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Africa 2000

Initiative for Water Supply & Sanitation

Brazzaville Declaration TWO YEARS AFTER

Progress Report



WORLD HEALTH ORGANIZATION
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Executive summary

Since the launching of the Brazzaville Declaration in 1996 and its adoption by most African countries, the commitment of the water supply and sanitation sector to break away from the business-as-usual mentality is evident. Most countries have successfully drawn a consensus to the initiative by raising awareness both in government and among NGOs, external support agencies and the general public. Many national committees have been established and the designation of focal points continues to expand to the benefit of those who are the ultimate target of this effort: the inhabitants of peri-urban areas and rural villages who lack these basic services and thus are highly exposed to health risks.

Countries are making significant efforts to direct solutions to their critical water supply and sanitation problems in line with the Brazzaville Declaration. The inter-ministerial committees for AFRICA 2000 are drawing up action plans founded on partnership. Most of these give new emphasis to sanitation and to community management and empowerment.

Through AFRICA 2000 activities, we have evidence that local people are being heard and recognized as partners with potential resources to help address water and environmental sanitation problems. The Initiative is provoking changes for women at all levels of sector activities. To ensure the introduction of changes affecting women and their transition from end user to caretaker, needs have been identified and training has been implemented specially for women in hygiene education and the operation, maintenance and improvement of community water supply and sanitation services. To achieve better support from men and women it has proved it was useful to bring in low-cost technologies that communities can master and improve.

Countries are now implementing the Brazzaville Declaration. Some have started to prepare action plans at the community level, where the poorest people live and where the most critical problems lie. Some have completed micro-projects in line with the Initiative, while others are consolidating their initial steps.

The kinds of constraints cited by countries include lack of funds, centralized decision making, cultural practices, lack of a sound legal framework, lack of effective operation and maintenance, demographic and geographical factors, and lack of equipment, information and political will, to list a few that are most often cited. Coordination problems have also hampered progress.

Two years after the adoption of the Brazzaville Declaration we can conclude that AFRICA 2000 is not just a vision: it is a tool and a framework comprising concepts that will operate in concrete ways. For all its partners, AFRICA 2000 can serve as:

- a vision
- a commitment
- a coordination mechanism
- a catalyst for communication

- a logic for policy
- a hope for the poorest and a challenge for the richest
- a concept to develop greater self-reliance
- a promoter of a more proactive sector
- a reason to act.

AFRICA 2000 is also the future, because it must carry on beyond the year 2000 if the goal of universal coverage with safe water supply and adequate sanitation services is to be achieved.

The information gathered from countries is being made available in this report to national and international bodies, NGOs and the private sector to extend awareness of the AFRICA 2000 Initiative and build a true spirit of cooperation among all parties to address the serious water supply and sanitation situation in Africa.

Introduction

AFRICA 2000 - the challenge

By the end of the United Nations Drinking Water Supply and Sanitation Decade in 1990, most African countries had failed to achieve the Decade objectives. As a consequence, the Region decided to take a hard and frank look at the water and sanitation situation. Adopted in 1993, the AFRICA 2000 Initiative was formally launched in 1994 by the ministers of health of 46 African countries at the 44th session of the WHO Regional Committee for Africa in order to accelerate water and sanitation coverage in the Region. The aim of the Initiative was to create a common vision for AFRICA 2000, based in part on making optimal use of locally available skills and materials to address the urgent water supply and sanitation problems and needs of the continent.

Box 1

Principles of the AFRICA 2000 Initiative

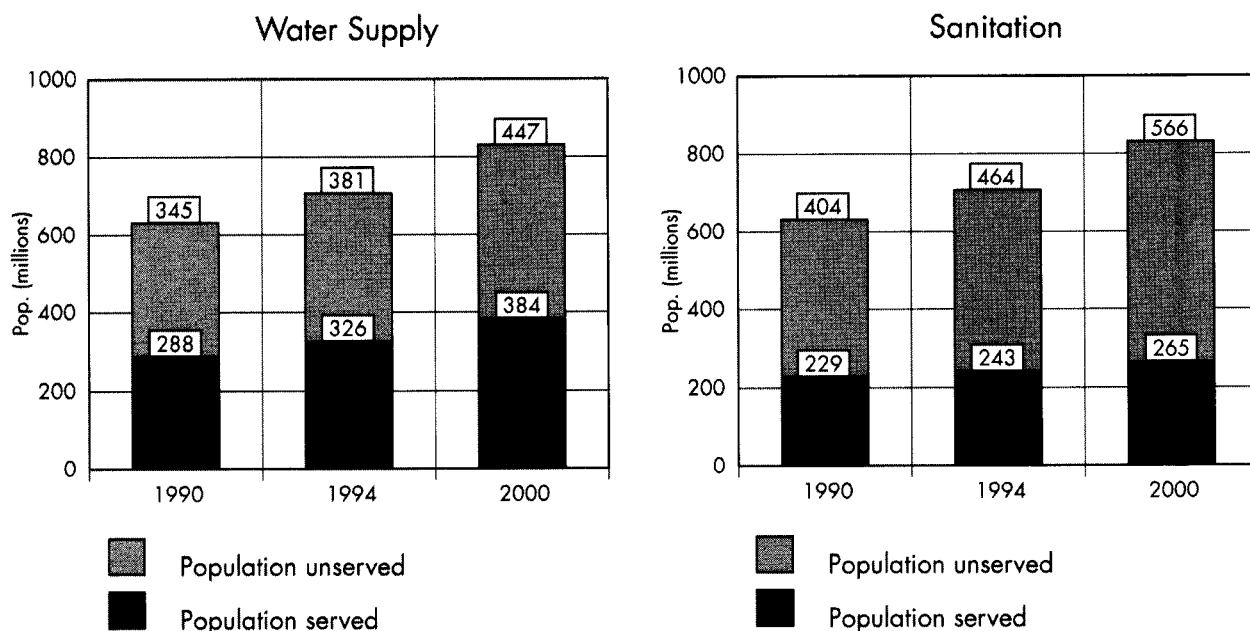
The African countries have decided to:

- ▶ actively take the lead in their own development and to promote empowerment at all levels;
- ▶ form partnerships and collaboration (both local and external) to optimize the mobilization of all possible resources for the water and sanitation sector;
- ▶ promote development based on local skills and resources.

The overall objective of AFRICA 2000 is to ensure access to safe drinking-water and adequate sanitation for all the people of the Region through the acceleration of investment in countries. The key principle of AFRICA 2000 is to promote country-based partnerships between national governments, external support agencies and NGOs so that they work together effectively to address the water and sanitation needs of each country. AFRICA 2000 can therefore be seen as a major health initiative and a common vision on water and sanitation to serve the underserved and the unserved.

According to information from past assessments, the prospects for the development of the water supply and sanitation sector in Africa are not encouraging (see Fig. 1). Trends in both water supply and sanitation services indicate that the percentage of people unserved and the total population unserved will rise, reaching a total of 447 million unserved with water supply services and a total of 566 million unserved with sanitation services in the year 2000.

Fig. 1. Water Supply and Sanitation Coverage in Africa¹



¹Source: Joint Monitoring Programme (JMP) report, WHO/UNICEF, 1996.

The special needs of Africa are also the focus of the African Working Group (AWG) of the Water Supply and Sanitation Collaborative Council (WSSCC). Through the Council, the Working Group is in the process of establishing a regional forum for exchange of information on water supply and sanitation issues and is developing common management approaches and overall principles for the water and sanitation sector in Africa.

AFRICA 2000 - the promise

The First Regional Consultation on the AFRICA 2000 Initiative for Water Supply and Sanitation was held from 25 to 27 June 1996 in Brazzaville (Congo). More than 140 participants from almost all the African countries and representatives of the United Nations system organizations, NGOs and development agencies attended this important event.

The Consultation was considered a major step forward in accelerating progress to enable African countries to address the crucial shortfall in two of people's basic human rights - access to safe water supply and adequate sanitation facilities. Among the meeting's goals were to rethink and promote new approaches, strategies and policies to improve water supply and sanitation management and services.

From the earliest stages of the Initiative, WHO stressed the central message that the success of AFRICA 2000 would largely depend on the commitment of the governments, external support agencies, NGOs, the private sector and civil society as a whole, especially communities. This union of partners would go forward and become extensively involved in defining solutions for their water supply and sanitation problems. WHO would facilitate this process through advocacy, promotion, capacity-building and exchange of information.

WHO also promised to be a strong and loyal partner to the countries of the region and work hard to convince the other agencies of the United Nations system to do the same. More specifically, WHO undertook to:

- advocate the cause of African countries to other external support agencies;
- serve as coordinator and promoter of the Initiative in the Region;
- provide technical support to countries.

The support referred to consisted of direct technical assistance, documentation, and the promotion of information exchange and advocacy. WHO has kept these promises.

Through AFRICA 2000, WHO helps countries to develop programmes relating to the United Nations System-wide Special Initiative on Africa and will facilitate contacts with the Global Water Partnership (GWP), the WSSCC, the Water Utilities Partnership (WUP) and other bodies.

