PILOT REPORT

GLAAS

UN-WATER GLOBAL ANNUAL ASSESSMENT OF SANITATION AND DRINKING-WATER

World Health Organization

2008 PILOT REPORT

TESTING A NEW REPORTING APPROACH

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FOREWORD

THE PUZZLE

According to the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 2.5 billion people still remain without improved sanitation facilities and around 900 million people still rely on unimproved drinking-water supplies. Yet diarrhoeal disease is the third leading cause of death from infectious diseases, and in 2004 diarrhoeal disease alone caused more deaths than HIV/AIDS. The majority of these deaths are among children under 5 years of age. Such deaths could be prevented by improving the way we manage sanitation and drinking-water. Although these improvements are achievable, sanitation and drinking-water are not given high enough priorities by several donors and recipient governments alike. Why?

One reason is that it is difficult to make evidence-based policy decisions in the sanitation and drinking-water sectors. For example, although 2008 is the International Year of Sanitation and sanitation presents a huge challenge for the future, it is currently difficult to see what financial resources are available for the sector because sanitation funds are usually lumped together with funding for water supply, water resources management, health care or education. This makes it almost impossible to relate improvements in sanitation service levels to the money spent in the sector. As a consequence, it is difficult to make informed decisions on investment.

If the full picture of the sanitation and drinking-water sector is a puzzle, then service levels (reflected in the coverage figures) are pieces of the puzzle. Other pieces are information on institutional capacity, the policy framework, human resources capacity, and the flows of sector funds together with the capacity to absorb them. An important piece is the capacity to translate all this information into better sanitation and drinking-water services, resulting in healthier and more dignified living conditions, and a more productive working environment.

Numerous activities are currently being undertaken at the global, regional or country level by international organizations, nongovernmental organizations, multilateral agencies and governments to monitor or report on one or more pieces of the puzzle. Each of these efforts provides a perspective on the sanitation and drinking-water sectors. But there is no comprehensive mechanism that allows policy-makers to look at the whole puzzle together and see how the different pieces of the picture change over time.

In this pilot report, UN-Water, through WHO as the agency in charge of developing the GLAAS report, is exploring a new way of presenting a global and all-round picture of the sanitation and drinking-water sectors that will complement the information provided by the WHO/UNICEF JMP reports and by the *World Water Development Reports*. The uniqueness of this new approach consists in attempting to bring all the pieces of the puzzle together, to see both what is happening in each area and how each of the pieces fits into the global picture.

We hope you will find this document interesting, and that it will stimulate discussion on how to improve the evidence base for policy-making in the sanitation and drinking-water sectors.

Pasquale Steduto
Chair UN-Water

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Acronyms

AfDB	African Development Bank
ADB	Asian Development Bank
AMCOW	African Ministers' Council on Water
BMGF	The Bill and Melinda Gates Foundation
EC	European Commission
ESA	External support agency
EU	European Union
EUWI	European Union Water Initiative
EUWI-AWG	European Union Water Initiative – Africa Working Group
FAO	Food and Agriculture Organization of the United Nations
GBS	General budget support
GLAAS	Global Annual Assessment of Sanitation and Drinking-Water
IWRM	Integrated water resources management
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
MDGs	Millennium Development Goals
O&M	Operation and maintenance
ODA	Official development assistance
OECD	Organisation for Economic Co-operation and Development
OECD–DAC	OECD – Development Assistance Committee
OECD–DAC CRS	OECD–DAC Creditor Reporting System
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNU	United Nations University
WHO	World Health Organization
WSP	Water Sanitation Program
WWDR	World Water Development Report

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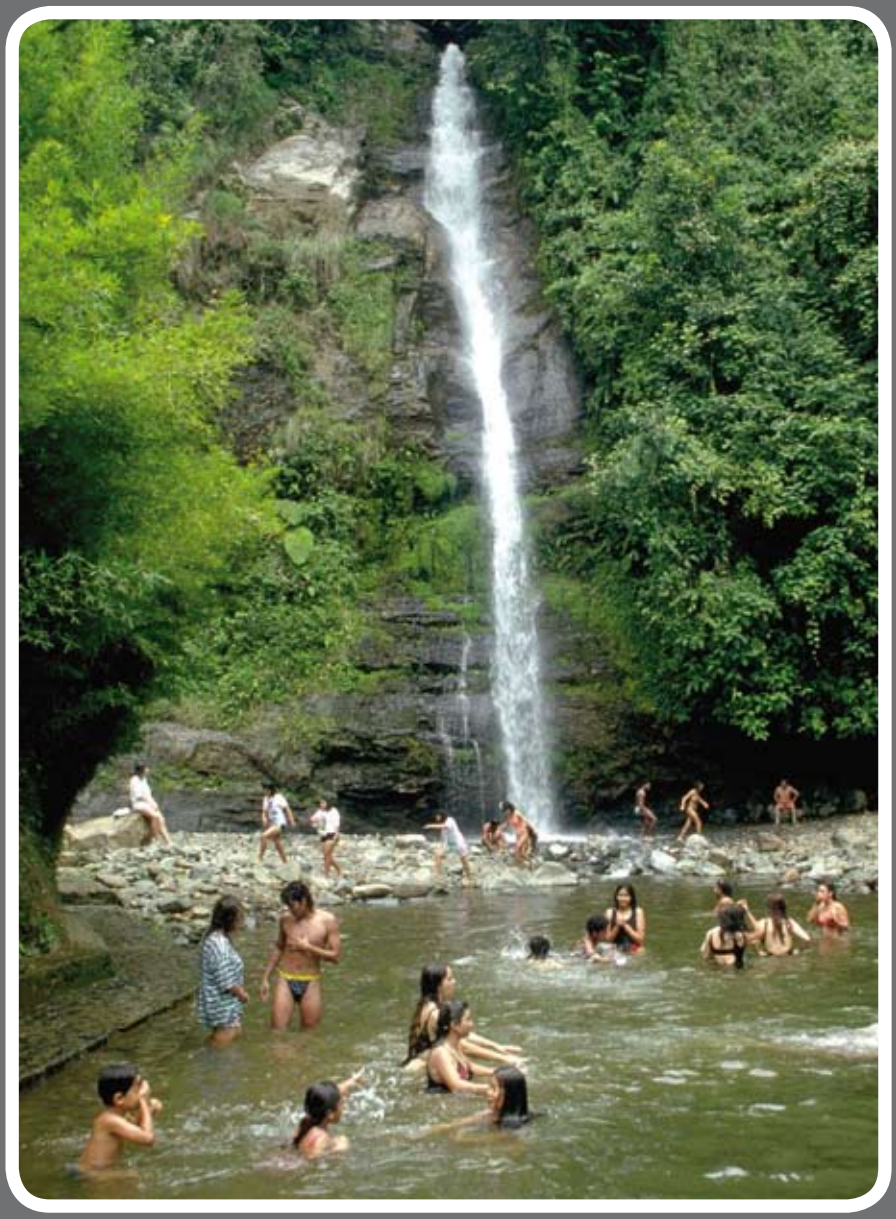

UN WATER

UN-Water is a mechanism to strengthen co-ordination and coherence among all UN bodies dealing with water-related issues, from health to farming, environment to energy, food to climate, and sanitation to disasters. It was set up in 2003, through a decision by the High Level Committee on Programmes (HLCP) of the United Nations Chief Executives Board for Coordination. UN-Water evolved from many years of close collaboration among UN agencies and a firm belief that still more can be done to strengthen the UN system in its effort to work more effectively on water and sanitation issues, which are among the most urgent challenges of our time. UN-Water is not another agency. Instead, UN-Water adds value to existing UN programmes and projects and fosters more co-operation and information-sharing among UN agencies and outside partners.

