: Laying the Foundations for Human Capital in Africa

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The World Bank Group's Human Capital Project is a global effort to accelerate more and better investments in people for greater equity and economic growth. By focusing scrutiny on pertinent issues, the project seeks to help countries strengthen their human capital and improve ways of measuring it. Can early health care and education prepare children to succeed and prosper as adults in a rapidly changing world? What are the barriers to nurturing individuals and how can countries overcome them?

To provide a baseline, the World Bank's new Human Capital Index quantifies the contribution of health and education to the productivity of the next generation of a country's workers. The index is a summary measure of the amount of human capital that a child born today can expect to acquire by age 18, given the risks of poor health and poor education that prevail in the country where she lives.

Countries can use the Index to assess how much income they are foregoing because of HC gaps, and how much faster they can turn these losses into gains if they act now. It measures a country's performance in the building blocks of an economy, including the components closely linked to the Sustainable Development Goals for health, education, and nutrition:

- **Survival:** Will children born today survive to school age?
- **School:** How much school will children complete and how much will they learn?
- **Health:** Will they leave school in good health, ready for further learning and/or work?

The index aims to draw attention to a wide range of actions across multiple sectors that can build human capital and accelerate progress towards the SDGs.

The Human Capital Project places special emphasis on working with countries across Sub-Saharan Africa to help them meet their human capital goals. Based on the new index, countries in Sub-Saharan Africa have seen major reductions in under-five mortality between 1990 and 2015, but the number of children who die under the age of five—mostly from avoidable causes, such as complications related to respiratory infections, diarrhea, or malaria—is still high at about 2.9 million every year. Countries such as Somalia, Chad, Central African Republic, Sierra Leone, Mali, and Nigeria have child mortality rates above 100 deaths per 1,000 live births, some of the highest in the world.

The World Bank defines human capital as the sum of a population's health, skills, knowledge, and experience. Human capital accounts for the largest share of countries' wealth globally. It allows everyone to reach their full potential and is increasingly becoming recognized as a primary driver of a nation's economic growth. Investing in people through nutrition, health care, quality education, jobs and skills helps develop human capital, and this is key to ending extreme poverty and creating more inclusive societies.

According to the index, Africa has the largest return on education of any continent, with each additional year of schooling raising earnings by 11% for boys and 14% for girls. But issues of access and quality loom large; about 50 million children are not in school at all.

One proxy for chronic malnutrition and childhood development that forms part of the Human Capital Index is childhood stunting, which is measured through a child's trajectory in height relative to his or her age. This is a strong determinant of cognitive capacity and adult health, as well as of an individual's future economic productivity.

Sub-Saharan Africa reports the world's highest rates of stunting among children. This means children fall sick more often, miss opportunities to learn, perform less well in school, and grow up economically disadvantaged and more likely to suffer from chronic diseases in adulthood. In fact, because of rapid population growth and only modest reductions in stunting, the actual number of stunted children in the region increased by 12 million between 1990 and 2015—and is likely to keep rising unless these issues are addressed. However, a few countries—some of them low-income—have reduced the rate of stunting: they include Senegal, Madagascar, Lesotho, and Malawi.

Their improvement has been achieved by creating public awareness of what stunting is and implementing programs with interventions to prevent it, such as promoting breastfeeding and providing micro-nutrients for pregnant women and infants; and providing more access to essential health services, and cleaner water and sanitation.

Through the Human Capital Project, it is now much better understood that a well-educated, healthy and well-nourished workforce pays bigger dividends to the economy than simply building new roads and bridges.