AFRICA 2000 - the next step

The main outcome of the Consultation was the Brazzaville Declaration, endorsed in Brazzaville (Congo), on 27 June 1996 by 108 policy-makers from 46 African governments, NGOs and external agencies. The Declaration emphasized a community-level response to planning and resources, interministerial cooperation, external support based on government commitment and realistic plans and the strengthening of national capacity to avoid dependency (see Annex 3 for text of Brazzaville Declaration).

Two years have past since the Brazzaville Declaration was adopted. A review of progress is now crucial in order to plan further action to ensure the successful implementation of the Initiative beyond the year 2000.

This review has the following objectives:

- To provide a clear overview of the progress made with respect to water supply and sanitation coverage, sustainability of systems, decentralization and community management, and training;
- To show how best to promote to external agencies the needs and priorities of the African peoples in water supply and sanitation;
- To catalyse advocacy through the assessment of constraints and problems affecting the development of the water supply and sanitation sector in Africa.

This document is based on the information and analyses gathered from reports received from 30 countries which describe progress on the implementation of the AFRICA 2000 Initiative since the First Regional Consultation in 1996. The information contained herein is intended to help sharpen the focus on the implementation process and formulate the recommendations necessary to move the AFRICA 2000 Initiative forward.

Box 2

The Scale of the problem

As the Brazzaville Declaration points out, an estimated 3 million African men, women and children die unnecessarily each year from water and sanitation-related diseases, underscoring the urgent need to devise new responses and solutions.

AFRICA 2000 is an African-driven response to the Continent's extreme water supply and sanitation needs.

Current status of the water supply and sanitation sector

In this section, we shall highlight the actions taken or planned by countries to bring about the ultimate objective of the Initiative, which is to serve those who are deprived of safe drinking-water and sanitation services, and are thus highly exposed to health risks. The fundamental challenge of AFRICA 2000 is to promote the expansion of water supply and sanitation services to even the most remote community under acceptable conditions of sustainability, effectiveness and efficiency.

The availability of facilities and the effective use of these facilities are crucial indicators which, together with coverage indicators, will tell us if potential users are actually being served. Effective coverage information will also give clues over time as to the sustainability of the services. And it will reveal the need for further development to support the response of the water or sanitation programme involved.

Countries reported information to a varying degree of detail so that the data are not always comparable. For example, some countries expressed water or sanitation coverage as a national average, whereas others reported statistics applying to urban and rural areas, but gave no national averages. Some countries did not submit data on this item. Some statistics were given without dates, making the period under consideration uncertain. Some reports showed expanded coverage that started from older projects but continued under the banner of AFRICA 2000. The important point, however, was the response level of the participating countries. The gaps in data will provide a better understanding of what information is essential to address water supply and sanitation issues properly.

Among the countries submitting data, some did not give statistics on coverage which would be crucial to evaluate the impact of AFRICA 2000 on the progress of the water supply and sanitation sector.

Basic coverage statistics

These statistics indicate that both water supply and sanitation coverage is far below the targets established at the launching of AFRICA 2000. Although many countries reported considerable progress in urban water supply coverage, the situation is less favourable with regard to rural water supply and both urban and rural sanitation. Only two countries reported less than 50% urban water supply coverage as opposed to only three countries reporting rural sanitation coverage above 50%. Although these statistics are not complete, they still provide a good basis for the conclusion that a tremendous amount of work remains to be done by external support agencies, NGOs and the communities (see Tables 1 and 2) at all levels (global, regional, country). Added to this is the necessity to generate reliable standardised data reflecting the actual status of the water supply and sanitation sector.

Table 1 Distribution of water supply coverage, 1998

Coverage(%)	Urban areas	Rural areas
0 -25	Central African Republic	Central African Republic Republic of Congo Tanzania
26 - 50	Angola Cameroon* Ethiopia* Uganda	Angola Benin Madagascar Mali Niger Senegal Togo Uganda Zambia
51 - 75	Algeria Burundi Congo Lesotho Madagascar Malawi Mali Sao Tome and Principe*	Benin Kenya Lesotho Malawi
76 - 100	Algeria Botswana Burundi Kenya Niger Senegal Tanzania Togo Zimbabwe	Algeria Botswana Zimbabwe

* National average

Table 2 Distribution of sanitation coverage, 1998

% Coverage	Urban Areas	Rural areas
0 -25	Angola Mali Zimbabwe	Angola Benin Botswana Burkina Faso Ethiopia* Guinea Malawi Mali Niger Senegal Togo
26 - 50	Benin Botswana Burkina Faso (medium-sized cities) Central African Republic* Guinea-Bissau Malawi	Côte d'Ivoire* Guinea Kenya* Lesotho Madagascar Togo Zimbabwe
51 - 75	Madagascar Senegal Togo	
76 - 100	Algeria Botswana Burkina Faso- (large cities) Malawi Niger Tanzania	Algeria Burundi* Tanzania

*National average

Huge resources and strong political commitment at government level will be required if the goal of universal access to safe water supply and sanitary excreta services is to be achieved. Additional background information on this issue can be found in the WHO report on *Health and environment in sustainable development: five years after the Earth Summit (1997)*.

Institutional arrangements

Institution arrangements affect the way the water and sanitation sector operates. Strategic commitment and policy interventions are necessary to promote reform and innovate to increase the levels of coverage and quality of services. Effective institutional arrangements enable countries to evaluate their water supply and sanitation services more precisely against population needs. Appropriate institutional arrangements will enable countries to:

- Develop realistic and effective action plans, strategies and policies;
- Optimize information exchange between agencies and end users, especially at local level;
- Gain awareness and become more attuned to users needs;
- Promote more sustainable practice in water supply and sanitation management,
- Reduce dependence on external assistance.

When they start to implement the AFRICA 2000 Initiative, countries move in different directions and at different speeds because of the innumerable constraints facing the Region. For many countries, however, the first action under AFRICA 2000 was to organize national consultations and create awareness of the programme with emphasis on the following points:

- Promotion of AFRICA 2000
- Incorporation of AFRICA 2000 into national action plans
- Creation of an intersectoral coordination framework to implement AFRICA 2000
- Mobilization of donor support for AFRICA 2000.

National policy and legal mechanisms

National policy is the basis for a flexible, interactive framework that consolidates government, stakeholders and development programmes in a unified effort. Policy also provides a natural and long-term linkage to public management and budget. It can therefore be seen as an imperative for governments to determine at the earliest stage of water supply and sanitation sector planning.

The country reports indicate that there are serious gaps in national policies and legal frameworks in the water supply and sanitation sector in Africa. Additional efforts should be directed as a priority to making sound legislation that clearly defines responsibilities and the budgetary framework of the sector. Legislation or legal mechanisms will also provide the basis for national planning and strategic integrated management necessary for the improvement of coverage envisaged by the Initiative. Experience so far clearly shows that sensible and realistic policies and coherent legal frameworks are crucial elements of sustainable sector development.

Operation and maintenance

Many country reports showed that as much as 50% of drinking-water and sanitation facilities are not used because they lack maintenance or need repair or total replacement. These problems are related to the traditional neglect of maintenance services and the effective operation of systems because of their lack of political visibility, poor allocation of resources, inadequate cost recovery and, especially, lack of a culture of keeping existing facilities in good operational condition as opposed to constructing new systems. These problems are aggravated by the use of inappropriate technologies that gradually deteriorate because repairs are not made in time, lack of knowledge and training on how to operate and maintain the systems effectively, lack of spare parts, etc.

Priority in some countries is given to technology transfer to village-based artisans, in keeping with the community or "bottom-up" paradigm. Namibia, for example, promotes the use of an indigenous material, *ombili plat*, for latrine construction and has adopted the bush pump as standard equipment in the rural water supply subsector.

The Central African Republic promotes water supply and sanitation facilities adapted to the socio-economic conditions of the end users, including ventilated improved pit (VIP) latrines, hand wash-basins and protected water sources. Portable water quality test kits are used to monitor the quality of the water delivered to users.

Feedback from countries on technologies was generally weak. The principle still remains that countries should promote best water supply and sanitation practice adapted to local resources and needs, based on decentralization and community management.

Manpower needs

The lack of skilled personnel is echoed throughout the country reports as one of the constraints in implementing the AFRICA 2000 Initiative. It is one of the reasons why water and sanitation systems fall into disrepair, latrine construction is static, and hygiene education is not more widespread. The problem is identified by most country reports, but not the solutions. Human resources, in terms of both quality and quantity, are a concern for Africa in this sector.

Health and hygiene education

Countries are at work on this issue. For example, the achievements in Central African Republic are notable for the scope of training performed at the community level. Within a programme involving the Government, WHO, UNICEF, UNDP and bilateral donors, training has been given to different categories of staff in the development sector.

The people trained have included:

- 1000 village monitors for community surveillance;
- 18 repair men for pumps, and 35 for further training for pump servicing;
- 50 village heads for the management of water sources;
- 20 teachers in hygiene education;
- 30 technical staff for the protection of water sources;
- 25 health staff for monitoring water quality;
- 13 technical staff for the construction of VIP latrines.
- 300 community leaders for environmental management.

