

# EASTERN AFRICAN CONFERENCE ON SANITATION

## Implementing The ethekwini Commitments

5<sup>th</sup> - 6<sup>th</sup> November 2008

 **ANEW** – African Civil Society Network on Water and Sanitation

# CONFERENCE REPORT



# Conference participants



## Acronyms & Abbreviations

<b>AMCOW</b>	Africa Ministers Council on Water
<b>ANEW</b>	African Civil Society Network on Water and Sanitation
<b>CBO</b>	Community Based Organisation
<b>CLTS</b>	Community Led Total Sanitation
<b>DWD</b>	Department of Water Development
<b>GoK</b>	Government of Kenya
<b>GDP</b>	Gross Domestic Product
<b>GWA</b>	Gender Water Alliance
<b>MDGs</b>	Millennium Development Goals
<b>MWI</b>	Ministry of Water & Irrigation
<b>NEMA</b>	National Environmental Management Authority
<b>NGO</b>	Non-governmental Organisation
<b>PPP</b>	Public Private Partnership
<b>SWOT</b>	Strengths, Weaknesses, Opportunities and Threats
<b>TAC</b>	Technical Advisory Committee
<b>WATSAN</b>	Water and Sanitation
<b>WRUA</b>	Water, River Users Association
<b>WSB</b>	Water Service Board
<b>WSP</b>	Water Services Providers
<b>WSP- Africa</b>	Water Sanitation Program - Africa
<b>WSSD</b>	World Summit on Sustainable Development
<b>WSTF</b>	Water Services Trust Fund



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## 0 PURPOSE

To document the proceedings, discussions and outcomes of the Eastern Africa regional sanitation conference held in Nairobi, in November 2008.

### 1.0 INTRODUCTION AND BACKGROUND

Sanitation has not attracted attention despite its importance and impact on the health, social and economic well being of the people in Africa. Sector practitioners agreed that the inadequate policy framework, resources allocation, and general malaise has led to the stagnation of this key sector. Following a series of actions which culminated in the Africa Sanitation (Afrisan +5) conference held in Ethekewini (Durban), in February this year 2008, Africa's Sanitation Ministers came together to address the sanitation challenges, provide leadership and chart the way forward. Emanating from the declaration was an Africa Sanitation (**Afrisan**) action plan which clarion call countries were to domesticate and set the stage for to put Africa back on track for sanitation MDG. Key sector actors came together under the banner of The Eastern Africa Sanitation Conference with the prime objective to establish how countries had progressed with domesticating Afrisan Action plan, what they could share & learn from each other and the challenges emerging.

### 1.1 OPENING

The conference kicked off with opening remarks made by key sector organizations which included **ANEW, GWA, Water Aid, AMCOW-TAC, UNICEF, UN WATER, WSP-Af and the Permanent Secretary, Ministry of Water & Irrigation.**

The opening remarks touched on several issues which included establishing how to get deeper and broader support from CSOs and Governments, gender mainstreaming, sanitation advocacy, establishing effective national and regional monitoring mechanism and the proportion of GDP that should be invested in the national sanitation budget.

**CSOs sought and got Kenya Government concurrence to host next years World Toilet Day Conference**

The conference was officially opened by the **Hon. Minister for Public Health and Sanitation, Kenya.**

The Minister challenged the participant to urgently establish the mechanisms that were agreed on for the implementation of the Ethekewini Declaration, and domesticate the Afrisan Action Plan. The broad political and strategic guidelines spelt out by the **6th AMCOW session, The Ethekewini Declaration** and the AU, Heads of State meeting in **Sharm El Sheikh** provide for a historic opportunity to rollout sanitation. The Hon. Minister in quoting Mahatma Gandhi reminded the meeting that sanitation was more important than political independence. Africa had political independent but to date over 580 million people in Africa were without adequate sanitation. He challenged the countries gathered to expeditiously proceed to domesticate the **Afrisan Action Plan.** The conference was reminded that AMCOW in taking up sanitation has placed reporting requirements on countries and that it is now expected that Africa will rapidly get back on track for the sanitation MDG.

**At the current rate of implementation and business as usual Africa will achieve the sanitation MDG in the year 2076; Minister Public Health & Sanitation – Kenya**  
(Source UNDP 2006)



## 2.0 THE COMMITMENTS FOR SANITATION

The conference discussed the two land mark commitments for sanitation in Africa were discussed. These two important milestones were the result of several years of work by the CSOs in partnership with Governments and private sector. Currently it is estimated that 546 million people in Africa are without adequate sanitation; and 221 million are practicing open defecation. All countries in East Africa are off-track, and worse still 6 of 9 East African countries are among the 25 most off-track in the world. Annually, 211,000 child deaths from diarrhoea in East Africa

### The Ethekwini Declaration; (an abridged version)

1. To bring the messages, outcomes and commitments made the African Union heads of state and government summit
2. To support AMCOW track the implementation of eThekwini Declaration and prepare a detailed report on progress in mid 2010, and subsequently there after
3. To establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008; so as to get back on track to meet national sanitation goals and the MDGs by 2015
4. To increase the profile of sanitation and hygiene in poverty reduction strategy papers
5. To ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio, 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.
6. To establish specific public sector budget allocations for sanitation and hygiene programmes. a minimum of 0.5% of GDP for sanitation and hygiene.
7. To use effective and sustainable approaches
8. To develop and implement sanitation information, monitoring systems and tools to track progress at local and national
9. To recognize the gender and youth aspects of sanitation and hygiene, and involve women in all decision making levels.
10. To build and strengthen capacity for sanitation and hygiene implementation, including research and development and support knowledge exchange and partnership development.
11. To give special attention to countries or areas which are emerging from conflict or national disasters.