PILOT REPORT

EXECUTIVE SUMMARY

The Global Annual Assessment of Sanitation and Drinking-Water (GLAAS) is a UN-Water pilot initiative technically coordinated by the World Health Organization (WHO). UN-Water GLAAS constitutes a new approach to reporting on progress in the sanitation and drinking-water sectors that aims to strengthen evidence-based policy-making towards and beyond the Millennium Development Goals (MDGs).

The purpose of this GLAAS report is to present the concept of a possible global, periodic, comprehensive reporting mechanism to inform policy-making in the sanitation and drinking-water sectors

The data sources used in this pilot report are the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), the OECD Development Assistance Committee Creditor Reporting System (OECD-DAC CRS), other United Nations statistics, as well as information specifically collected by GLAAS staff for this pilot study from seven countries and, jointly with the European Union Water Initiative – Africa Working Group, from 25 external support agencies.

The lessons learned from this pilot study are that:

- integrated data collection is a complex process for countries, generally requiring extensive coordination among ministries;
- only around half the respondents (4 out of 7 pilot countries and 13 out of 25 external support agencies) were able to provide disaggregated financial data for the sanitation and drinking-water sectors;
- the sources and levels of contributions to the sanitation and drinking-water sectors from households and the private sector are unknown in most of the pilot countries;
- the pilot countries generally do not capture investments in capital maintenance and in operation and maintenance.

The conclusions of this pilot study are the following:

1. Integrating information from different relevant sources is a new and useful way to look globally at the sanitation and drinking-water sectors.
2. Current data sources are available to support a global periodic comprehensive reporting mechanism, but there are some crucial gaps in information, for example relating to the periodicity and geographical extent of reporting, the level of disaggregation of data, and the comparability of the information presented.
3. Countries and external support agencies appear able to provide the missing information on the sanitation and drinking-water sectors, but to do so places heavy demands on their time and resources.
4. With further analysis, the overview of the sanitation and drinking-water sectors presented in this pilot report could be used to improve sector indicators of progress towards and beyond the MDGs.
5. A global, periodic, comprehensive reporting mechanism, as envisaged in this pilot report, faces great challenges, but at the same time there is a huge potential for such an innovative tool to support evidence-based policy-making in the sanitation and drinking-water sectors.

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WHAT IS GLAAS?

The Global Annual Assessment of Sanitation and Drinking-Water (GLAAS) is a UN-Water pilot initiative, technically coordinated by the World Health Organization (WHO). UN-Water GLAAS is seeking a new approach to reporting progress in the sanitation and drinking-water sectors in order to strengthen evidence-based policy-making towards and beyond the Millennium Development Goals (MDGs). The characteristics of such a new reporting approach include:

- assessing the capacity of countries and external support agencies to progress and contribute to the attainment of the MDG target to "halve by 2015 the proportion of people without sustainable access to safe drinking-water and basic sanitation";
- analysing, on a global scale, the institutional, human resource and financial capacities of countries in relation to status and trends in service levels in the sanitation and drinking-water sectors;
- identifying barriers to and drivers for extending and improving service levels in the sanitation and drinking-water sectors;
- recognizing the value of ongoing MDG monitoring initiatives being conducted at various levels within the United Nations system, and by nongovernmental organizations, multilateral agencies and governments;
- complementing existing initiatives, such as the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) and the periodic *World water development report*, with a comprehensive global periodic analysis of the sanitation and drinking-water sectors, bringing together national, regional and global data (for example, from OECD, the World Bank, national agencies, and bilateral and multilateral donors);
- supporting evidence-based policy-making on the sanitation and drinking-water sectors, at national, regional and global levels.

UN-Water GLAAS aims to decrease the reporting burden of countries and external support agencies and to help in harmonizing their different reporting mechanisms. By so doing, UN-Water GLAAS would increase the comprehensiveness and accountability of information in the sanitation and drinking-water sectors.

PURPOSE OF THIS PILOT REPORT

"The Millennium Development Goals (MDGs) provide a universal framework for developing countries and their development partners to work together in pursuit of a shared future for all" *Ban Ki-moon, Secretary-General, United Nations, Millennium Development Goals Report 2007*

The purpose of this UN-Water GLAAS pilot report is to present the concept of a possible global, periodic, comprehensive reporting mechanism to inform policy-making in the sanitation and drinking-water sectors.

The specific objectives of this pilot report are to:

(1) present an all-round view of the sanitation and drinking-water sectors by collecting information on country capacities, national financing and external aid priorities, and by analysing it together with relevant information from other sources, such as JMP, OECD or UN statistics;

(2) assess the adequacy of current data sources in the sanitation and drinking-water sectors for use in global periodic reporting;

(3) assess the ability of countries and external support agencies to compile institutional and financial data in the sanitation and drinking-water sectors for use in periodic sector reporting;

(4) stimulate discussion on the development of better indicators to monitor progress in the sanitation and drinking-water sectors;

(5) show lessons learned and recommend a way forward to the possible establishment of a global periodic comprehensive reporting mechanism on the sanitation and drinking-water sectors.

A word on hygiene

Hygiene promotion and education are essential to achieve the health gains associated with improvements in basic coverage and increased service levels of sanitation and drinking-water. In this pilot study we consider hygiene as an important component of the "software" part of sanitation and drinking-water projects.

PILOT STUDY METHOD

USING AVAILABLE INFORMATION

As far as possible, in order to avoid duplicating efforts, GLAAS uses data that have already been collected and analysed. There are several sources of information that GLAAS could draw on to produce a comprehensive global periodic assessment of the sanitation and drinking-water sectors. The main sources are listed below.

Ongoing monitoring:

- The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) is the official United Nations mechanism to monitor the sanitation and drinking-water MDG target. It reports biennially on estimated national coverage levels for sanitation and drinking-water. The JMP report uses current and historical in-country household surveys to determine coverage trends and to statistically extrapolate coverage levels for the reported data year where needed. Coverage levels are disaggregated between sanitation and drinking-water, and between urban and rural coverage.
- The Organisation for Economic Co-operation and Development (OECD) collects aid activity data from bilateral (22 countries) and multilateral (16 agencies or international banks) donors. The Creditor Reporting System (CRS) database is accessible online and currently provides data on aid activity from 1973 to 2006. Financial data on grant and loan commitments and disbursements for the sanitation and water sectors are reported at the project level. Some of the data are incomplete because multilateral donors are not required to report, and several multilateral agencies do not report disbursements to the system. The system currently does not disaggregate between sanitation and drinking-water aid.[1]
- The United Nations *World water development report,* published every three years (UN-Water, 2003, 2006), provides an overall picture of the state of the world's water resources. It summarizes, at a global level, the status of water resources as they relate to healthy ecosystems, water quality, drinking-water supply, sanitation access, agriculture, natural disasters, industry, energy, and value (financing).