Training for community management of rural sanitation is just starting. Progress will have to be measured at a later stage of AFRICA 2000. The training described in country reports covers the essentials in rural sanitation: management, construction, repair, monitoring and education. This approach has merit and should yield long-term benefits for the community if continued. Education is not a one-time, one- occurrence affair; it has to be planned and budgeted as a continuing activity if countries are to obtain the behaviour changes in sanitation hoped for. The bottom line for the sanitation issue is that, it is cheaper for a country to invest in training and education than to pay the price of cholera epidemics.

Box 3

Cholera

Cholera is a worldwide problem. A total of 208 755 cholera cases and 5034 deaths were officially reported to WHO in 1995. The number of cases reported from Africa in 1995, totalling 74 105 cases, including 3024 deaths, represented about 34% of all cases.

Although cholera incidence is falling in all regions, the epidemic is expected to persist in the long term if water supply and sanitation problems in the developing world remain unsolved. Cholera can only be reliably prevented by ensuring that all populations have access to adequate excreta disposal systems and safe drinking-water.

Source: WHO/EHG/97.8, Health and Environment in Sustainable Development

Training materials

Many countries reported the development of training materials based on WHO publications and documents on promotion, technology, hygiene education, operation and maintenance, etc., and will continue to work in partnership with WHO and other external support agencies in national water and sanitation training programmes. Several country-level training activities were linked to the AFRICA 2000 Initiative.

Investment and finance to service a national priority

Botswana provides a good example of a strategy to link its priority to rural sanitation with external assistance. The Ministry of Local Government, Lands and Housing has overall responsibility for financing and coordinating sanitation programmes. As a first step the problems of coordination were addressed. With assistance from the German Agency for Technical Cooperation (GTZ) the Government started to develop a Waste Management Act, a waste management strategy, and water resources conservation programmes.

Following a cost-sharing approach, the Government allocated US\$ 5million in 1997 to support the rural latrines programme; this was later expanded to include waste management. Further sums of US\$ 65 million and US\$ 13 million were allocated respectively by the Urban Sanitation Programme and the Accelerated Land Service Programme. The District Councils met the annual cost, amounting to P50,000, for overheads in servicing the water supply.

The Swedish Sida contributed 55% of costs of the total US\$ 82 million for the rural water supply programme between 1972 and 1997. The Government of Botswana covered the remaining 45% of the cost.

UNDP committed US\$ 30 000 for irrigation and water facilities, while UNICEF contributed US\$ 43 000 within its 1995-1999 Health and Nutrition Programme. WHO continues to give technical support for the provision of water and sanitation in Botswana.

Box 4

Investment level

The current level of investment for water and sanitation in Africa (estimated at US\$ 1,3 billion a year) remains totally inadequate to meet the sectoral needs and has resulted in the poorest service coverage among all regions.

Source: United Nations Centre for Human Settlements (Habitat), Partnership in the Water Sector for Cities in Africa, December 1997

Botswana has created an effective alliance of seven main partners, including the Government, local authorities and international finance institutions, to support the national rural water supply programme, which was made a national priority.

In the United Republic of Tanzania, the external support agencies have been in the forefront in funding the Government's water and sanitation projects in different areas of the country. The following examples were given:

- HESAWA project in the Lake Victoria zone (Denmark)
- Water Aid in Dodoma (United Kingdom)
- TCRS in Singida Region (Lutheran World Federation)
- Mpango wa Maji in Morogoro and Shinyanga Regions (Netherlands)
- Water and sanitation project in Kilosa District (Ireland)
- Finnish water project in Mtwara and Lindi Regions (Finland)

The country report mentioned that fund allocations for water and sanitation were not equitable, priority being given to water supply. This appears to be a common practice among both governments and donors. As a result, there are real problems in all aspects of the sanitation sector, which is chronically even more underfunded than water supply.

A last example of a government/donor/local resource scheme is a national sanitation programme. In Namibia, the Netherlands Government is supporting a latrine construction project to be executed by ex-combatants at a total cost of US\$ 21 million over a three-year period. In a project with UNICEF and AFRICARE, Namibia will promote the use of local material in latrine construction.

In general, the level of reporting and the treatment of investment and financing by countries varied widely. According to the country reports a number of external support institutions are collaborating actively in different countries. The national water supply and sanitation plans generated in the context of the AFRICA 2000 Initiative should be incorporated into the national development plans of Member States in order to coordinate and facilitate the action of the different sector players.

Implementation of the Brazzaville Declaration: achievements and constraints

Establishment of AFRICA 2000

Some countries, e.g. Senegal, have prepared a national action plan aimed at the overall development of the water/sanitation sector through promotion and advocacy, capacity building, development of infrastructure and sector coordination. An intersectoral coordination committee and an AFRICA 2000 focal point are being established in each African country.

Togo has done this under its AFRICA 2000 Initiative. It has also begun the stage of constructing VIP latrines within a training programme organized in three districts.

Botswana has progressed to the stage of expanding the terms of reference of its Coordinating Committee in order to include the AFRICA 2000 objectives.

Malawi has stated the need to define the terms of reference for the Focal Point and to prepare an action plan for AFRICA 2000.

Others countries, e.g. the Congo, have added AFRICA 2000 to their development plans for external support.

Financial and institutional constraints prevented Namibia and Niger from starting activities within the AFRICA 2000 Initiative.

Zimbabwe launched a case study to assess the impact of AFRICA 2000 in Bodo village in 1998. The main finding was the remarkable decline of water- and sanitation-related diseases in Bodo village since the inception of the AFRICA 2000 project. The newly constructed latrines are well kept and properly used by the villagers, who vow never to revert to using the bush.

Finding the most suitable time to launch the initiative is the concern of Lesotho, whereas the United Republic of Tanzania will launch activities in August 1998.

Ethiopia is concerned about how to resume communication with the AFRICA 2000 network and reactivate the National Action Committee.

The Central African Republic is using an established Water and Sanitation Committee to manage an AFRICA 2000 programme.

Algeria is moving forward with its National Committee and integration of the Brazzaville Declaration objectives into an action plan for the control of waterborne diseases.

Côte d'Ivoire has also integrated AFRICA 2000 into an Action Plan on Health for 1998-1999.

Zambia has never formally launched the Initiative because the objectives and issues pertaining to AFRICA 2000 are already being addressed by the work of the Programme Coordination Unit (PCU).

Mali too has an existing Coordination Committee that will assume responsibility for implementing the objectives of the Brazzaville Declaration.

Uganda has progressed from the launching stage of the AFRICA 2000 Initiative to action at the community level, where activities on sanitation are being promoted.

In Swaziland, the promotion of AFRICA 2000 resulted in the creation of a Water Sector Committee, an interim body to oversee all water sector activities.

Equatorial Guinea found that many activities had titles ending with "2000" (there is even a radio station called AFRICA 2000). The country has gone ahead with the development of action plans, but omitting "2000" from their titles.

Madagascar has promoted AFRICA 2000 through education and hygiene projects aimed at health centres and schools. Hygiene, which emphasizes the link with health, has now found a place in school curricula.

Cameroon established a Permanent National Committee for AFRICA 2000 by Decision 0527, and is preparing for the innovations necessary to make the Initiative successful in the country.

AFRICA 2000 is clearly being adopted, countries focusing their advocacy on environmental sanitation and water programmes.

Table 3 Implementation of the Brazzaville Declaration

Country	Initiative discussed, distributed discussed	National Committee	Focal Point
1. Algeria	X	X	X
2. Angola	X	X	X
3. Benin	X	X	X
4. Botswana	X	X	X
5. Burkina Faso	ND	ND	ND
6. Burundi	X		X
7. Central African Rep.	postponed	X	X
8. Chad	X	X	X
9. Congo, Republic	X	ND	ND
10. Congo, Democratic Republic	X	ND	X
11. Equatorial Guinea	X	ND	ND
12. Ethiopia	X	not formed	X
13. Guinea-Bissau	X	X	X
14. Guinea	X	not formed	X
15. Côte d'Ivoire	No	ND	ND
16. Kenya	X	X	
17. Lesotho	X	X	postponed
18. Malawi	X	X	X
19. Mali	X	ND	X
20. Namibia	X	ND	not appointed
21. Niger	X	none	ND
22. Sao Tome	X	X	X
23. Senegal	X	X	ND
24. Swaziland	X	X	ND
25. Tanzania	X	X	X
26. Togo	X	planned	ND
27. Uganda	X	X	X
28. Zambia	X	X	not appointed
29. Zimbabwe	ND	ND	ND

Note: ND = no data; X = Yes

National committees

Many of the newly established AFRICA 2000 committees are up and running, but others are not. Committees composed of representatives from a cross-section of key ministries appear to follow the logic of the Initiative. AFRICA 2000 sometimes is attached to an existing interministerial coordination committee which organizes the management of the sector. According to their reports, some countries have given the National Committee for AFRICA 2000 legal standing, and thereby assured the functioning of the body in the future. The terms of reference of some committees have been finalized or are at least under discussion.

The designations of focal points for AFRICA 2000 committees continue to increase. Because of ministerial reforms, focal points sometimes have interim status until new institutional management is in place. The terms of reference of the focal point do not always follow after the designation. This gap could lead to confusion or loss of interest if responsibilities are not assigned promptly.