## 2.1 The Ethekwini Declaration

The first critical milestone was the AfricaSan +5 was held in Durban, South Africa in February 2008.. The Ministers and heads of delegations responsible for sanitation and hygiene from 32 African countries, recognizing that approximately 589 million people, more than 60% of Africa's population currently do not have access to safe sanitation pledged and made the eThekwini commitments for sanitation. The most critical out come fro the sector practitioners was the Afrisan Action Plan, which is a broad matrix of priority areas and proposed intervention. Countries were expected to domesticate the matrix.

### Sanitation Aspects of the Sharm El-Sheikh Declaration

....**Develop** and/or update national water management policies, regulatory frameworks, and programmes, and prepare national strategies and action plans for achieving the MDG targets for water and sanitation over the next seven (7) years;

...**Build** institutional and human resources capacity at all levels including the decentralized local government level for programme implementation, enhance information and knowledge management as well as strengthen monitoring and evaluation; ...**Significantly** increase domestic financial resources allocated for implementing national and regional water and sanitation development activities and Call upon Ministers of water and finance to develop appropriate investment plans; ...Develop local financial instruments and markets for investments in the water and sanitation sectors; ...Promote effective engagement of African civil society and public participation in water and sanitation activities and programmes;

...**Promote** programming that addresses the role and interests of youth and women, given that the burden of poor water and sanitation falls disproportionately on women and children; ...Request AMCOW to annually report on progress made in the implementation of our commitment on water and sanitation with support from regional partners, and to submit these reports for our consideration;

## 2.2 Sharm El Sheik

The heads of State and Government of Africa at the AU Summit in Sharm El Sheikh, Egypt in 2008, affixed their support to sanitation and made commitments which have become the bench mark for other regions of the world to emulate. The Heads of State committed to **Increase** efforts to implement past declarations related to water and sanitation, **Raise** the profile of sanitation by addressing the gaps in the context of the 2008 Thekwini Ministerial Declaration on sanitation in Africa adopted by AMCOW

At the Sharm el Sheikh meeting Africa's Governments committed not only to developing national sanitation actions plans But to also fund them up to 0.5% of the national GDP.

The heads of state were encouraged to recognize sanitation as a prerequisite for development.

The Heads of State are now aware of need to raise financing, close the sanitation gap.

This land mark declaration was a result of Governments and CSOs accepting the magnitude of the sanitation problem facing Africa and joining hands to address it.

## 3.0 THE SANITATION SITUATION IN EASTERN AFRICA

### 3.1 Tracking Progress on implementing the eThekwini Declaration in East Africa – Water Aid

To establish the progress made thus far since eThekwini the assessment which is largely based on the J M P data highlighted a number of pertinent issues.

In particular progress had been made in that all six countries in Eastern Africa had signed off of eThekwini declaration. The establishment of sanitation policy and national plans had also progressed quite well with 5 out of 6 countries making good progress. However only 3 countries had a national plan developed towards meeting the sanitation MDG target.

At the current pace of sanitation implementation full coverage shall take at least 100 years to be attained and is now revised to year 2108. JMP

#### Very little or No Progress...

In almost all countries specific sanitation budget line and mobilising adequate sector financing remains a very weak area.

Some progress had been made with regards to the inclusion of sanitation into national PRSP type documents with 4 out of 6 countries reporting progress. Identification of an accountable institution was very weak in the region with only 2 countries definite about the lead agency; this was also reflected in sector coordination. While a few more countries totalling 4 in number reported building effective sector monitoring the evidence of its application and output was weak.





### 3.2 Progress in Implementation of AFRICASAN+5 Action Plan in Kenya, Tanzania And Uganda – WSP - Af

In October 2008 a rapid assessment on the or tracking progress on sanitation in Kenya Uganda and Tanzania was undertaken. The key findings indicate that in line with the eThekwini declarations the lead agencies in all 3 countries are in place. Kenya and Uganda have endorsed their National sanitation policy while such endorsement is still in the pipeline in Tanzania. The three countries indicated to be facing serious challenges in developing an effective monitoring and reporting mechanism. Kenya and Uganda have sanitation policies while in Tanzania it is still in development. Some form of decentralization is in place in the three countries and Uganda appears to have very developed structures for sanitation decentralization. Financing from central government and donors appears to have increased however, at this junction it was difficult to quantify exact funding that has been invested in sanitation annually in the three countries. The capacity for local government authorities remain inadequate and will require strengthening.

...In all three countries resource mobilization remains critical. In Tanzania there is need to complete the policy framework. What now remains in the three countries is to implement the Afrisan action plan...

School sanitation guidelines have been developed in Kenya and Uganda but not yet in Tanzania. In conclusion the rapid assessment has identified countries specific actions that are now required to propel sanitation implementation as highlighted in the text box.

## 4.0 SANITATION CHALLENGES IN EASTERN AFRICA

The enabling environment remains a critical challenge to sanitation implementation. This is hindered in part due to poor or unavailable policies.