Examples of past reports that deal with capacity in the sanitation and drinking-water sectors:

- *Getting Africa on track to meet the MDGs on water and sanitation: a status overview of sixteen African countries,* published in 2006 by the Water Sanitation Program, reports on progress in coverage and sector investment, sector preparedness (national strategies, institutional arrangements, sector financing) and overall sector sustainability (African Ministers' Council on Water et al., 2006).
- *Asia water watch 2015: are countries in Asia on track to meet Target 10 of the Millennium Development Goals,* published in 2005 by the Asian Development Bank (ADB), discusses progress and prospects in the sanitation and drinking-water sectors in Asia (ADB et al., 2005). The report estimates the costs of meeting the sanitation and drinking-water MDG target, discusses challenges and recommends ways of improving progress in the sanitation and drinking-water sectors.
- *Water supply and sanitation sector assessment,* published in 2000 by the WHO Regional Office for Africa, gives the results of an assessment of the sanitation and water supply sectors in the WHO African Region (WHO Regional Office for Africa, 2000). It is based on data collected in the countries of the region during 1999. The report assesses the status of coverage, costs and investments in the sectors, as well as policy, planning and institutional responsibilities, and the capacity for future development.

1. In order to increase sector transparency and gain a better understanding of financial aid flows, UN-Water is working with several OECD member states and the European Union Water Initiative – Africa Working Group (EUWI–AWG) to propose an amended coding system so that expenditures on sanitation, hygiene and drinking-water can be disaggregated in the OECD DAC–CRS database.

SEEKING SUPPLEMENTARY DATA

A review of current data sources showed that there was a need to collect additional data to fill in gaps. Working with a group of countries and external support agencies, and in collaboration with the European Union Water Initiative – Africa Working Group (EUWI–AWG), GLAAS staff developed three pilot survey questionnaires – two for countries (one on sanitation and hygiene, and one on drinking-water), and one for external support agencies – along with notes on the terminology used (Appendix A). For the survey questionnaires and associated guidance notes, see *www.who.int/water_sanitation_health/glaas.*

Following discussions with WHO regional offices and with EUWI–AWG, questionnaires were sent to 32 countries and 56 external support agencies potentially interested in participating in the pilot study. A total of seven countries (Ghana, Kazakhstan, Madagascar, Mongolia, Nepal, Uganda, Viet Nam) and 25 external support responded. At least ten additional countries and a number of external support agencies regretted not being able to participate in the pilot study, but expressed an interest in taking part in any future such initiative. Responses were reviewed for internal consistency and completeness. In cases of doubt about the information provided, respondents were asked to provide clarification. A summary of data provided by countries and external support agencies can be found in Appendices B, C and D.

Collaboration with the European Union Water Initiative Africa Working Group

UN-Water GLAAS and the European Union Water Initiative – Africa Working Group (EUWI–AWG) collaborated to develop the pilot survey method, collect data and interpret results. EUWI–AWG has designed an aid mapping tool to assess the composition of European development aid to the sanitation and hygiene, water supply, and integrated water resources management sectors in Africa. Thus, information was collected from external support agencies in EU Member States by EUWI–AWG, using the aid mapping tool (for findings, see EUWI–AWG, 2008). For reasons of consistency and comparability, the same questionnaire was used by UN-Water GLAAS to collect information from the other external support agencies that participated in the pilot study.

DIFFICULTIES IN COLLECTING DATA

One of the major difficulties in producing this GLAAS pilot report was identifying the final list of pilot countries and external support agencies to engage in the survey monitoring exercise. Even so, some respondents felt that more time and internal discussion (for example, a workshop) were needed to provide the best snapshots of sector status within their country.

The questionnaire for external support agencies was similarly resource intensive to complete. In a majority of cases, several people had to provide input, and the form required on average one week to complete. Several respondents mentioned the difficulties they faced in attempting to obtain the requested information. These difficulties arose because it is:

- difficult to attribute aid funding to the sanitation and drinking-water sectors when that funding is hidden in other sectors (such as education, agriculture or health) or when aid funds are directed to general budget support;
- difficult or impossible to disaggregate data between the sanitation and drinking–water sectors because the two sectors are usually combined in the same projects or programmes, and data are generally maintained to meet OECD guidelines (which do not require separate reporting of data for the two sectors).

SERVICE LEVEL COVERAGE STATUS

All responding countries provided country coverage data for both the sanitation (Appendix B) and drinking-water (Appendix C) sectors. In the many cases, country estimates differed from JMP estimates. These different estimates are a result of different definitions for coverage and different methods for collecting and analysing data. In this pilot report, the JMP coverage numbers (which are available for 1990 to 2006) are used to show trends over time.

ESTIMATING FINANCIAL FLOWS

The country responses on financial flows are presented in Appendices B and C, the responses of external support agencies are presented in Appendix D. Country and external support agency respondents were allowed to select their most recent data year to report financial flows. This flexibility led to a range of years being reported (from 2005 to 2007). For illustrative purposes, in this GLAAS pilot report, data were aggregated and recorded as “most recent data year”. Where financial information is presented that amalgamates data for several years, the 2005 constant US dollar has been used.

ESTIMATING CAPACITY

Countries were asked to estimate the capacity of their human resources, and their institutional and financial systems. In an attempt to reduce the subjectivity of responses to these questions relating to capacity, the GLAAS pilot study team provided guidance on capacity assessment (Appendix E).

BASELINE FOR THE PILOT STUDY

The GLAAS pilot study took place in the context of the known status of the sanitation sector (Figure 1) and the drinking-water sector (Figure 2).

SANITATION SECTOR STATUS

From 1990 to 2006, approximately 1.12 billion people gained access to improved sanitation. Despite this considerable progress, the world is not on track to meet the MDG sanitation target by 2015. Only 62% of the world uses improved sanitation facilities as compared to 54% in 1990.

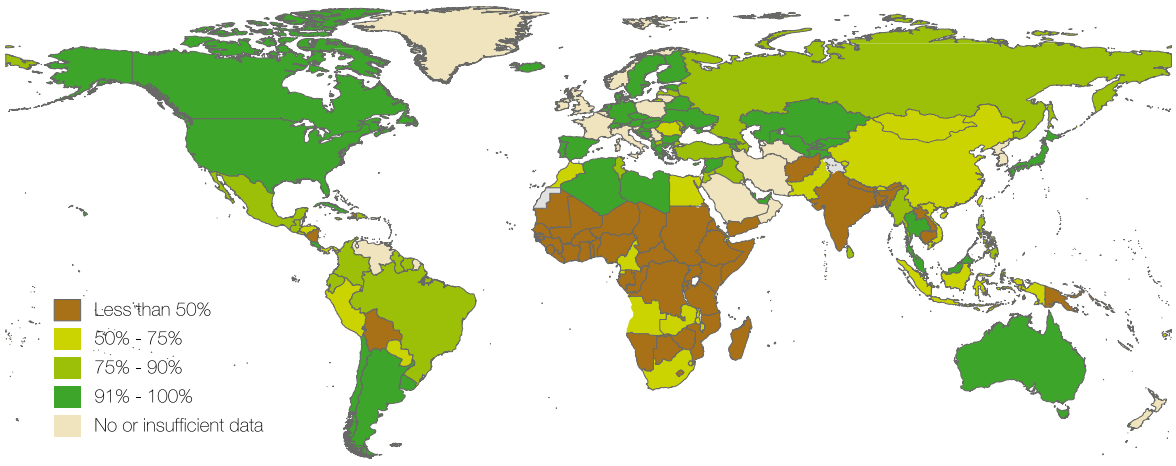


FIGURE 1: Improved sanitation coverage, 2006

DRINKING-WATER SECTOR STATUS

From 1990 to 2006, approximately 1.56 billion people gained access to improved drinking-water sources. Currently 87% of the world uses drinking-water from improved sources, as compared to 77% in 1990. While the world is on track to meet the MDG drinking-water supply target by 2015 at the global level, many countries in sub-Saharan Africa and in Oceania are currently projected to miss MDG country targets, leaving significant portions of the population without access to improved drinking-water supplies.