Widening awareness - on the Brazzaville Declaration

Countries in general reported positively on the principles and aims of the Brazzaville Declaration. Malawi at an early stage ensured the involvement of all possible sectors, including the Ministry of Women, Youth and Community Services. Also in Malawi, awareness was built by distributing pamphlets and stickers on AFRICA 2000 to stakeholders and the general public. Whether or not the Declaration has actually reached the community level in every country is not reported.

Gender considerations and AFRICA 2000

Changing from water carrier to decision-maker is a revolutionary move in traditional political paradigms. Women are not just end users or hygiene educators. They can also become responsible caretakers in water and sanitation projects. Improvement strategies and the use of all human resources (both men and women) are what are needed in the Initiative.

Women should be involved at all levels, from senior management to the village. The situation for women in training and development programmes is indeed changing at the local level. In Zimbabwe, women are being successfully trained as latrine builders. They are also being trained as system caretakers for the monitoring and maintenance of pumps. This experience provides a good basis for future involvement in project planning and decision-making and may offer a small income. In other countries, women have found a role as community treasurers and bookkeepers for village water services .

Constraints encountered

Major constraints such as geography, hydrology, population size and poverty levels have not as yet blocked sector development. These problems exist for nearly all countries to some degree and exacerbate sector-related issues when added to them. Constraints can be both the cause and the effect of shortcomings in implementing the Initiative or sector-wide projects. The sections that follow, briefly summarize the comments of countries on the most frequently reported categories of constraints.

Economic constraints

Funds are high on the list of the most frequently cited constraints. Without funds nothing much can happen, whether for latrine construction, awareness-building, hygiene education programmes, or the purchase of materials. Inadequate funding may even deny national committees the means to carry out activities for AFRICA 2000, causing delay in reaching objectives.

Some countries want greater government allocations to speed up improvements in the sector. Others think that the private sector needs to be mobilized to provide more funding for water and sanitation projects, and that communities need to contribute more towards the operation and maintenance of facilities.

Transport

Getting to remote areas to monitor the implementation of the Initiative at first hand poses problems if transport or gasoline is lacking or scarce. One country mentioned that once community projects are completed all equipment and vehicles are moved to another project making transport and the cost of operation and maintenance a serious drawback.

Institutional constraints

Coordination and/or collaboration. Reports showed that intersectoral collaboration is sometimes weak or faces resistance. Countries also indicated that duplication of activities or absence of coordination prevents work from being done. Government and donors sometimes hesitate to change their agendas to respond more to emerging needs. Links to the community level are not always in place, and hence the views of the beneficiary population are lacking at the decision making level. There is also inadequate involvement of the private sector and the community. The transfer of the rural water and sanitation system to community-based management is not a good option if mechanisms to stimulate development and operate services effectively are absent.

Policy and legislation. The policy gap in the domain of sanitation and the non-application of existing laws have a negative impact on the development of the sector. Countries point out that not only the absence of sound legislation slows progress but also the old, vague and non-enforceable directives keep coordination committees from achieving the results aimed for.

Follow-up and promotion of AFRICA 2000. AFRICA 2000 is not being promoted effectively. Communication strategies need to be developed for rural areas on a scale larger than shown in the current country reports.

Information and information management. As Kenya pointed out, governments sometimes have a poor perception of environmental sanitation, limiting it to excreta disposal and giving it low national priority. Such attitudes result from a lack of sufficient and timely information on sector activities, and national health status. Moreover, staff must travel within a sub-region or community to collect data manually. If transport is lacking, data gaps are created and sector status or analysis has to be postponed.

Technical constraints

Equipment. There are several types of comments from countries. In particular, inappropriate technologies are causing problems of operation and maintenance at the community level. This includes technology that has gradually deteriorated because repairs were not carried out in time, lack of technical knowledge and training on the system, and lack of spare parts.

Training. Lack of skilled personnel applies to all levels of the water supply and sanitation sector. It includes administrators, technical personnel, planners, etc. Some countries are experiencing an exodus of trained personnel caused by the pressures of political change.

Social constraints

Hygiene education. This is widely promoted but the construction of latrines and wash basins does not always follow at the same speed. Changing behaviour is a long process and cannot be measured in terms of a single community project. National hygiene educational programmes are sometimes missing. Several countries also mentioned the difficulty for rural people of making the connection between water supply, sanitation and health.

Poverty and illiteracy. Widespread illiteracy creates special requirements to communicate the concepts of hygiene in an effective and lasting manner. Prevailing poverty levels, linked with widespread malnutrition, keep people focused on the essentials; these do not usually include the purchase of material for latrine construction.

Partnerships for water supply and sanitation

The main aim of the Brazzaville Declaration is to accelerate water supply and sanitation services to the areas in greatest need. Partnerships between governmental agencies, external support agencies and NGOs are very effective as a mechanism of coordination and represent a visible force to spearhead projects within the sector. The active participation of the external agencies in national plans and improvement programmes will still be needed for a long time, considering the objectives of AFRICA 2000 and the current status of the sector. One area of concern is the management of water supply and sanitation services by the communities themselves. Many countries, including Malawi and Zimbabwe, are currently promoting decentralization and community management as an effective strategy towards sector development. Such approach cannot be implemented without establishing effective partnerships involving the Government, NGOs, external support agencies and the civil society as a whole.

Box 5

Community partnerships

In Malawi the Government has introduced community based management (CBM) and village level operation and maintenance (VLOM) systems into communities, while the communities themselves have organized village health and water committees. Good results have been gained by communities trained in CBM and hygiene education and sanitation promotion activities. Some of the communities have *Water Point Funds*, which are readily available to purchase fast-wearing parts for water hand-pumps.

Zimbabwe launched the formation of Project Committees or Village Development Committees in each of nine villages implementing AFRICA 2000. Each village involved has a project and committee trained in community project management, including keeping records of finances and materials available for the projects. A number of villages implementing Africa 2000 have developed "village constitutions" that define and give direction on the implementation of AFRICA 2000 as well as duties of the village project committees and expectations from the villagers.

Most village project committees are well balanced in terms of gender.

Information management

Surveillance and assessment are recognized as important tools for sector management and development. All efforts to improve the sector, especially the implementation of sanitation systems, are connected to the difficult task of collecting reliable information, which provides decision-makers with a powerful tool in the decision-making process. Effective information exchange across the sector is not possible if effective information systems are not in place. Databases and newsletters are lagging in the countries and need a higher level of activity. The identification of what data to collect and how to process and disseminate them is a tremendous challenge for countries and requires development plans, training and funds like any other management area. Although many countries reported the availability of information systems, most reported lack of regularity in the collection of information and some have serious doubts about the reliability of the data available.

Links to existing frameworks

To make the best use of limited resources both human and financial, the First Regional Consultation on the AFRICA 2000 Initiative proposed that AFRICA 2000 should be implemented using existing frameworks and planning mechanisms.

Zimbabwe provides a good example of how this can be done. At government level, a subcommittee composed of four members was established to coordinate AFRICA 2000. This subcommittee reports to the National Action Committee which coordinates the national programme on Integrated Rural Water Supply and Sanitation (IRWSS). At district level, AFRICA 2000 is coordinated by subcommittees on IRWSS through the Ministry of Health and Child Welfare. Finally, at village level, AFRICA 2000 is regarded as part of the general development programme of the village and is monitored by the village development committee.

At the First Regional Consultation, WHO agreed to serve as advocate for AFRICA 2000 to ensure that the Initiative was recognized by other United Nations agencies as a mechanism to establish or improve water supply and sanitation programmes.

Recommendations from countries

The following recommendations address the main concerns expressed by selected countries reporting on the progress of the water supply and sanitation sector in the light of the Brazzaville Declaration.

Algeria

- Reduce support from external agencies
- Integrate action at the intersectoral level, and improve and intensify information dissemination, education and social communication
- Add environmental impact assessment in a global approach to environmental protection and sustainable development
- Reactivate community management of water supply and sanitation systems, and introduce realistic tariff structures
- Establish realistic institutional instruments to catalyse new partnerships, involving both the private and public sectors
- Improve national production of materials and equipment for operation and maintenance of production and distribution systems.

Botswana

- Establish the appropriate strategies and legal frameworks to ensure that communities can contribute to capital investment, and operation and maintenance.

Burundi

- Give sanitation a more important place within the water supply and sanitation sector
- Ensure that the linkages between hygiene, drinking-water and sanitation are better understood by the population
- Adopt septic tanks in cities and improved latrines in rural areas
- Re-establish communal water service units and add a lawyer or law specialist to the staff
- Recruit and train technicians for communal sanitation work.

Central African Republic

- Develop a national action plan for AFRICA 2000,
- Encourage the participation of NGOs in the next workshop on micro-projects, organized by the WHO Regional Office for Africa
- Rethink the awareness campaign for decision-makers, community leaders and other players
- Organize a training seminar on relevant water supply and sanitation issues
- Reconstitute the lost database at the agency formerly responsible for it.