The **sanitation promotion** is faced with several challenges which include structural, economic, educational, social and technological. Poverty and poor mobilization have contributed to the sanitation promotion challenges.

The **sanitation technology** challenge is driven largely by the fact that most of the technology options are foreign or are not adequately adapted to the local situations and cultures. Many sanitation technologies have been introduced from a supply driven approach which eventually makes them unsustainable.

The **sanitation financing** challenge is especially serious when one considers the need to go to scale with quality. African government committed themselves to funding sanitation in their countries upto 0.5% of GDP. This is infact one quarter of the originally proposed 2% of GDP. To date most countries if not all in Eastern Africa have yet to met these financing targets. Even though the perception has been there has been inadequate financing available the reality is that its usually the inadequate capacity to develop bankable proposals that is the problem.

## 5.0 MEETING THE SANITATION CHALLENGE

### 5.1 Domesticating Afrisan – The Ethiopia Case

Ethiopia has made substantive strides in domesticating the Afrisan action plan. This was primarily due to the country undertaking deliberate steps to have a stakeholder forum that prepared before the Durban conference. This pre-Durban preparations provided a sanitation status open dialogue and a better understanding of the National sanitation challenge. Given the difference data contained nationally and reported by the JMP Ethiopia felt the urge to plan and commence implementation for sanitation.

After Durban Ethiopia developed their national sanitation action plan-Ethiosan. This has brought together key sector actors, has improved coordination and provided the depth and breath that sanitation as required. Ethiopia is beginning to witness success in sanitation due to this concerted efforts. Future plans include the latrine coverage increasing to 80%, and an aggressive promotion of CLTS countrywide and all schools having a complete WASH package. Other countries are encouraged to emulate this process

### 5.2 Scaling up Sanitation, The case for CLTS

Community lead total sanitation is a participatory learning and action based approach which works to stimulating a collective community sense of shame fear and disgust as community members confront the crude realities of poor sanitation and its negative effects on the entire community. It's community lead where collective community decisions and collective are at the center of its operation. The actions are decided locally and are not dependant on external agencies, subsidies or prescriptions. It is total because it involves the total elimination of Open Defecation (OD). When the village becomes OD free this is celebrated as a way of ensuring that communities appreciate and preserve this status. In Kenya Jaribuni village in Kilifi was declared ODF, to date more than 77 villages are in line to become ODF, which means over 80,000 people living in a clean and safe environment. In conclusion given the vast numbers of sanitation facilities required for Eastern Africa to attain its MDG targets it is important to seriously take in consideration approaches that are demand driven and that are economic and affordable to the governments and communities.



## 6.0 LEARNING FROM EACH OTHER

Ripple in promoting the learning alliances proposed that it is important for us to learn from each other in a structured manner. This has emerged from the realization that many good practices are either go unreported or are not shared so as to help agencies and communities facing similar situations to adopt them. There are many good examples of structured sharing of how information sharing from districts to province to National to regional has helped to improve implementation.

A questionnaire was circulated to elicit information and also establish if there is a demand for a regional learning alliance. The findings from this indicates that majority of countries represented were interested in joining and sharing in a regional learning alliance.

### 6.1 LeaPPS Uganda

The focus for this program is on rural households and primary schools. The learning platform comes together to share and harmonize approaches, strategies and actions in the area they work. Coordination is from local village level to district level. The best practice is also shared at national level.

IRC and partners share innovation the platform, do action learning and document the process. LeaPPS has also been started at sub county level. In Uganda there is a good operational sanitation network. IRC has proposed Regional learning innovation, knowledge and information Management Forum for African countries.

CLTS is non-subsidy based approach and works by involving each an every person in the community.

## 7.0 CONCLUSIONS & RECOMMENDATIONS

The conference was a great success as judged by the outputs, intensive sharing and responses from the evaluation.

### Sanitation policies & strategy

Majority of the countries had progressed well with regards to developing or reviewing sanitation specific polices. However there is still the need in most countries to widely disseminate this guiding documents and where necessary developing simpler or popular versions

### National Monitoring mechanism

This is a substantial challenge for most countries and the software and hardware aspects remain substantive as do the national capacities to have complete, timely and reasonably accurate monitoring data. Given the critical importance monitoring holds in informing national decision making process, many countries requested for support in this area.

### Regional Monitoring Mechanism

Given that the region has one of the worst sanitation situations in the world the conference agreed that there was urgent need to establish a regional monitoring mechanism that would support that work that AMCOW is mandated to undertake. This process could also support national monitoring process

### National Action plans

Soon it shall be one year since EThekwini, and most countries are in some stage of domesticating the Afrisan Action plan. It's recommended that countries urgently complete the domestication process and commence with the rollout so as to get the region back on track

### Resources Mobilization

Majority of countries in the region do not have a national strategic & business plan for sanitation. It's recommended that countries urgently complete them so as to engage potential funding sources, and take advantage to the SWAp process in most countries.