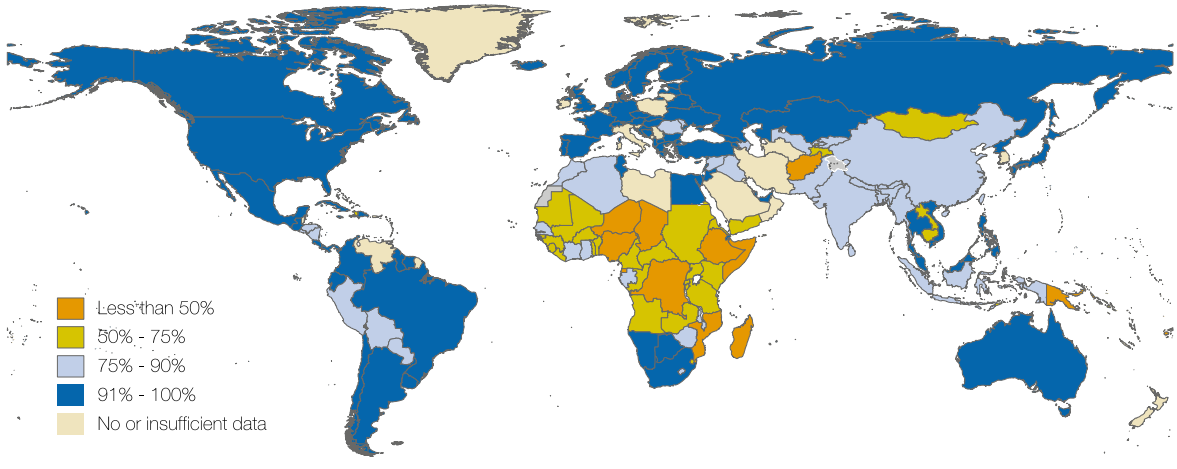


FIGURE 2: Improved drinking-water coverage, 2006

PILOT REPORT

PART 1

SANITATION

The sanitation sector has historically suffered from low priority in public policy, and in funding by donors and recipient governments alike. In many countries, multiple government departments play a role in policy-making, funding, service delivery, training and education. Significant efforts are therefore needed to coordinate governmental activities. Beyond the roles of national and local governments, and external support agencies, households are expected to invest in the sector by installing private facilities or by paying fees or tariffs. Thus, the affordability and sustainability of sanitation services are major factors in extending coverage.

Because funds for sanitation and drinking-water are often aggregated in budgets and disbursements, donors and recipient governments have little information on how much (from all sources) is being spent on sanitation, or how much is needed. When data are available, it is clear that financing for sanitation is low compared to funding for drinking-water.

As a result of slow progress in building capacity and implementing policy for sanitation, as well as low funding priority, service levels have not progressed fast enough to be on track to reach the MDG target for sanitation by 2015. Progress is especially lagging behind in sub-Saharan Africa and Southern Asia (WHO/UNICEF, 2008).

The eThekwini declaration, signed by over 30 African government ministers in Durban in February 2008, recognized the importance of sanitation and committed their governments to: establishing or updating national sanitation and hygiene policies; establishing specific public sector budget allocations for sanitation, with the aim of spending 0.5% of GDP on sanitation; improving sanitation information and monitoring tools; and increasing capacity for the sector. The eThekwini declaration also called on external support agencies to provide financial and technical assistance to promote sanitation and hygiene, and improve aid coordination. *eThekwini Declaration, AfricaSan 2008, February 2008 (http://www-usa.africasan2008.net)*

Seven countries responded to the country sanitation survey questionnaire, representing a total population of over 200 million. The number of people without access to improved sanitation in these seven countries is 110 million, giving an average sanitation coverage level of 46%.

Sanitation sector
Key observations from limited pilot study data

PILOT STUDY DATA

- Three out of seven countries report low financial capacity in the sanitation sector.
- Two countries report an average of 26% sanitation coverage in schools.
- Two countries report an average of 75% sanitation coverage in hospitals.
- Four countries indicate weak implementation of cross-departmental coordination mechanisms.
- All of the seven pilot countries have mechanisms to engage civil society and perform sector reviews.
- Sanitation strategies have been or are being developed by all pilot countries, but stronger implementation is needed.
- Local government and private-sector human resource capacities are often categorized as inadequate by pilot countries.
- Expenditure data for the sanitation sector are mostly unavailable for pilot countries.
- Where expenditure data are available for pilot countries, sanitation spending averages 50% less than drinking-water spending.
- External funding is a significant source of funding, as compared with government spending, in pilot countries.

Note: Because of the small sample in the pilot study, the above observations may not be representative of the sector. These observations are simply intended to show the kind of information that might eventually be produced by a global report.

CAPACITY READINESS OVERVIEW

To report on the capacity of the pilot countries to progress towards the sanitation and drinking-water MDG target, countries were asked to assess their capacity readiness in the sanitation sector in three areas: human resources; institutional capacity; and financial system capacity. Guidance was provided for country respondents in making their self-assessments (see Appendix E) on a 5-point scale from very low to very high. However, there was still a high degree of subjectivity in the indicators of overall capacity. None of the seven pilot countries ranked sector capacities as "very low" or "very high". The responses are summarized in Figure 3.

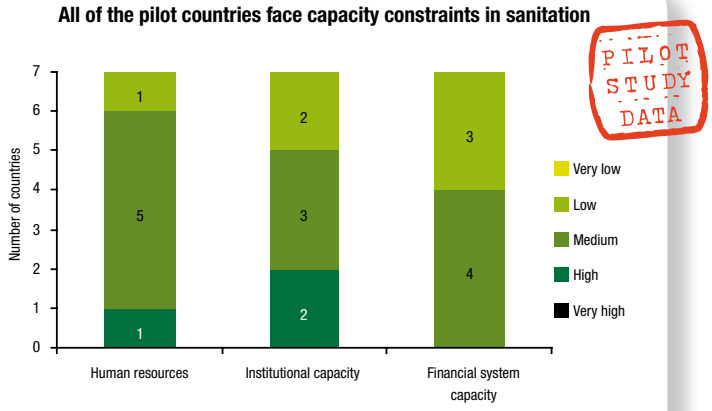


FIGURE 3: Sanitation sector capacities in respondent countries (7 countries)

REPORTED COVERAGE AND MONITORING

Monitoring sanitation coverage at the household level continues to be a challenge for some countries. Four out of seven countries indicated significant levels of monitoring, but only one country had a monitoring system integrated into planning. Four out of seven countries estimated higher sanitation coverage levels than estimated by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP). Based on country-reported coverage, four out of the seven countries expect to reach the MDG sanitation target by 2015, but according to JMP coverage figures these countries are not on track to reach that target by 2015 (see Table 1).