Democratic Republic of the Congo

- Finance the activities programmed in the plan of action of the AFRICA 2000 Initiative
- Intensify hygiene education in an effort to reduce the impact of epidemics.

Guinea

- Implement the recommendations of the First Regional Consultation
- Organize study tours for interregional exchanges
- Develop a mechanism to communicate among focal points and the AFRICA 2000 secretariat.

Guinea-Bissau

National

- Improve coordination of activities in the context of AFRICA 2000 through more frequent meetings of the National Action Committee
- Give National Action Committee a well-defined structure with an adequate institutional framework to ensure that it functions effectively.

Regional

- Improve the exchange of experience and information on the progress of AFRICA 2000 among countries of the Region. WHO regional Office for Africa should manage this communication network
- Make funds available to facilitate study tours for the least developed countries to countries where the AFRICA 2000 Initiative is more advanced.

Kenya

- Identify ways to fund AFRICA 2000 activities.

Lesotho

- Create village models for the implementation of AFRICA 2000
- Strengthen water quality monitoring
- Step up promotion of AFRICA 2000.

Madagascar

- Set up a National Authority for Sanitation as planned in the Water Code
- Establish an effective support system for water supply and sanitation
- Encourage external agencies to increase support to the sector.

Mali

- Support local initiatives
- Promote intersectoral coordination.

Namibia

- Appoint a focal point in the Ministry of Health and Social Services (MOHSS)
- Develop guidelines for sanitation activities and implement the Participatory Hygiene and Sanitation Transformation methodology (PHAST)
- Develop a structured approach to sanitation activities in the MOHSS.

Niger

- Launch and finance AFRICA 2000 and establish a national committee.

Togo

- Create, with WHO funding, a secretariat responsible for information management under the responsibility of the focal point.

Uganda

- Mobilize funds to attract and train people at the district level for sanitation improvement
- Institutionalize participatory approaches for sector improvement
- Develop and support information, education and communication (IEC) at the grass-roots level
- Improve both quality and quantity of human resources.

United Republic of Tanzania

- Mobilize funds for AFRICA 2000. Funds should be allocated to promote activities on sanitation on a basis of equity with resources for water supply.

Zambia

- Accelerate the implementation of AFRICA 2000
- Organize a study tour of stakeholders in the Region to help Zambia develop a clearer understanding of AFRICA 2000.
- Link AFRICA 2000 activities with other initiatives in the country.

Conclusions

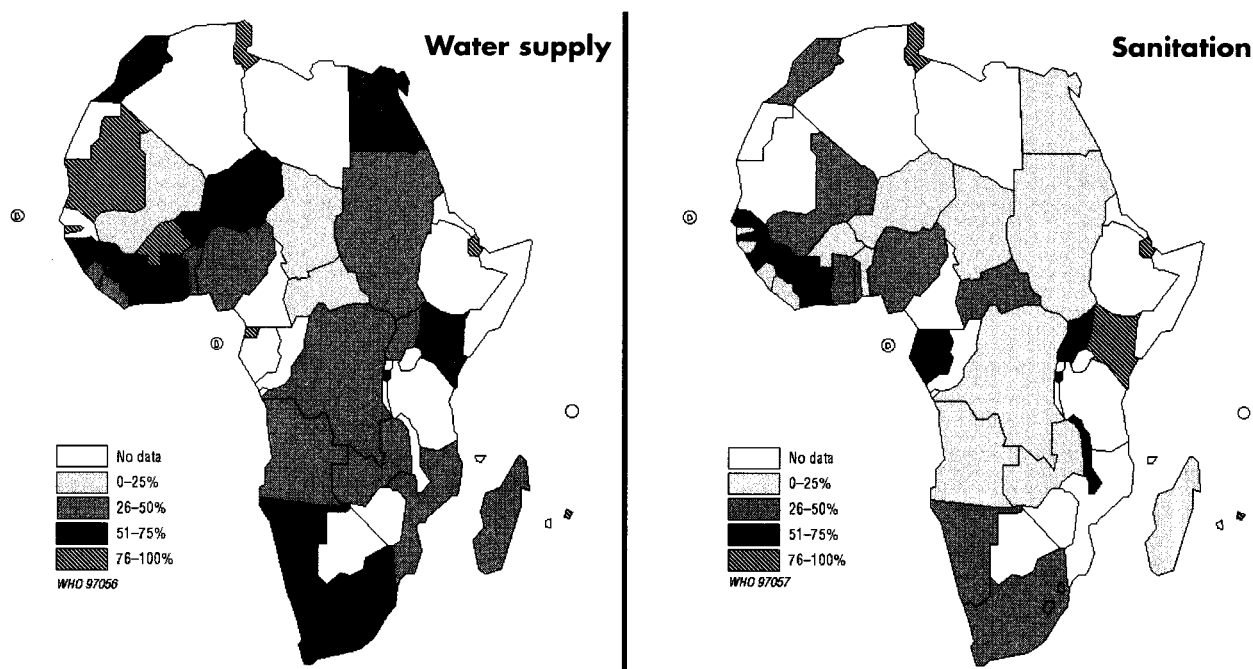
The countries that were able to prepare progress reports have shown that AFRICA 2000 is a vision with potential to stimulate governments to action. Burundi conducted surveys to obtain a better assessment of its sector situation and the work that lies ahead; Guinea focused on hygiene education; Namibia explored ways to use indigenous material for sanitation construction; and Mali built evacuation systems for domestic effluent with help from the community.

Zimbabwe states that the implementation of AFRICA 2000 during the period under review has been quite encouraging. Judging from the performance of the last half of 1997, it is likely that some villages may have 100% sanitation coverage before the end of 1998.

AFRICA 2000 seeks results like these. And the key words in these successes for AFRICA 2000 are terms such as community-based management, 100% coverage, and sustainability.

Countries are determined and are developing the right approach and tools for action. National action plans, intersectoral coordination committees, development partners, the private sector and community managers are already playing a role in sustaining water supply and sanitation programmes. What is needed now is a sustained effort to move AFRICA 2000 beyond the year 2000 and get water supply and adequate sanitation to the people who need them most.

Water supply and sanitation services coverage in Africa at the end of 1994



Source: WHO/UNICEF, 1996a.

Annex 1

Documentation received from countries



List of countries submitting reports, programme review, 1998

Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Côte d'Ivoire
Democratic Republic of the Congo
Equatorial Guinea
Ethiopia
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Namibia
Niger
Republic of Congo
Sao Tome and Principe
Senegal
Swaziland
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

B

Additional reports received

<i>Burkina Faso</i>	<ul style="list-style-type: none">◆ Programme de contrôle de la qualité de l'eau: Composante santé du programme d'hydraulique d'urgence dans les provinces sahéliennes (Seno, Soum, Oudalan et nord Yatenga)◆ Programme national d'assainissement secteur santé au Burkina Faso, 1996 – 2000
<i>Burundi</i>	Etude actualisant - le niveau de couverture en eau potable et assainissement au Burundi, janvier 1998
<i>Congo</i>	<i>Document de synthèse du projet PRC/94/008 du secteur Eau potable et Assainissement, Avril 1997</i>
<i>Senegal</i>	<i>Rapport de Synthèse de l'Atelier de Lancement de l'Initiative, AFRIQUE 2000</i>
<i>Togo</i>	National Action Plan
<i>Uganda</i>	Report on AFRICA 2000 Uganda Consultation meeting
<i>Zimbabwe</i>	Comparative case study of Bodo and Mazvani villages, Ceguto District, Mashonaland West, Zimbabwe.

Annex 2

Country summaries

This section contains condensed summaries of national reports submitted to WHO.

Algeria

Facts and Figures

- **Water coverage:** urban 99%, rural 95%.
- **Sanitation coverage:** urban 85.5%, rural 77.8%.
- GNP/person: US\$ 1780 (1996).
- Population covered by primary health care services: 98%.

1. Background Information

National Policy on Water Supply

The Basin Agencies manage water resources in 5 major basin areas of Algeria. The principal policies include the following: (1) regulations covering industrial effluents and recovery, (2) integrated pollution control and application of environmental management norms; (3) use of treated wastewater in agriculture; (4) provisions for water and sanitation costs; (5) water service costs and revisions; (6) establishment of a National Fund for Drinking-Water.

National Policy on Sanitation

Sanitation has been declared a national priority.

Analysis of Current Water Supply and Sanitation

The management of liquid and solid waste has posed several problems in the past: cost recovery, institutional responsibilities, and the lack of experience and qualified manpower in the sector.

National priorities

In Algeria, sanitation became the national priority in 1986, when the country suffered a major cholera epidemic that resulted in 8000 cases and 457 deaths. The cause of the epidemic related to the connection of a non-standard but new production system to a deteriorated water and sanitation network. Water contamination and a cholera outbreak resulted. After that incident, **sanitation became a top priority**.

Algeria is not content to ensure sanitation coverage alone, but stresses prevention of waterborne diseases through better hygiene practices.

Funding mechanism

Water and sanitation projects are mainly funded by national sources.