### 0.5% of GDP for Sanitation for National Government

Given the severity of the sanitation situation and given that none of the government is any where near the commitment made by the Heads of State at Sharm El Sheikh, its important that CSOs engage and do advocacy to commence the flow of resources to sanitation

## 8.0 The Nairobi Sanitation Declaration; From brave words to concrete action

1. We, the participants of the **Eastern Africa Conference on Sanitation**, from 7 countries and representing government, including AMCOW TAC, national and international civil society, development partners and the media, met in Nairobi, on November 5-6, 2008, to review progress on implementing the commitments made under the eThekwini Declaration signed by African ministers in Durban, South Africa, on February 20th 2008.
  - 1.1 We recognise that approximately 200 million people in the Eastern Africa region do not have access to adequate sanitation which is more than 70% of the population;
  - 1.2 We are concerned that poor sanitation is undermining all development efforts in Eastern Africa and constraining progress against the health, education, gender and poverty Millennium Development Goals;
  - 1.3 We are mindful that over 200,000 children are dying each year in Eastern Africa from diarrhoea;
2. We welcome the commitments made by Eastern African governments through the AfricaSan+5 eThekwini Declaration and Sharm El-Sheikh Declarations .
3. We now call for the urgent implementation of these commitments with particular attention to:
  - 3.1 Submit to AMCOW country specific action plans
  - 3.2 Establishing sanitation policy and strategies
  - 3.3 Strengthening institutional arrangements
  - 3.4 Adopting effective and sustainable approaches focusing
  - 3.4 Increasing financial investments for sanitation and hygiene



4. We, the participants of the Eastern Africa Conference on Sanitation, recognising the important role of all actors in addressing this crisis, commit ourselves to:
  - 4.1 Actively publicise with the media the eThekwini commitments made by governments
  - 4.2 Produce annual progress reports on the implementation of the eThekwini commitments, starting in November 2008
  - 4.3 Present progress reports on the implementation of eThekwini commitments at AMCOW meetings, beginning with the meeting in Nairobi on November 24th
  - 4.4 Call upon all sector actors to support the efforts of Eastern African governments in implementing the eThekwini commitments
  - 4.5 To work with the governments of Eastern Africa to convene an eThekwini Review Conference in 2009 to review progress and prepare for the AfricaSan meeting in 2010
  
5. Further, and in the spirit of partnership, we call on all actors across the region, from civil society, development partners, the media and the private sector, to support national government efforts to implement the eThekwini commitments and to address the sanitation crisis in Eastern Africa.

**ANEW , AMCOW\_TAC, GWA, UNICEF, WaterAid, WSP-Af**



<sup>1</sup> Representatives from Burundi, Ethiopia, Kenya, Rwanda, Sudan, Tanzania and Uganda

<sup>2</sup> African Ministers Council on Water Technical Advisory Committee

<sup>3</sup> WHO/UNICEF Joint Monitoring Programme (2008)

<sup>4</sup> Millennium Development Goals 1,2,3 & 4 respectively

<sup>5</sup> Commitments made at the AU Summit 2008 held in Sharm El-Sheikh, Egypt

<sup>6</sup> African Ministers Council on Water

<sup>7</sup> It was recommended under the AfricaSan Action Plan that all countries should submit these plans to AMCOW by June 2008

## 9.0 COUNTRY ACTION PLANS

### 9.1 - BURUNDI - Plan d'Action National d'Assainissement et Hygiène, 2008-2010

THEME	QUELS SONT LES BESOINS PRIORITAIRES	QUELLES SONT LES ACTIONS REQUISES	QUELLES SONT LES INSTITUTIONS RESPONSABLES	QUELLE DONNEE OBJECTIVE INDIQUE QUE L'OBJECTIF A ETE ATTEINT	Budget indicatif en USD	Echéance		
	Situation actuelle	Actions prioritaires	Institution leader	Indicateurs		2008	2009	2010
1. Définition du rôle des différentes institutions	Pas d'institution leader	Mettre en place une Commission Technique interministérielle d'Hygiène et Assainissement (CTHA)	MSPLS/MEEM	La commission est désignée	0	Juin		
		Mettre en place un Conseil National d'Hygiène et Assainissement (CNHA) avec un Secrétariat Exécutif Permanent (SEP)	Deuxième VP MSPLS/MEEM	Le SEP/CNHA est fonctionnel	500000	Nov		
La responsabilité pour l'H&A est fragmentée entre plusieurs institutions	Définir clairement les rôles et missions de chaque institution	CTHA en attendant la mise en place du SEP/CNHA	CTHA en attendant la mise en place du SEP/CNHA	Un document précisant les missions de chaque institution est disponible	20000		Février	
		Gestion des déchets solides dans les milieux urbains Gestion du réseau des eaux usées et pluviales et de la voirie urbaine	SETEMU		0			
		Approvisionnement en eau potable et gestion des eaux usées Construction des ouvrages d'assainissement dans les établissements publics	MEEM		0			
		Contrôle des rejets Evacuation des eaux pluviales Protection des bassins versants et des cours d'eau	MEATTP		0			
		Hygiène publique et assainissement de base (latrines familiales, gestion des ordures ménagères, hygiène de l'habitat...); Formation, éducation à l'hygiène et mobilisation sociale; Contrôle des normes de la qualité de l'eau de boisson; Contrôle des normes d'hygiène (denrées alimentaires, plan de construction, industries, hôtels, restaurants et autres établissements publics et privés et lieux de loisir)	MSPLS		0			
2. Coordination	Coordination insuffisante et absence d'institution leader	Tenir des réunions trimestrielles de coordination sous la présidence du SEP/CNHA	CTHA en attendant la mise en place du SEP/CNHA	PV/rapports des réunions	60000		Jan	
3. Politique et stratégie	Pas de Politique Nationale et pas de Stratégie d'H&A (PNHA)	Doter le pays d'une politique nationale et d'un plan stratégique d'hygiène et assainissement;	CTHA en attendant la mise en place du SEP/CNHA	La PNHA promulguée et plan stratégique validé	60000	Dec		
		Assurer une assistance technique dans l'élaboration de la politique et stratégie	CTHA en attendant la mise en place du SEP/CNHA	Un consultant est recruté	60000	Juillet		
	Pas de Politique Nationale et pas de Stratégie d'H&A (PNHA)	Elaborer un Plan Directeur National d'Aménagement du Territoire (PDAT);	MEATTP	PDAT disponible	40000		Déc	
		Assurer une assistance technique dans la réalisation du Plan Directeur d'Aménagement du Territoire	MEATTP	Un consultant est recruté	60000		Mai	