[Ghana's] definition of safe sanitation coverage includes the safe disposal of human excreta away from flies/within "reach" of people, and also includes coverage by public, institutional and treatment facilities." *Ghanaian response to GLAAS survey*

"JMP definitions for sanitation [conflict] with national standards in which some requirements were higher than internationally followed ones. For instance, pit latrines included into the category of "improved sanitation" provision in the JMP were classified as "unimproved facilities" according to the national standard." *Mongolian response to GLAAS survey*

TABLE 1: Comparison between sanitation coverage levels as reported by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) versus the country reported coverage

Country	JMP-reported coverage (% urban / % rural)	Country-reported coverage (% urban / % rural)	Characteristics of National Sanitation Monitoring System
Ghana	15 / 6	83 / 45	Significant monitoring, largely free-standing
Kazakhstan	97 / 98	95 / 30	No monitoring performed
Madagascar	18 / 10	68 / 47	Significant monitoring, largely free-standing
Mongolia	64 / 31	21 / 5	Little monitoring, not linked to planning
Nepal	45 / 24	80 / 40	Significant monitoring, largely free-standing
Uganda	29 / 34	NA / 59	Little monitoring, not linked to planning
Viet Nam	88 / 56	90 / 56	Widespread monitoring, varied integration

DIFFERENCES IN COUNTRY-REPORTED COVERAGE AND JMP COVERAGE

Differences exist between JMP-reported and country-reported figures for sanitation coverage. These differences result from differences in definitions, statistical methods (JMP emphasizes global comparability and best-fit trends) and data sources (household surveys and censuses versus sectoral data). JMP is currently engaging with countries to study the differences in reporting methods with a view to better reconciling the coverage figures.

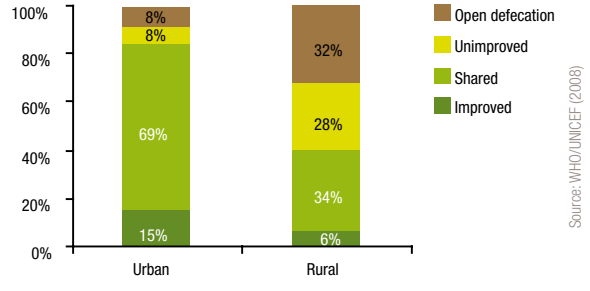


FIGURE 4: Disaggregated sanitation coverage, Ghana 2006

Figure 4 illustrates the result of using different coverage definitions. In the figure, disaggregated sanitation coverage for Ghana is shown using JMP's sanitation ladder approach. JMP reports Ghana's improved sanitation coverage as 15% in urban areas and 6% in rural areas in 2006. In contrast, Ghana includes shared facilities in its definition of improved sanitation coverage, which brings the coverage, as defined by Ghana to 84% and 40% for urban and rural areas, respectively.

SANITATION IN PUBLIC PLACES

Only two pilot countries could provide estimates of sanitation coverage for both primary and secondary schools. The average sanitation coverage rate in schools for these two countries (Nepal and Viet Nam) was 26% (Figure 5). All pilot countries report that sanitation and hygiene policies are in place. If other countries have similarly low levels of coverage in schools, it would highlight a great need to reinforce these education programs with actions that provide better sanitation coverage in schools.

Average sanitation coverage for hospitals in two pilot countries (Nepal and Viet Nam) is 75%. For three pilot countries (Nepal, Viet Nam, and Kazakhstan), average sanitation coverage in health-care facilities was 77% (Figure 5).

PILOT STUDY DATA

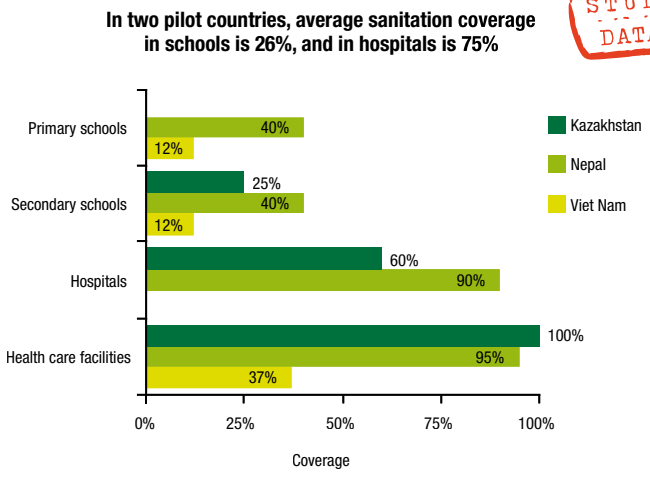


FIGURE 5: Average sanitation coverage in educational and health facilities (3 countries)

Natural disasters, emergencies and conflicts can jeopardize sanitation sector gains

- Five out of seven respondents indicated that regional flooding caused damage to sanitation infrastructure.
- Two out of seven respondents indicated that earthquakes caused damage to sanitation infrastructure.
- Uganda indicated that armed conflict in northern areas inhibited the ability to provide sanitation services to certain regions of the country.

INSTITUTIONAL ROLES AND RESPONSIBILITITES

The governmental roles of planning, policy formulation, oversight, funding, implementation, water quality monitoring and sector monitoring are spread through numerous government ministries and departments at the national, regional and local levels. Three out of seven of the respondent countries separated responsibilities for urban and rural sanitation planning, policy and programme implementation between two different central government ministries or departments. All pilot countries indicated that responsibilities for sanitation and hygiene reside in relevant governmental bodies, and that cross-departmental mechanisms exist, but the functionality of coordination reportedly varied (see Figure 6).

SECTOR COORDINATION AND REVIEW

- *Division of government roles:* Five out of seven pilot countries indicated that legislation, policy, and service delivery are demarcated to some extent, while two countries indicated that these roles are clearly demarcated (Figure 7).
- *Civil society participation:* Six out of seven pilot countries had a mechanism to enable civil society to engage in planning and monitoring the performance of the sanitation and hygiene sector (Figure 7).
- *Sector review process:* All seven pilot countries have a sector review process for sanitation. Three of the countries conduct the review specifically for the sanitation sector, while four of the countries perform this review as part of a broader review for the water (or other) sector (Figure 7).