Resource mobilization

Funding to the water and sanitation sector is organized as follows:

- Sectorial plans (water sector, national level, Ministry of Finance);
- Community development plans under the Ministry for Local Communities;
- Local communities: Common funds under the Ministry for Local Communities;
- Other sources for major water and sanitation projects: World Bank, African Development Bank, Algerian-German Cooperation (GTZ), and the ECE.

National stakeholders

Local village authorities (*Wilayas, Dairas*) and communes are fully associated in partnerships to implement national plans at their level. Such partnerships are assured by interministerial legislation of 26 May 1996, which provides the legal basis for the establishment of the National Committee for the Control of Infectious Waterborne diseases along with its community-level counterparts.

Implementation of a national plan relies also upon support from other partners and divisions:

- The Office of Communal Hygiene (technical assistance);
- Preventive Medicine and Epidemiological Service, (technical assistance);
- Pasteur Institute, Algeria (national level, technical assistance);
- Hospital Central Pharmacy;
- Hygiene Laboratories-Wilayas, and Prevention -Sanitary Sector Laboratories (technical support for analysis and diagnosis).

2. Review of AFRICA 2000 National Activities

Actions on Brazzaville Declaration

The Brazzaville Declaration was disseminated as an official document to all ministries including the National Committee for the Control of Waterborne Diseases and associated agencies concerned with ecology and the environment.

National Committee: A National Focal Point was appointed and a National Committee composed of 7 Ministries was established:

- Ministry of Interior, Populations and Environment;
- Hydraulics;
- Agriculture and Fishing;

- Health and Population;
- Commerce;
- Industry;
- Settlements.

Political commitment

The Interministerial Decree of 26 May 1996 marks the legal basis for the Committee on Waterborne Diseases and Prevention. The recommendations of the Brazzaville Declaration were integrated as objectives into the National Action Plan of the Committee.

Priorities

On-going priority projects are described below:

Community participation

Community management involves the work of the heads of villages and communes (*Wilayas and Dairas*).

Information management

Information exchange is organized around a network of Community Health Committees including 48 villages or (*wilayas*). Each committee is responsible for activities on drinking water sources and water works, which they document and/or computerize, in a monthly report. The Ministry of Health and Population evaluates these reports and also provides access and/or disseminates the information to all Heads of Community Health Committees of the network. Village Health Committees also include a member responsible for reports on the epidemiological situation and activities.

Information and awareness

An information component is integrated into the action of each Ministry that is a member of the National Committee. The Ministry of Communication and Culture is responsible for stimulating and facilitating information activities in the country. The activities sponsored by the Ministry of Health and Populations include the following:

- TV spots on water disinfection;
- Training and seminars on the use of medicines for doctors, technicians and officials;
- Documentation on waterborne diseases;
- Televised roundtables;
- Open house day;
- Awareness publicity;
- Brochure on nitrates;
- Brochures on drinking-water quality;
- Training and further education programmes for Doctors in communal hygiene, epidemiological services and preventive medicine.

Achievements

An intersectoral action plan has been completed. The principal actions planned include:

National programmes

(a) Health sector:

- Chemical and bacteriological analysis of potable drinking water;
- Bacteriological testing of swimming-pool water;
- Procurement of laboratory equipment for the *wilayas*;
- Strengthening of hospital hygiene.

(b) Water and sanitation installation:

- Construction of basins for stabilization ponds and/or primary sedimentation;
- Renovation or rehabilitation of wastewater treatment plants;
- Construction of water and sanitation conveyance systems;
- Chemical and bacteriological control of drinking-water supply;
- Development of drinking water standards.

(c) Local communities and the environment:

- Inventory, cleaning and treatment of water sources, and associated construction;
- Promotion of appropriate technology;
- Provision of water by tanker to populations with insufficient water supply.

(d) Commercial sector:

- Hygiene analysis of food items;
- Development of food quality standards.

(e) Agriculture sector

- Control of the use of wastewater effluent for irrigation purposes.

(f) Industrial sector

- Production or import of off-road water tankers and trailers; production of materials and equipment for water disinfecting (chlorine, porous brick, chlorine tablets, types DPD1 and DPD4, chlorine meters, and lime).

(h) Habitat settlement sector

- Monitoring the application of town regulations

Appropriate technologies

Algeria stressed that appropriate technologies are fundamental in all sectors, particularly, sanitation. There are 54 waste treatment plants in the country, and most of them are no longer functional because of:

- bad choice of equipment and design;
- technology too complex for operation and maintenance;
- insufficient cost-recovery.

3. Constraints

- Insufficient commitment to actions promoted at the intersectorial level;
- Lack of sufficient financial and human resources and equipment;
- Interference of other key sectors, e.g., Departments of Interior and Local Communities, Hydraulics, Habitat and Commerce;
- Dilapidated water and sanitary conveyance systems.

4. Recommendations

- Integrate actions at the intersectorial level;
- Reduce external aid assistance;
- Improve and intensify information dissemination, education and social communication and integration at the intersectorial level;
- Add environmental impact assessment in the global approach to environmental protection and sustainable development;
- Establish a surveillance unit responsible for the application of regulations concerning water and sanitation;
- Reactivate community management of primary water supply and sanitation;
- Intensify efforts to fix realistic economic tariffs;
- Establish realistic institutional instruments to catalyse new partnerships both public and private in water and sanitation;
- Improve national production of main products materials and equipment.

Angola

Facts and Figures

- **Water coverage:** urban 46.24%, rural 22.2%(1996).
- **Sanitation coverage:** urban 25% (1995), rural 15%, 1995.
- **Population** 12.3 million (1997), Rural 58.4% and Urban 41.6%.
- Per capita GNP US\$ 360.
- Infant mortality:14.8%.
- Mortality: the main cause of death is infectious disease (86%) malaria (56.3%), diarrhoea (15.4%) and respiratory diseases (14.4%).

1. Background Information

National Policy on Water Supply

The future legal basis for the sector are the proposed Principles and Policies for the Water Sector. They are now awaiting approval.

National Policy on Sanitation

Policy in the environmental sanitation sector is not fully defined. In general, the policies aim to:

- Increase levels of basic sanitation, water supply and wastewater and solid waste management;
- Strengthen programmes for education on hygiene, water use, and control of waste aimed at households, schools, health centres and the community at large;
- Create mechanisms to improve community involvement in planning, financing and management of sector projects.

Analysis of Current Water Supply and Sanitation

In the urban areas, the water supply system infrastructure is 30 years old, technically obsolete and suffering from deficient maintenance, high distribution loss (more than 50%) and a limited number of household connections. The only available water treatment is chlorination.

In rural areas, war has destroyed much of the sector and what remains does not work or suffers from the lack of maintenance. Most of the rural population uses untreated river or pond water.

In the urban sanitation sector most of the population does not have access to latrines or other facilities for excreta disposal. Over the past years, the existing systems have deteriorated considerably.

In the rural areas, war has brought many associated problems to the detriment of sanitation. Added to this, the population is not used to using or constructing latrines and lacks hygiene education. Community management gives priority to water supply.

National priorities

- Rehabilitate or replace existing water supply and sanitation systems;
- Prepare studies and assessments of the water and sanitation systems;
- Initiate the process of regulation of water supply services through tanker delivery;
- Approval of Water Act and start drafting complementary legislation;
- Proceed with dialogue with bordering countries regarding the use of shared water resources;
- Re-initiate the national hydrological network.

Funding mechanism

No information given.

Resource mobilization

World Bank, ECE, NORAD, GTZ, the Netherlands, African Development Bank and UNICEF.

National stakeholders

- National Directorate of Water Affairs;
- National Directorate of Public Health;
- Provincial Government;
- Hidrominia, a national sector agency;
- Groundwater Group.

2. Review of AFRICA 2000 National Activities

Actions on Brazzaville Declaration

AFRICA 2000 was launched on 12-15 December 1995. A focal point was nominated and National Committee established.

Appropriate technologies: Angola is dependent on imported technologies. What managers want is to move toward technologies that are easily maintained with community resources.

Achievements: a new National Training Centre was created to handle capacity-building training programmes. Some of the programmes will cover latrine construction, training for pump operators, and health education.

Political commitment

The legal basis for the sector is pending approval or in the planning stage.

Priorities-Community

No information given.

Community participation

Although the urban and rural populations are just starting to participate in sector projects, committees for water supply have been created to manage standposts in some communities.

Support for National Plan

A commission was created within the Ministry of Energy and Water to prepare a programme of reforms within the sector. This activity is derived from the National Action Plan, which aims at improving water and sanitation services.

Information management

No information given.

3. Constraints

- Insufficient action on health and hygiene education due to lack of manpower, motivation, equipment and programme for capacity-building;
- The low impact of the latrine construction programme promoted by the Ministry of Health;
- The absence of a national policy and legal framework for the sector;
- The serious impact of the war over the past 15 years on the country, e.g. rapid growth of the urban population because of high migration from rural areas;
- High levels of inflation, creating instability of financial systems and resources.

4. Recommendations

- Foster partnerships with other countries and external development organizations;
- Help the country to elaborate a national plan for water and sanitation;
- Improve information in databases;
- Attract greater resources in order to expand coverage by the sector;
- Organize a national and regional seminar to promote community participation;
- Strengthen the water and sanitation services;
- Help the AFRICA 2000 Committee to operate in a more dynamic way;
- Enhance the exchange of information between countries.