4. Sur le plan Législatif et réglementaire	La caducité des codes	Actualiser le code d'hygiène et assainissement ;	MSPLS	Le code d'hygiène et assainissement est disponible	60000	Déc		
	Normes et standards non adaptés à la réalité nationale ;	Adapter les normes et standards à la réalité nationale ;	CTHA en attendant la mise en place du SEP/CNHA	Un document national de normes et standards sur l'eau, l'hygiène et assainissement est disponible	60000		Juin	
		Elaborer les textes d'application du code d'hygiène et assainissement	MSPLS	Les textes d'application de la politique sont élaborés	20000		Mars	
		Elaborer les textes d'application du code de l'environnement	MEATTP	Les textes d'application du code de l'environnement sont élaborés	20000	Sept		
4. Financement	Existence d'une institution (INSP) de contrôle de la qualité qui nécessite d'être renforcée	DReforcer le laboratoire de l'Institut National de Santé Publique pour assurer sa mission de contrôle de la qualité des aliments, de l'eau de boisson et de l'environnement ;	MSPLS	Le Laboratoire de l'INSP est équipé et fonctionnel	300000		Avril	
	Manque d'outils pour le contrôle de la qualité de l'eau de boisson	Doter les coordinations provinciales d'hygiène (CPH) des kits pour le contrôle de la qualité de l'eau	MSPLS	Les CPH font régulièrement le contrôle de a qualité de l'eau	100000		Juillet	
	Pas de Centre d'Enfouissement Technique (CET) pour les grandes villes	Doter les villes de Bujumbura, Gitega, Rumonge et Ngozi d'un CET ;	SETEMU	Nombre de CET fonctionnels	12000000		Juin	
	Insuffisance de la couverture en latrines dans les établissements publics	Construire 1000 blocs de latrines	MEEM	Nombre de blocs de latrines construits	4000000			
	Pas de station d'épuration (STEP) pour les grandes villes	Doter les villes de Gitega, Rumonge et Ngozi d'une STEP; Doter la ville de Bujumbura d'une STEP supplémentaire	SETEMU	Nombre de STEP fonctionnels	20000000		Sept	
	Insuffisance de moyens logistiques et vétusté des équipements	Doter les SETEMU des moyens logistiques pour assurer la gestion des déchets ;	SETEMU	Les SETEMU sont équipés de moyens logistiques	3000000		Sept	
	Manque d'équipements pour le contrôle de la qualité des rejets	Doter le Ministère de l'Environnement des équipements pour le contrôle des rejets;	MEATTP	Le MEATTP est équipé pour le contrôle des rejets	120000		mars	
	Absence d'un cadre d'échanges d'information dans le secteur	Création d'un site Web sur l'hygiène et l'assainissement	SEP/CNHA	Site Web sur l'hygiène et assainissement fonctionnel	80000		Août	
	Insuffisance dans la promotion des nouvelles technologies appropriées ;	Promouvoir les systèmes d'assainissement écologique axés sur les ménages (ECOSAN) ;	MSPLS	Des projets EcoSan pilotes fonctionnels	500000		Juillet	
	Insuffisance du budget de l'Etat alloué au secteur ;	Augmenter la part du budget de l'Etat allouée au secteur	Mini Finances	Le budget de l'Etat alloué au secteur est augmenté d'au moins 50% chaque année	0		Janv	
5. La corrélation entre l'offre et la demande	Changement de comportement par rapport a` l'hygiène et à l'assainissement mais à une échelle réduite	Organiser des activités de sensibilisation à l'endroit des autorités administratives et élus du peuple à tous les niveaux et à l'endroit de la population;	MSPLS	Nombre de ménages qui ont adhéré à l'auto construction des latrines Nombre de personnes qui se lavent les mains avec du savon avant de manger et après avoir été à selles	135000		Juin	