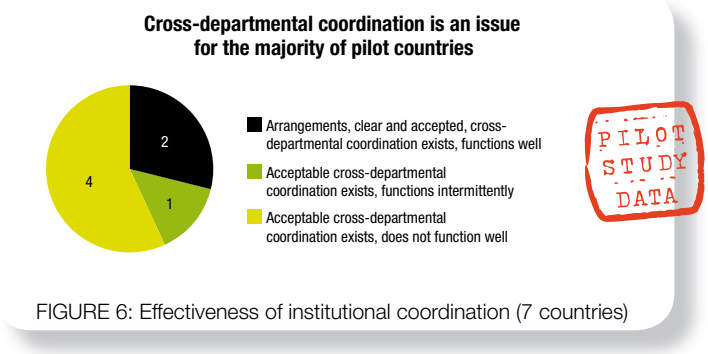


FIGURE 6: Effectiveness of institutional coordination (7 countries)

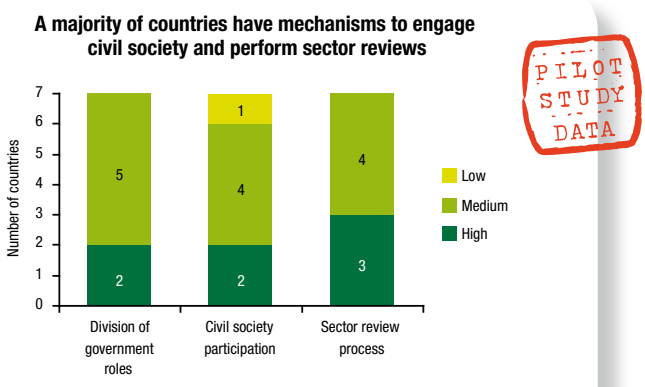


FIGURE 7: Level of coordination and review with sanitation sector stakeholders (7 countries)

NATIONAL STRATEGIES

National sanitation strategies provide a roadmap for achieving the MDG sanitation target, other locally specified targets or universal coverage. Elements of a comprehensive strategy include the methods and timelines to reach specified sanitation goals, stakeholder roles and responsibilities, financing needs and sources, user fees or subsidies, potential constraints to progress, capital investment plans, operation and maintenance of systems, and service level monitoring. All pilot countries were able to provide the current status of their national sanitation strategies (or equivalent) (see Table 2).

Pilot countries are developing sanitation strategies, but need to implement them more actively

TABLE 2: Status of national sanitation strategy, by country (7 countries)

Country	National sanitation strategy
Ghana	In process, to be complete by December 2008
Kazakhstan	Comprehensive strategy in place
Madagascar	Comprehensive strategy in place
Mongolia	National programme for sanitation facilities (2006), but implementation limited
Nepal	In process, sanitation master plan is being drawn up
Uganda	Integrated sanitation and hygiene strategy developed in 2006, implementation just beginning
Viet Nam	Partial strategy exists, limited buy–in, being implemented partially

HUMAN RESOURCE CAPACITY

Despite well-developed national strategies, acceptable levels of governmental coordination and adequate financing, progress in the sanitation sector may still be limited by the lack of adequately trained, capable staff. The need to measure human resource requirements in the sanitation sector is much like that in any other MDG sector where increased access to services is being promoted. In the sanitation sector, there is currently no global, quantitative monitoring of human resource capacities or needs.

To assess the pool of skills available to the sanitation sector, country respondents were asked whether there are “enough” staff in several categories (Figure 8). This qualitative description is used to estimate ease of recruitment. Levels of human resource capacity were most often cited as being inadequate in the private sector and local government.

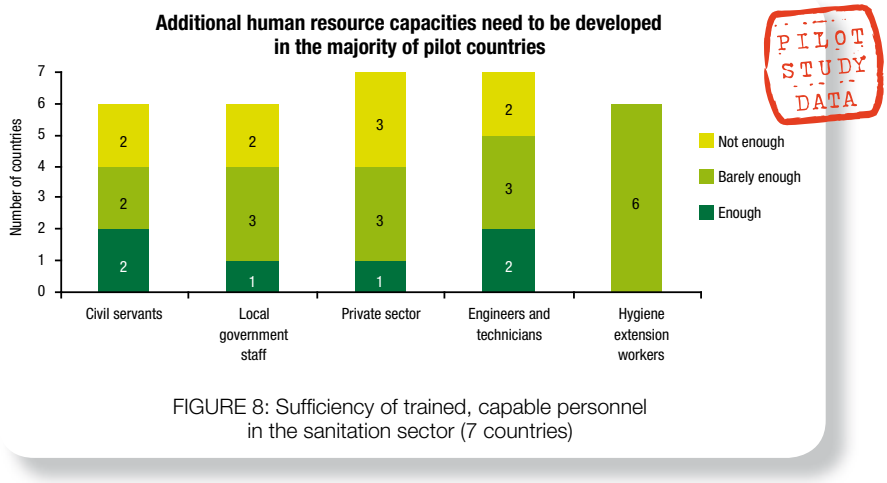


FIGURE 8: Sufficiency of trained, capable personnel in the sanitation sector (7 countries)

PROPORTION OF GOVERNMENT SPENDING ON SANITATION

Because sanitation, hygiene and drinking-water supply are often aggregated in government budgets, and responsibilities are spread over different institutions, most of the pilot countries were unable to provide accurate estimates of spending specifically targeted at sanitation (Figure 9).

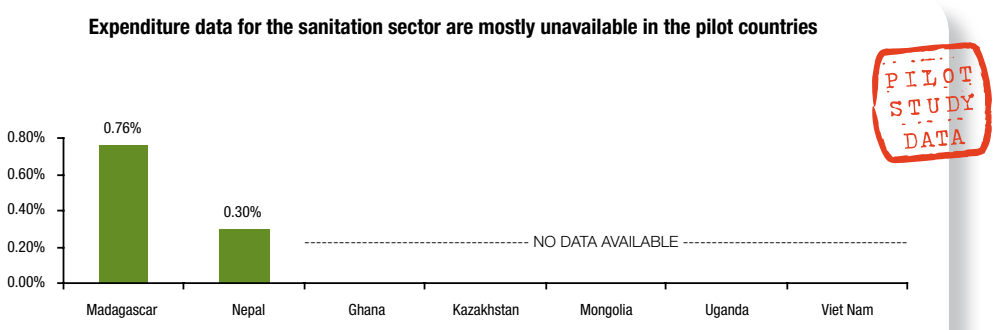


FIGURE 9: Spending on sanitation as a proportion of total government spending (7 countries)

"Since it is not possible to isolate funding to the sanitation sector, it is difficult for the government to know the proportion of funds allocated to sanitation or where sanitation monies are spent". *Ugandan response to GLAAS survey.*

SPENDING ON SANITATION AS A PROPORTION OF TOTAL SPENDING IN THE SANITATION AND DRINKING-WATER SECTORS

Where pilot data are available, the average proportion of spending on sanitation was 32% of total spending on the sanitation and drinking-water sectors combined (Figure 10). While drinking-water supply programmes can be more costly than sanitation programmes in terms of providing basic services, the breakdown of costs between the two sectors also reflects country priorities and the choice of levels of service provided.