Benin

Facts and Figures

- Water coverage: 56% of households have adequate drinking water (71% urban and 46% rural), 1996.
- Sanitation coverage: 20% of households have latrine (45% urban and 5% rural).
- Population, 2 million.
- Mortality, 156/1000.
- Per capita GNP, US\$ 420.

1. Background Information

National Policy on Water Supply

A strategy on water supply was put into place in 1995. It allowed for decentralization, participation of end users in cost recovery and maintenance, application of low-cost technologies, and hygiene education.

National Policy on Sanitation

A National Sanitation Policy was adopted in 1995.

Analysis of Current Water Supply and Sanitation

National priorities

- Rural sanitation;
- Improved drinking water for urban and rural areas.

Funding mechanism

National budget, external support for development and NGOs including Soroptimists, GEERCOOP, BENIN 21, CERABE and CREPA.

Resource mobilization

The sources of finance for the water sector are: the national budget, UNICEF, WHO, USAID, DANIDA, World Bank, Japanese Cooperation, KfW, GTZ, FED. Conseil de l'Entente, BID, UNHCR and CEDEAO.

For the sanitation sector, donors include: DANIDA, World Bank, Swiss Cooperation, KfW, UNICEF, WHO, UNDP, HCR, USAID, national budget and NGOs.

National stakeholders

2. Review of AFRICA 2000 National Activities

Actions on Brazzaville Declaration

The Brazzaville Declaration was distributed and discussed by the members of the AFRICA Committee and others. The National Committee is composed of 9 members drawn from government, external aid agencies and NGOs.

The first action arising from this was the appointment of the focal point for AFRICA 2000. The terms of reference were drawn up to define the roles and responsibilities and the support group for the AFRICA 2000 programme.

The National Committee will meet every 3 months and hold an annual meeting to which community partners will be invited.

Political commitment

Legislation for the sector has existed since 1995.

Priorities-Community

No information given

Community participation

No information given

Support for National Plan

There are 5 projects included in the AFRICA 2000 programme:

- Consolidate the monitoring system for water and sanitation;
- Promote and develop sanitation in rural areas;
- Promote waste management practices in Cotonou;
- Define the regulations under the Hygiene and Water Act;
- Develop a plan of action on sanitation for cities without one.

Most of these projects have already been implemented in particular, the extension of the drinking water supply in urban areas and the project on sanitation in rural areas.

Information management

No information given.

3. Constraints

No information given.

4. Recommendations

No recommendations included.

Botswana

Facts and Figures

- Water coverage: Urban and major villages, 100% and 90% in rural areas.
- Sanitation coverage: national average: 55% in 1991 (urban 75-100% and rural 7%).

1. Background Information

National Policy on Water Supply

The national Water Master Plan is the single major policy tool of the 1990s. The main objectives of the plan includes an assessment of water resources and estimation of demands over a period of 30 years (1990-2020). The assessment will serve to develop plans to meet the needs (institutional, legal, manpower, environmental, and social impact) evaluated from surveys.

National Policy on Sanitation

There is currently no master plan to guide sector development. But a major step in that direction was the development of a Waste Management Bill, 1998. Through this Bill, a Sanitation and Waste Management Department will be established. One of the first tasks of the future department will be to develop a sanitation master plan.

Analysis of Current Water Supply and Sanitation

Over 65% of the population in major villages is served by water through standpipes and 35% served through private connections.

National Priorities

The following priorities formed the basis for a national action plan.

- Sanitation policy;
- Community participation;
- Intersectoral coordination;
- Water supply and sanitation for farming families;
- Water quality standards;
- Operation and maintenance.

Achievements:

- Approval granted to create a Department of Sanitation and Waste Management;
- Workshop on Operation and Maintenance held in October 1997;
- Case studies on farming families completed for two areas;
- Pilot projects started on the protection of water sources and provision of sanitary facilities. A team of health workers were also trained in PHAST.

Funding mechanism

Government, external agencies (WHO, UNICEF, UNDP, Sida) and NGOs.

Resource mobilization

A consultation intended for external support agencies is retained as a solution to improve coordination of resources as well as discuss country needs for services in the sectors.

National stakeholders

- Ministry of Mineral Resources and Water Affairs;
- Ministry of Local Government, Lands and Housing;
- Ministry of Health;
- Ministry of Works, Transport and Communication.

2. Review of AFRICA 2000 National Activities

Actions on Brazzaville Declaration

A briefing was organized for all concerned stakeholders through the Inter-ministerial Water and Sanitation Committee. The Brazzaville Declaration was discussed and distributed to all key ministries.

AFRICA 2000 was launched in Botswana on 18 November 1996 by the Ministry of Health.

The National Focal Point designated is the Head of the Environmental Health Unit.

An endorsement of the existing Inter-ministerial Water and Sanitation Committee gave the Committee responsibilities for AFRICA 2000. A decision was made to strengthen this Committee rather than create a new one.

WHO provided a facilitator for the launching of the AFRICA 2000 Initiative and assisted with the organisation of the follow-up activities by supplying resource material and manuals for training officers on Participatory Hygiene and Sanitation Transformation (PHAST).

Progress Report Africa 2000

Political commitment

New legislation has been approved.

Community participation

Targeted in National Action Plan

Support for National Plan

The Government of Botswana increased commitment to rural areas by allocating US\$ 5million to the National Rural Sanitation Programme in support of the rural latrine programme.

Information management

A national data bank will be established in the near future. An environmental newsletter is being created. A formal information network has not been established.

3. Constraints

- Lack of skilled manpower;
- Shortage of transport;
- Lack of conservation awareness and water misuse.

4. Recommendations

A review of the development approach so that communities can also contribute to capital investment and to operation and maintenance of sector schemes.

Burkina Faso

Facts and Figures

- Water coverage: no information given
- Sanitation coverage: 90% in Ouagadougou and BoBo Dioulasso and 10% in rural areas.
- Population: 9 million
- Life expectancy: urban 56 years and rural 51 years. It rose from 49 years in 1985 to 52 years in 1991.

1. Background Information

Different surveys show that most of the population is infected with malaria. Children 5 years and under represented 38.8% of all malaria cases and 40.2% of diarrhoeal cases in 1991.

National Policy on Water Supply

No information given

National Policy on Sanitation

There is no sanitation /hygiene policy as yet. Tentative plans were made to draft a National Hygiene Act in 1998.

Analysis of Current Water Supply and Sanitation

The unsanitary conditions that the country experiences have resulted in considerable sickness and disease in the population.

A project is planned to establish a water quality surveillance programme throughout the country. Ouagadougou is the only city where water quality is laboratory-controlled. All others use portable water quality test kits.

The Sanitary Engineering Service produces guides or sanitary inspection sheets that are distributed to the provinces.

National Priorities

The Ministry of Health declared waterborne diseases control and water supply and sanitation as national priorities.

Hygiene education is promoted in health centres as well as by the Social Promotion Programme.

A third priority targets Ouagadougou for the construction of ventilated latrines.

Funding mechanism

The national budget will fund laboratory analysis for water quality.

Resource mobilisation

No information given

National stakeholders

- Ministry of Health;
- Ministry of Public Works, Habitat and Urbanism;
- Ministry of Environment and Tourism;
- Ministry of Water;
- National Office of Water and Sanitation;
- Division of Preventive Medicine (Laboratory analysis of water).

The national plan also includes potential partners in the private sector and international development organizations.

2. Review of AFRICA 2000 National Activities

Actions on Brazzaville Declaration

A National Action Plan, under development since 1995 has been finalized and is pending approval. Activities of the AFRICA 2000 Initiative will be launched thereafter.

The first phase of a hygiene promotion programme for schools was initiated during 1995/96. The lack of funds prevented implementation of the second phase in 1996.

Political commitment

The National Action Plan will constitute the main guide for formulating legislation and regulations. This activity is planned during the first year after launching the Initiative.

Community participation

No information given

Progress Report Africa 2000

Support for National Plan

The sanitation subsector receives practically no funding from the national budget. It is only through assistance from the international and bilateral agencies that projects are implemented. The main donors include WHO, UNICEF, Denmark, Germany and the Netherlands and several NGOs.

Information management

No information given

3. Constraints

- lack of skilled personnel;
- lack of sufficient equipment and material for sanitation;
- High level of malnutrition and infectious disease;
- High population growth;
- High cost of latrine construction;
- Lack of national sanitation policy.

4. Recommendations

No recommendations proposed.

Burundi

Facts and Figures

(An extract from the UNICEF/ISTEEBU Study, 1991)

- ▶ **Water coverage:** rural, 78%; urban, 100%
- ▶ **Sanitation coverage:** 56% (national urban and rural)

Background information

The main source was a survey, *A Status Report of the Current Level of Water Supply and Sanitation Coverage in Burundi (Jan. 1998)*. Extracts of trends and conclusions from the report were made for the purpose of this summary sheet. The study covered 5 provinces and representative geographical zones.

National Policy on Water Supply

The National Water and Energy Commission has not been operational since its creation in 1993, mainly due to instability of the institutions and management problems.