<sup>13</sup> <https://www.worldbank.org/en/publication/human-capital>

# Key Take-Aways on Leave-No-One-Behind Sanitation Programming

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- People are not left behind by accident. Poverty is structural and systemic. Notions of the poor as ‘undocumented’, ‘undesirable’ or ‘undeserving’ are entrenched in popular narratives and influence policy decisions and budget allocations.
- Inequalities persist despite the infrastructure developed and the targets met (for example in South Africa), partly because housing and services have been provided on the peripheries of urban settlements, far from economic opportunities.
- Poor people are left behind because the government either does too much (by evicting them to the outskirts of cities far from economic opportunities or by redeveloping existing settlements), or because it does too little (by expecting the poor to provide their own services in a market-based system).
- Self-supply places significant strain on local resources and differentiates access along social and economic lines, deepening the vulnerability of vulnerable groups.
- The productive use of services is essential to escape poverty and precarity. Greater quantities of water and power closer to households are needed to enable this. Housing needs to be near economic opportunities.
- Shared sanitation presents profound safety and privacy concerns, particularly for women, children, people with disabilities and the elderly.
- Tenure security enables people to build livelihoods and resilience. Many informal settlements have been there for decades with limited or no solutions to unravel the conundrum around land regimes and property rights.
- Communities are resourceful and make creative adaptations. Local norms, practices and agency are a resource to be built into in-situ upgrading of “sites and services” in informal settlements.
- Leaving no one behind requires concerted effort and resources. It may mean policy changes. It means changing how we see and treat the poor.
- To reach the poor we need political will, better data, blended financing mechanisms, integrated planning and a nuanced approach to enabling and regulating the private sector.

# AfricaSan5 Call to Action

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Stakeholders at AfricaSan5 committed to a wide range of roles and actions for different stakeholders to work collaboratively in support of government efforts to achieve the Ngor Vision and Commitments and SDG targets whilst leaving no one behind.

- **The African Union was called upon to:**

- declare an Africa-wide state of emergency on sanitation and hygiene;
- place a greater emphasis on the sanitation and hygiene crisis by addressing at a summit or special session of the Assembly of AU Heads of State and Government;
- encourage and support AU Heads of State and Government to be sanitation and hygiene champions in their respective countries and region;
- facilitate a High-Level Meeting of African Ministers in charge of water and sanitation-related portfolios—including ministries of finance—to reposition the continent towards achieving the African Water Vision, Ngor Vision and Commitments and SDG6.

- **AMCOW was mandated to:**

- convene and work with Member States to focus on delivering on the Ngor Vision and Commitments;
- continue to track and monitor the Ngor Vision and Commitments and to strengthen the approach to better evaluate progress in hygiene;
- report, disseminate and connect latest knowledge with sanitation sector practitioners and policy makers.

- **National authorities in charge of Sanitation and Hygiene, and key sector actors, can:**

- strengthen public awareness campaigns that highlight the links between sanitation, disease and good health which emphasize the need to eliminate open defecation. Specific prominence should be given to addressing factors that influence exposure to fecal pathogens. Key messaging should be disseminated as widely as possible, including in schools, prominent institutions and via popular media. Both urban and rural areas should be targeted, with disparities in the use of sanitation facilities accounted for.
- focus on finding sustainable sanitation solutions that go beyond toilet construction. For example, mechanisms that guarantee periodic maintenance of toilets, including proper containment, transportation and treatment of wastewater, should be developed. Sanitation solutions that can be quickly implemented, are cost effective and efficient should be identified and rolled out to cover as many people as possible. Innovative thinking is crucial to developing high-impact interventions.

- Identify and pursue opportunities to promote ongoing sanitation safety planning among all stakeholders. Doing so will facilitate the coordination of efforts to prioritize improvements and fill gaps. It will also augment system monitoring and enable stakeholders to better identify risks. As part of this, accelerated efforts must be made to improve Water, Sanitation and Hygiene (WASH) services in health care facilities and schools to reduce hospital-acquired infections, reduce maternal mortality, increase the use of health facilities and increase school attendance.
- Overall, the sector community can work collaboratively to support national efforts to bring safe sanitation services to all, and ensure all primary health care facilities have adequate WASH services.
- International actors, for example the WHO, can support countries in their endeavors, also enhancing the uptake of key decision-making aids such as the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) and Tracking Financing to WASH (Trackfin). Both tools aggregate and present data in a way that allows policymakers to identify and assess existing financial gap and other gaps in the provision of WASH services. This enables them to make smarter decisions that drive maximum impact and make the most of WASH-focused investments.





AFRICAN MINISTERS' COUNCIL ON WATER



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