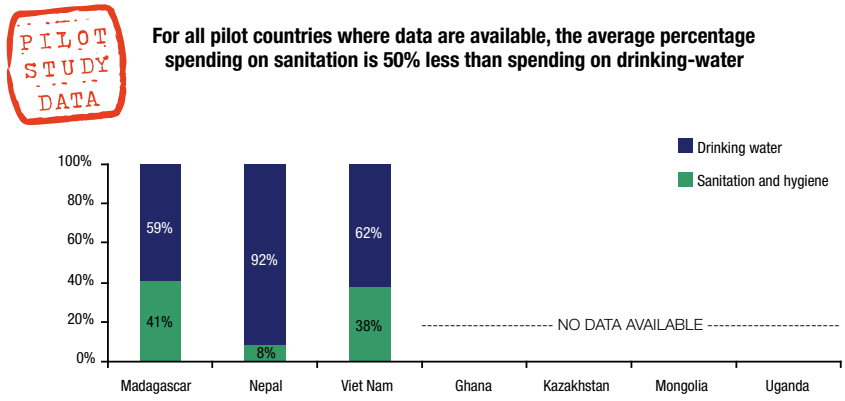


FIGURE 10: Spending on sanitation as a proportion of total country spending (from all sources) on the sanitation and drinking-water sectors (7 countries)

FUNDING SOURCES FOR THE SANITATION SECTOR

Three countries were able to indicate different funding sources for sanitation (Figure 11). Only two of these countries, however, could provide a complete breakdown of funding sources among government sources, external aid, households[2] and the private sector.

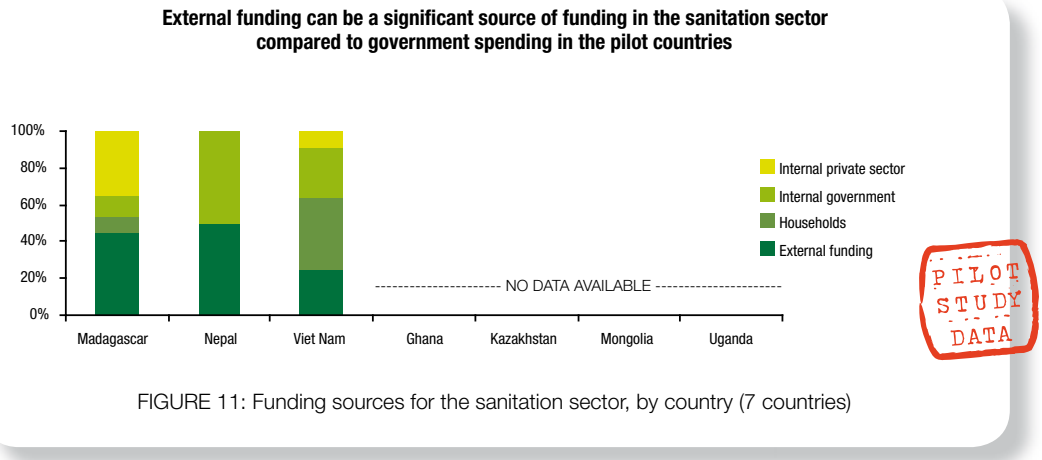


FIGURE 11: Funding sources for the sanitation sector, by country (7 countries)

SANITATION EXPENDITURE

Capital requirements for new construction are often emphasized. However, other types of expenditure, including capital maintenance, operation and maintenance costs, and "soft" support (capacity building, hygiene promotion, education and so on), are vital to sustainability and to increased health gains. Three countries were able to provide breakdowns of sanitation expenditures (Figure 12).

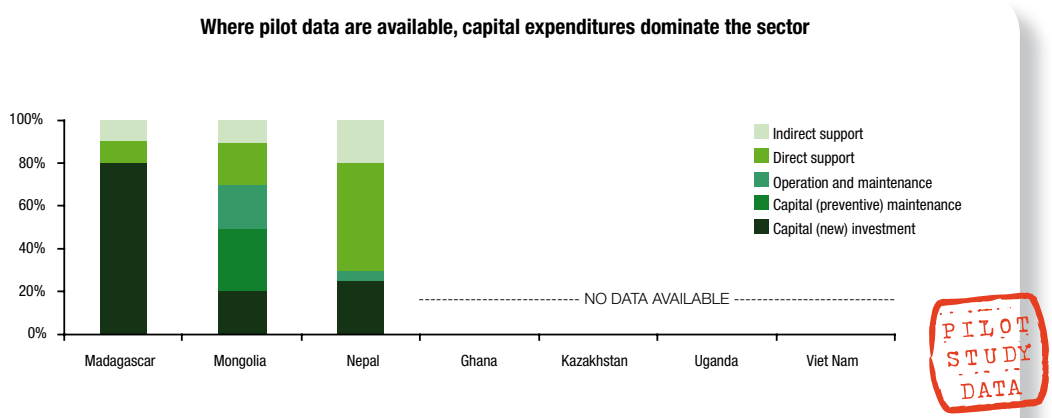


FIGURE 12: Use of funding in the sanitation sector, by country (7 countries)

FUNDING TRANSPARENCY

Less than half of the pilot countries report a high degree of transparency in sanitation sector funding. A high degree of transparency was defined in the survey questionnaire to mean that over 80% of sector funds are visibly included in sector budgets.

2. It should be recognized that household spending is generally estimated to make up a large, albeit currently unquantifiable portion of sanitation sector spending.

PILOT REPORT

PART 2

DRINKING-WATER

The latest JMP coverage data indicate that the world is on track to meet the drinking-water MDG target (WHO/UNICEF, 2008). Although much needs to be done to improve drinking-water supply, substantial gains in access have been achieved by setting priorities and mobilizing support for the drinking-water sector at international, national and local levels. However, the work is not finished. There are still over 20 countries that are not on track[3] to reach the MDG target, or where progress is below the rate needed to reach the MDG target. National governments and development partners clearly need to focus on areas where not enough progress is yet being made to meet the MDG target. They also need to ensure that countries that are successfully progressing towards the MDG target maintain their capacity-building efforts and make appropriate investments in existing infrastructure to achieve sustainability.

Seven countries responded to the pilot survey on drinking–water, representing a total population of over 200 million. The total population in these seven countries without access to improved drinking-water supply is 37 million, an average drinking-water supply coverage level of 82%.

Drinking-water sector
Key observations from pilot study data

PILOT STUDY DATA

- Three out of seven pilot countries report low financial capacity in the drinking-water sector.
- Three out of seven pilot countries report weak implementation of cross-departmental coordination mechanisms.
- All seven pilot countries have mechanisms to engage civil society, but only one of the countries indicated that these mechanisms function well.
- Four of the seven pilot countries indicated that sector reviews function at a high level,
- Five of the seven pilot countries implement comprehensive national drinking-water strategies.
- All pilot countries have adopted national standards for drinking-water quality, a majority of these standards being based on WHO guidelines (WHO, 2006).
- External funding is a significant source of funding in the drinking-water sector, as compared with governments spending.
- Spending on new capital infrastructure dominates investment in the sector.

Note: Because of the small sample in the pilot study, the above observations may not be representative of the sector. These observations simply are intended to show the kind of information that might eventually be produced by a global report.

3. "Not on track" was defined by JMP (WHO/UNICEF, 2008) to be where coverage in 2006 was more than 10% below the rate it needed to be for the country to reach the MDG target, or where the 1990–2006 trend shows unchanged or decreasing coverage.