The water supply subsector has not been efficient in identifying the mechanisms and organization that the Government would need to put in place.

National Policy on Sanitation

There is no legislation on sanitation to date.

Analysis of Current Water Supply and Sanitation

The need for institutional consolidation and reactivation of the National Water and Energy Commission for better planning and coordination was one of the main conclusions of the status report. A permanent Secretariat is necessary and should be discussed at the next consultation.

National priorities

- Equipping new sources of water;
- Renovation of water supply facilities;
- Construction of modern wastewater collectors;
- Construction of wells with handpumps;
- Decentralization of planning, e.g., planning by province.

Resource mobilization

The survey was financed by multilateral agencies notably, EFD, IDA, World Bank and UNICEF. Bilateral cooperation involved Austria, Belgium, Canada, Germany, Luxembourg and the USA. Other donors operated through NGO technical assistance projects: Terre Sans Frontières, and ACTION-AID.

The European Union and UNICEF supported some micro-projects.

National stakeholders

A number of Ministries are involved in the water supply and sanitation sectors through the central administration and other management arrangements:

- Ministry of Energy and Mines;
- Ministry of Public Works;
- Ministry of Public Health.

Other Ministries intervene at different levels as required:

- Ministry of Development Planning, (coordinates with donors);
- Ministry of Interior and Environment;
- National Institute of Environment and the Conservation of Nature;
- Ministry of the Interior and Public Security;
- Ministry of Commerce;
- Communal administration, responsible for awareness, hygiene and use of latrines;
- Communal water services.

2. Review of AFRICA 2000 National Activities

The National Status Report Survey was launched at the same time as the provisional report for a Nation Action Plan for Water, 1997.

Another stage of the implementation of the Africa 2000 Initiative, showing commitment to the programme, was the follow-up interagency meeting to discuss the provisional report.

Achievements

The completion of the 42- page survey in January 1998.

3. Constraints

No information given

4. Recommendations of the survey

- Give sanitation a more important place in Burundi's institutional organization
- Ensure that the linkages between hygiene and drinking-water are more apparent and better understood by the population;
- Adopt septic tanks in cities and improved latrines in rural areas;
- Re-establish communal water service units and add a lawyer or law specialist to the staff;
- Recruit and train technicians for communal sanitation work.

Cameroon

Facts and Figures

Water coverage: 42%.

Sanitation coverage: no information given.

1. Background Information

National Policy on Water Supply

No information given.

National Policy on Sanitation

No information given.

Analysis of Current Water Supply and Sanitation

The water supply programme was launched during the International Drinking Water Supply and Sanitation Decade. However, no programme for sanitation was developed. As a result, waterborne diseases, such as diarrhoea, cholera and dysentery have increased. In 1997, the number of declared cases totalled 29 548 with 148 recorded deaths.

National priorities

Sanitation.

Funding mechanism

No information given.

Resource mobilisation

No information given.

National stakeholders

- Ministry of Water and Energy;
- Ministry of Public Health;
- Ministry of Mines.

2. Review of AFRICA 2000 National Activities

Actions on Brazzaville Declaration

An official Act to create an Inter-ministerial Committee for AFRICA 2000 awaits approval.

Political commitment

A Two-year National Action Plan was developed and budgeted. Final approval was expected in July 1998.

Community participation

No information given.

Support for National Plan

No information given.

The following projects were identified for funding:

- Assessment of real needs;
- Identification of low-cost technologies especially simple techniques to improve drinking-water quality;
- Implementation of sector plan (coverage) in accordance with established priorities;
- Pilot project to raise awareness at the community level.

Information management

Requirements for office equipment, photocopier, computer and paper are included in the Action Plan.

3. Constraints

- Overlap and lack of coordination;
- Lack of participation of the community end users;
- Lack of social policy in the sector;
- Inefficient use of resources allocated to the sector;
- Economic crisis;
- Basic weakness of the Ministry of Public Health with regard to water supply and sanitation issues;
- Size of funding needed to implement a programme of water and sanitation in rural and urban fringe zones.

4. Recommendations

No recommendations included.

Central African Republic

Facts and Figures

- **Water coverage:** (end of 1993): urban areas 20%, rural areas 25%.
- **Sanitation coverage:** (end of 1993) 45%.
- Population: 2.7. million.
- Life expectancy: women 50.6 years, men 47.2 years. The average is 48.9 years.
- Infant mortality: 132/1000 births.
- Incidence of water-borne diseases: 8000 per 100 000 inhabitants.
- Per capita GNP US\$ 328 (1994).

1. Background information

National Policy on Water supply

A national action plan has not been developed. At the present time, all programmes and action in the domain are organized without planning but take into account the major lines of action of the National Policy and Strategy. Work was completed to construct 145 public fountains in Bangui. An additional 163 fountains were constructed in secondary centres, which in effect extended the water supply network in and around Bangui. The number of water pumps needing repair was estimated at 30% on the national level.

National Policy on Sanitation

A policy document exists on urbanization and sanitation for Bangui but regulatory action has not been applied. Plans have been announced for the construction of pit latrines. Another programme promoted and organized the placement of trashcans and weekly trash removal throughout the market areas of Bangui.

Priorities

- Collect documentation from government institutions and bilateral and multilateral agencies;
- Finalize questionnaire forms developed for different subsectors, e.g., village water supply service, urban and agriculture sectors, hydroelectricity, sanitation for urban and rural areas.

2. Review of AFRICA 2000 National Activities

Low cost technologies: a number of appropriate technologies were chosen and adapted for use in the country, including latrines improved with ventilation, water quality control kits, equipped water sources, hand wash basins and improved traditional latrines

Training: donor agencies (WHO, UNICEF, UNDP, GTZ and COOPI) have supported government training programmes for various categories of staff working in rural projects. Another phase of training relates to hygiene education. For the moment, there are no plans to start such a programme in cities.

Achievements

1) The Central African Republic developed a policy document on water supply and sanitation for the period 1996-2015. The document was revised and adopted by consensus in 1995:

- A National Focal Point was nominated in 1995;
- An article on achievements of the AFRICA 2000 programme was featured in the *WHO Bulletin*, September 1997;
- In schools, 50 improved latrines with ventilation were constructed. Committees were formed on health and hygiene in Bossangoa schools;
- 40 teachers from Bossangoa and Kaga-Bandoro received training in hygiene education. The schools also diffused educational messages to the students on the subject.

3. Constraints

The recent political upheaval interrupted and prevented the organization of a community awareness campaign. One result was the departure of many partners for development projects who closed their offices because of the insecurity and instability. As a consequence, water and sanitation programmes came to a complete halt for lack of funding. Another setback was the destruction of the Office of the Director General of Hydraulics along with all stored information and data.

4. Recommendations

- Develop a national plan of action for AFRICA 2000;
- Encourages the participation of NGOs in the next workshop on micro projects that WHO Regional Office for Africa organizes;
- Rethink the awareness campaign for decision-makers, community leaders and other partners, organise a training seminar;
- Reconstitute the lost database as indicated in section 3;
- Promote low-cost technologies and equipment.

Chad

Facts and Figures

No information given.

1. Background information

No information given. The report is a chronology of events describing progress made on the AFRICA 2000 Initiative.

National Policy on Water Supply

No information given.

National Policy on Sanitation

No information given.

Analysis of Current Water Supply and Sanitation

No information given.

National Priorities

The following projects are linked specifically to AFRICA 2000:

- Improvement of the quality of local human resources;
- Develop the PHAST approach in Chad;
- A project to create and organize the National Co-ordination Committee for AFRICA 2000.

National stakeholders

- Ministry of Health;
- Water Division;
- Ministry of Planning;
- NGOs.

2. Review of AFRICA 2000 National Activities

- An AFRICA 2000 Initiative Focal Point was designated in 1994;
- In 1995, the Focal Point introduced the principles of the Initiative to the National Committee on Water and Sanitation;
- 1996 marked the creation of the multisectorial group (Planning, Water, Health and NGOs) to work on a document on water and sanitation. The draft was completed by the end of 1996 and was entitled *Technical Document on Water and Sanitation for the National Consultation*.

Also in 1996, the first consultation on the AFRICA 2000 Initiative was organized by the Focal Point. The Brazzaville Declaration was widely distributed among all potential partners.

During the same year the key sector agencies increased their efforts to introduce and gather consensus on launching AFRICA 2000 as a local initiative. A country-wide awareness campaign was also launched.

In 1997, the Focal Point participated in the International Conference on Health and the Environment in Africa, Pretoria, South Africa. The Pretoria Declaration, the outcome of that meeting, was widely disseminated among responsible authorities in Chad.

In 1998, the AFRICA 2000 Initiative was officially launched by the Ministry of Health by radio and television. Chadians heard a 20-minute speech, translated into various languages to ensure that everyone received the message in the initial phase of the project.

Resource mobilization

No information given.

Achievements

The AFRICA 2000 Initiative was officially launched by the Ministry of Health in 1998.

The documents relating to the Initiative have been completed and copies will become available.

Constraints

No information given.

4. Recommendations of the survey

No recommendations included.