		Initier des projets pilotes de démonstration d'ouvrages d'assainissement de base	MSPLS	Nombre de collines avec des ouvrages d'assainissement de base de démonstration	150000	Août		
		Organiser chaque année des campagnes nationales de mobilisation sociale à travers un concours ménages propres	MSPLS	Une campagne nationale est lancée et clôturée chaque année	150000	Juin		
6. Renforcement des capacités	Non accès aux nouvelles technologies de l'information et de la communication ;	Fournir des équipements informatiques et connexion à Internet	Les Ministères concernés	- Nombre d'équipements informatiques obtenus - Nombre d'institution avec connexion à Internet	80000	Octobre		
	Insuffisance de cadres qualifiés	Ouvrir une faculté d'Ingénierie de l'Eau et de l'Assainissement au niveau de l'Université du Burundi (UB);	Minédu	La Faculté est opérationnelle à l'UB	100000			Sept
		Ouvrir une filière de Santé Environnementale à l'Institut National de Santé Publique (INSP) du Burundi ;	MSPLS	La filière est fonctionnelle à l'INSP	100000	Sept		
	Insuffisance de capacités en matière de recherche	Initier et/ ou renforcer les coopérations avec les centres régionaux de recherche existants	SEP/CNHA	la coopération régionale dans le secteur est effective	80000	Juin		
		Former les cadres en technique de recherche	SEP/CNHA Les Ministères concernés	Nombre de cadres formés	75000		Jan	
	Insuffisance de formation en cours d'emploi	Organiser de formation de courte et longue durée en faveur des cadres et agents des services techniques concernés	SEP/CNHA Les Ministères concernés	Nombre de cadres ayant reçu des formations de courte et longue durée	120000	Sept		
		Assurer une assistance technique dans la réalisation du Plan Directeur d'Aménagement du Territoire	MEATTP	Un consultant est recruté	60000		Jan	
		Mobiliser les fonds auprès des partenaires	SEP/CNHA	Augmentation du budget des partenaires alloué au secteur Nbre des partenaires financiers intervenants dans le secteur	0		Sept	
7. Décentralisation	La décentralisation est à l'état embryonnaire	Accorder plus d'autonomie aux services provinciaux d'H&A	MSPLS	les services provinciaux d'hygiène sont décentralisés	30000		Janv	
		Intégrer le volet hygiène et assainissement dans les Plans Communaux de Développement Communautaire (PCDC)	SEP/CNHA	le volet hygiène et assainissement est intégré dans les PCDC	0		Janv	
		Intégrer le volet hygiène et assainissement dans les Plans Provinciaux de Développement Communautaire (PPDC)	SEP/CNHA	Existence du volet hygiène et assainissement PPDC	0		Janv	
		Créer une ligne budgétaire avec un montant conséquent au niveau du budget de la commune	Mini Inter et Dév.Com.	Existence d'une ligne budgétaire accordée à l'hygiène et assainissement dans le budget de la commune	0		Janv	

		Renforcer les CCDC (Ressources Humaines, Matériel, financier) et notamment en instituant un point focal chargé de l'H&A au sein de ces comités.	SEP/CNHA	Existence d'un point focal chargé de l'H&A dans les CCDC	0		Janv	
		Former les CDC et les élus locaux sur l'hygiène et assainissement	MSPLS	Nbre de CDC et les élus locaux formés	65000		Janv	
8. Mesure d'impacts et dispositif de suivi-évaluation	Système de suivi - évaluation à l'état embryonnaire	Mettre en place une base de données au niveau national	SEP/CNHA Ministères concernés	La base de données est régulièrement alimentée	20000		Juin	
		Elaborer les outils de collecte d'information sur base d'indicateurs pertinents	SEP/CNHA Ministères concernés	Les outils de collecte des données sont disponibles	10000		Fév	
		Réaliser des études/recherche action sur l'impact des activités d'hygiène et assainissement	SEP/CNHA Ministères concernés	Nbre d'études réalisées	30000			Janvier
<b>Total du Budget</b>					<b>42265000</b>			

## 9.2 Ethiopia Action Plan - 2010

TOPIC AREA	WHAT ARE THE PRIORITY NEEDS?	WHAT ACTION IS REQUIRED?	WHO SHOULD LEAD THIS ACTION? (INSTITUTION(S))	LEARN FROM:	WHAT EVIDENCE INDICATES ACHIEVEMENT?	Remark
Priority Areas	Current situation	Actions	Lead	Time Line	Indicators	
Institutional arrangement	No lead home for S&H	Establish lead agency for S&H	MoH	March 2009	S&H lead agency designated.	Strengthening the institution with appropriate resources  - MoU signed between ministries and coordination office formed but didn't solve the problem
	S&H is buried among institutions	Conduct institutional review of S&H duties. Disaggregate sanitation duties from various agencies and centralize in a lead agency			Institutional review report. S&H lead agency designated.	
	Sanitation and hygiene (S&H) lead agencies well defined, but weak institutional arrangement	Conduct institutional review of S&H duties. Detail mandate for sector lead agencies and implementation plan. Draft and sign MoU among related sectors (e.g., water, health, education, livelihoods, environment, food security).			Mandate and implementation plan published. Signed MoU.	
coordination	No coordination and no leadership	Appoint leader with mandate to coordinate the sector.	MoH	March 2009	Directorate identified and empowered to coordinate sector.	need to strengthen coordination office and communicate it to regions
	Coordination but no leadership	Establish directorate (or higher) for S&H in lead agency			Directorate's mandate published	
	Leadership but with no coordination	Establish directorate (or higher) for S&H in lead agency			Minutes from coordinating body meetings	
Policy/ Strategy	No policy/strategy at all	Develop National Sanitation and Hygiene Policy/ Strategy (including focus on special groups, e.g., women, children, PLWHA, and ERP).	MoH	March 2009	Policy/strategy endorsed by government/ parliament	there is policy and strategy linked to financing strategy with weak implementation status
	Policy/strategy but with no link to financing strategy	Develop costed implementation plan, properly linked to sustainable finance strategy/MTEF			Costed implementation plan published; S&H budget line in national budget.	
	Policy/strategy but no plans for implementation	Policy linked to PRSP; legal framework; implementation program / Roadmap			S&H in PRSP; legal framework passed by Parliament; Roadmap endorsed by government	
Financing	No investment plan and no money	Develop investment plan, recognizing ALL sources of funding (e.g., HH, nat'l and local government, donors)	MoFED	April 2009	Investment plan - nat'l and local - published.	Money is not adequate and Lack of tracking system  0.5% GDP commitment not fulfilled
	Investment plan but no money	Develop detailed costing of S&H program to leverage funds from PRSC, SWAP, public resources. Map funding flows, e.g., school S&H, environment, HIV/AIDS, rural/urban development, HH, etc.			Sufficient funds leveraged for implementing program.	
	Investment, money but no tracking system	Develop/utilize financial management system capable of tracking S&H funds in and out (e.g., programmatic, PFM, basket, etc.).			S&H budget implementation report published. Finances tracked in annual audits.	



Demand-led and supply-fed sanitation and hygiene	No S&H behavior change	Pilot demand-led programs and develop partnerships	MoH	2008-2010	Evaluation reports of pilot programs including measurement of behaviour	
	S&H behavior change, but at very limited scale	Develop national demand-led programs (S&H marketing, handwashing, CLTS school health, CHCs)			Programs implemented at national level	
	S&H behavior change but with no partnership	Develop partnership framework, (e.g., PPP, small and large scale businesses, civil society, small providers ) including M&E			Private investment Increased PP collaboration	
Capacity Building	Limited staff, resources, tools	Include CB in policy / strategy, investment plans and financing strategies. CB should also focus on schools and ERP CB to also include community as a resource	National WaSH coordination office with MoH leading	2008-2010	CB in policy/strategy and investment plans % of sector budget dedicated to CB	planned capacity pool-fund canceled (donors and govt disagreement over channeling fund)
	Capacity but not across the whole sector	Identify capacity gaps and short term solutions (e.g. consultants, TA, R&D and technology)			Capacity gaps filled Minimum capacity standards identified	
	Have capacity but wrong skills / profiles / resources	Long-term plans for training and staff development (public and private), R&D, Academic research and technological innovations			National capacity in place. Reduction in external consultancies / TA	
Decentralization	Sanitation still controlled at central level	Decentralization reflected in policy/strategy and in legal framework	Local authorities	March 2009	Decentralization issues in policy/strategy and legal decrees.	resource is limited to LAs  Some LAs have implementation plan
	LAs have the mandate but no fund transfer	Establish/Utilize local fiscal transfer mechanism	Ministry of Finance		% of fund flows from CG to LG dedicated to S&H	
	LAs have mandate and resources but no implementation plan	District/Municipal S&H implementation plans in line with national policy/strategy	Lead Sanitation and Hygiene Agency		Inclusion of S&H implementation in line with district development plans	
Measurement of Impact and M&E	No M&E system	Establish M&E system, within existing structures, linked to budget process.	WaSH coordination office  (MoH leading)		M&E system functioning	- HMIS fragmented in different implementing agencies (Health, Water, Education)  - weak linkage with budget process  - conflict b/n Wash coordination office and MoH to lead on S&H
	M&E system but with no link with health institutions, or national statistics office, budget process	Establish integrated M&E system from local level up.			LAs' have well-functioning M&E system feeding to national level	
	No S&H MIS. Strategy for knowledge management and mechanism to feed this back into advocacy	Establish integrated MIS from local level up.			LAs' have well-functioning reporting system feeding into national MIS. Advocacy for S&H prioritized.	

### 9.3 - RWANDA

#### Introduction

Rwanda's V.2020 and EDPRS objectives embraces the named declarations, these national vision and strategies are well articulated in decentralised performance contracts (Imihigo) and District Development Plans.

Prioritisation and more energy increasingly put in promotion of sanitation is built on the hypothesis (H.E Pres. KAGAME's statement on the UN HABITAT PRIZE TO Kigali, the cleanest city in the region:

*'...We don't have to celebrate because Kigali isn't made to be dirty....'*

#### Country status:

- 68% and 41 % of the pop. Have Access to sanitation services –Latrines (Rural & Urban respectively)
- National Sanitation **policy** in place
- National Sanitation **strategy** in place and **master plan** preparation in progress
- Sanitation **Data** management **plan** in place
- Sanitation EDPRS and v.2020 targets **aligned** and well articulated to MDGs
- **Big profile** on sanitation under EDPRS: (Sanitation as a Sub Sector SWG-IWG)
- Specific s. Sector **Budget line** (50% of 25 m US\$ needed/yr in WATSAN)-Sanitation & Water supply transferred to MININFRA.
- M&E in place linked to DDPs M&E framework
- Guidelines for Hygiene and Sanitation promotion in place, and decentralised at districts, Sectors, Cells and 'Imidugudu', through 'IMIHIGO'

#### Needs to be done, by Who and When (Roadmap):

- **Awareness** on EtheKwini, Sanitation policy, strategy needed to be improved; By May 2009: Media, CSOs, Govt-MININFRA and MINISATE
- Strong **data management** to be enhanced: Dec 2009: MININFRA, MINISANTE with other stakeholders
- Adequate **funds** should be mobilised: By 2012: MINECOFIN, MINISANTE, MININFRA with Sanitation DPCG
- Civil society and media **involvement** should be enhance: By May 2009: RWASEF, CS Platform, Gov-IWG
- Sector Human and **Technical assistance** to be strengthened: By Dec 2009: MININFRA, RDB-HIDA, MINISANTE, Civil Soc, DPCG

## 9.4 SudanSan Plan

OBJECTIVE	ACTIVITIES	RESPONSIBILITY	TIME FRAME
Institutional arrangement	1- Revision of the existing policy, strategy, and action plan of M. of Health.	ANEW coordination body & other stake holders	
Coordination & Collaboration	2- Strengthening partnership with M. of Health through 3- Establish strong network of the all sectors involved in S&H	- ANEW coordination body.	1 month to be continuous
Sanitation and health promotion:	4- Endorsement of country National Action Plan through National Workshop with all stakeholders to revise National Action Plan – Fundraising Strategy, and Health promotion strategy. 5- Conduct surveys to know the risk situation and analysis of the S&H. 6- Developing of Training Raising Awareness materials. 7- Raising Awareness Campaign.	- ANEW coordination body & M. of Health. - National Government (FMoH) in collaboration with CBOs and State Universities. - ANEW coordination body & M. of Health with its partners (municipalities). - ANEW coordination body & M. of Health with its partners (municipalities) and Media.	- January 2009. - February – April 2009. - 4 campaigns / 9 months
Capacity building & Training Skills	8- Development of Training skills Manuals. 9- Providing capacity building Training workshop.	- Consultants & Lecturers	- 3 months – 1 year
Services	10- Establishing 500 house latrines , 100 for schools, 100 for public.	- M. of Health, UNICEF, Municipalities	- 2 years (2009-2010)
Financial Support	11- Fundraising strategy.	- Raising proposals to donors through ANEW coordination body in Sudan.	- As soon as possible

## 9.5 Tanzania – Action Plan

OBJECTIVE	ACTIVITIES	RESPONSIBILITY	TIME FRAME
Institutional arrangements	Develop S&H MoU for TZ MoHSW MoWI, MoE, PMO-RALG	MoHSW	February 09
Coordination	Directorate proposal drafted. Submitted to President Office-Civil services to have strong leadership	MoHSW	June 09
Policy/ strategy	Development of sanitation policy and strategy	MoHSW	March 09
	Stakeholder meeting to review first draft	MoHSW and other stakeholders	Jan 09
Financing	Preparation of investment plan	MoHSW and other stakeholders	March 09
Demand led	Develop formal sharing mechanism	MoHSW	Feb 09
	Hold national working group meeting to share experiences	TAWASANET	April 09
	Conduct sanitation mapping exercise.	MoHSW	
Capacity Building	Capacity need assessment at National, Regional, District and village	MoHSW	Dec 08
Decentralization	Development of guideline on the utilization of funds allocated to LGAs.	MoHSW	August 08
M&E	Review data collected	MoHSW	March 09
	Agree on sanitation definition	MoHSW	February 08
Advocacy	Develop sanitation and hygiene advocacy programme	MoHSW	Dec 08



## 9.6 Uganda - Road map for Uganda

### Domesticating the eThikwini declaration

After Durban, the action plan and declaration were presented to H.E. the President of Republic of Uganda to prepare for the African Head of Governments' summit (Shamel el Sheikh) and for political endorsement. There were a national consultative process to key salient issues to guide the president in the discussion in HoG meeting. Uganda developed a Uganda action plan and an IYS action plan based on the African-wide action plan. This was followed the launch of the IYS.

ACTION/WHAT	WHO	TIME FRAME
<b>Development of national action plan</b> This was completed	Government of Uganda with stakeholder through national sanitation working group	Within 6 months after Durban.
<b>Launch of the Plan and IYS</b> Done in April 2008	Sanitation Working Group	April 2008
Dissemination of eThikwini declaration and Uganda action plan	NSWG, Line ministries and CSOs.	6 months
<b>STATUS</b>		
<b>Resource mobilization</b> It is a continuous activity being at different levels by different actors.	All stakeholders including; government, CSOs, development partners, communities and SWG.	On-going
<b>Institutionalization</b> (domestication as above)	Ministry of health; for technical guidelines, policy guidance, regulation and coordination supported by NSWG.	3 months after Durban.
<b>Coordination</b>	National Sanitation Working Group composed of all key stakeholders.	On going
Policy and strategy (Exist in Uganda)-	All sectors actors are using them as reference documents	On going
<b>Financing –</b> -The EHSP, ISH have been developed.	Government especially MoH/EHD, Districts and CSO using them for financing	Continuous process
<b>Demand led and supply fed Sanitation and hygiene</b> -Government, development partners and CSO/NGO are supporting approaches; CHC, CLTS, home improvement campaigns to promote sanitation.	Sanitation sector stakeholders	On going
<b>Capacity building</b>	Research on capacity building study has been completed.	On going
<b>Decentralization</b> - Being implemented but transfer of specific budgets for sanitation is underway and guidelines will be developed.	NSWG	Within the next 12 months.
<b>Measurement of Impact, Monitoring and evaluation</b> - Need to develop monitoring framework and mechanism for the action plan.	NSWG	On going

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