CAPACITY READINESS

One objective of this pilot report is to highlight the capacity of countries to progress towards the drinking-water MDG target. Countries were asked to categorize, on a 5-point scale (from very low to very high) their capacity readiness in the drinking-water sector in the areas of: human resources; institutional capacity; and financial system capacity (Figure 13). Overall, the financial capacity of countries was reported as the weakest link in making progress in the drinking-water sector. Countries may have significant funds for new capital investment, but are likely to lack stable mechanisms for financing recurrent costs, such as operation and maintenance costs.

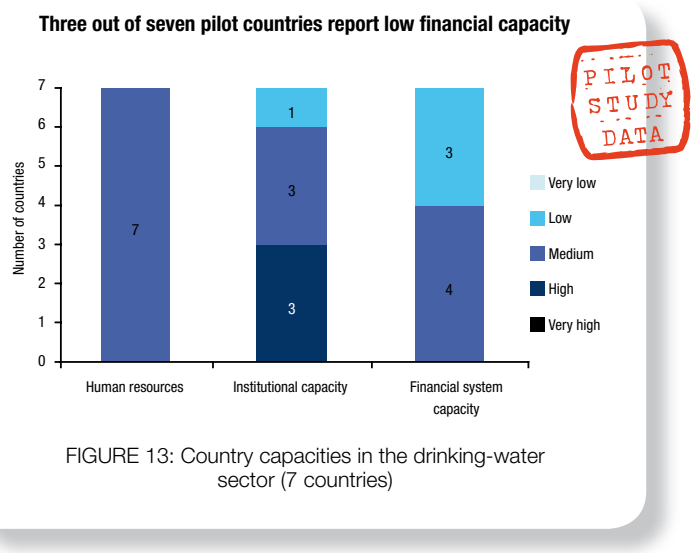


FIGURE 13: Country capacities in the drinking-water sector (7 countries)

COVERAGE AND MONITORING

Among the pilot countries, there is significant to widespread monitoring of service levels in the drinking–water sector. All the pilot countries provided estimates of urban and rural drinking-water coverage that were lower than the JMP estimates (Table 3). Based on country-reported coverage, five of the seven pilot countries expect to reach the MDG drinking-water target by 2015. Based on the JMP coverage figures, however, some of these countries are not on track to reach the MDG drinking-water target by 2015.

TABLE 3: Comparison between drinking-water coverage levels as reported by JMP versus levels reported by the country concerned

Country	JMP-reported overage (% urban / % rural)	Country-Reported Coverage % urban / % rural	Characteristics of National Drinking-water Monitoring System
Ghana	90 / 71	57 / 53	Significant monitoring, largely free- standing
Kazakhstan	99 / 91	95 / 30	Significant monitoring, largely free-standing
Madagascar	76 / 36	57 / 35	Widespread monitoring, high integration
Mongolia	90 / 48	31 / 9	Little monitoring, not linked to planning
Nepal	94 / 88	85 / 74	Significant monitoring, largely free-standing
Uganda	90 / 60	56 / 63	Widespread monitoring, high integration
Viet Nam	98 / 90	70 / 60	Widespread monitoring, high integration

"Water distribution kiosks (i.e. matching with public standpipe) not connected to a pipeline are categorized as unimproved sources, thus JMP definitions have not been fully applied into the national statistical monitoring mechanisms." *Mongolian response to GLAAS survey*

DIFFERENCES BETWEEN COUNTRY-REPORTED AND JMP COVERAGE ESTIMATES

Differences exist between JMP-reported and country-reported coverage figures for drinking-water supply. These differences result from the different definitions statistical methods and data sources used. For example, JMP considers that wells without handpumps constitute an improved water source, but Mongolia records such wells as unimproved. JMP is currently engaging with countries to study the differences in reporting methods, with the aim of reconciling the coverage figures.

ENVIRONMENTAL FACTORS AFFECTING DRINKING-WATER COVERAGE

Climate Change

All pilot countries are concerned about the effects that climate change may have on the quantity and quality of drinking-water resources. The pilot countries cited a range of water resources management problems that could become worse because of climate change, the two most often mentioned being: increased pollution of water supplies as a result of increased flooding; and reduced water supplies and increased costs associated with silting resulting from lower stream flows and higher evaporation rates. For example, Mongolia recently conducted a national inventory of surface water and found that 22% of rivers and springs, and 32% of lakes and ponds, have dried up or disappeared.

Water Quality Issues

Industrial discharge pollution (for example, high levels of chromium from tannery wastewater) is the most often cited threat to water quality. Other threats cited by pilot countries include:

- land degradation;
- storm runoff into surface water supplies;
- domestic wastewater discharges;
- microbiological contamination of unprotected sources;
- high levels of iron, manganese, fluoride, arsenic, and mercury (mine tailings);
- agricultural waste (pesticides);
- ageing pipe and storage tank systems;
- increasing salinity.

Natural disasters and conflicts can jeopardize gains in the drinking-water sector . All pilot countries indicated that regional flooding has caused degradation in water quality and damage to drinking-water infrastructure. One country indicated that earthquakes have damaged drinking-water infrastructure.

INSTITUTIONAL ROLES AND RESPONSIBILITITES

There are various ways of delivering drinking–water to a population, and needs for support differ. Recognizing this, a number of governments have separated the government roles of planning, policy formulation, budgeting, implementation, water quality monitoring, and sector monitoring, between urban and rural areas. All pilot countries indicated that responsibilities for drinking-water reside in relevant governmental bodies, and that cross-departmental mechanisms exist. The functionality of coordination was, however, reported as varied (see Figure 14).

Cross-departmental coordination is an issue for some pilot countries

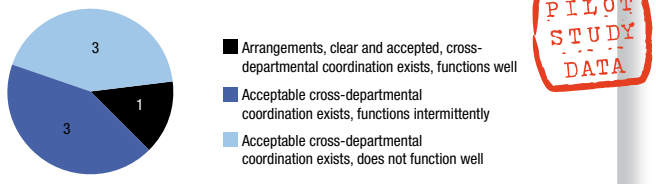


FIGURE 14: Effectiveness of institutional coordination (7 countries)

SECTOR COORDINATION AND REVIEW

- *Division of government roles:* four out of the seven pilot countries indicated that legislation, policy and service delivery are demarcated to some extent, while three countries indicated that these roles are clearly demarcated (Figure 15).
- *Civil society participation:* all pilot countries had a mechanism for civil society to engage in planning and monitoring the performance of the drinking-water sector. Only one country (Uganda) indicated that this mechanism functions well (Figure 15).
- *Sector review process:* all seven pilot countries indicated that some form of sector review process is implemented or has taken place. Two countries indicated that only some limited and uncoordinated sector reviews have been undertaken. Four countries indicated that the periodic sector review functions at a high level, with the involvement of many or all sector stakeholders, and contributes to sector planning (Figure 15).
- *Decentralization:* all pilot countries indicated that some degree of decentralization in the drinking-water sector has taken place. Only one country (Uganda) indicated that full political, administrative and fiscal decentralization of service delivery has been carried out. Obviously, there is no agreed optimum level of decentralization, and no value judgments can be made on the basis of level of decentralization (Figure 15).

PILOT STUDY DATA

All pilot countries report mechanisms to engage civil society and perform sector reviews

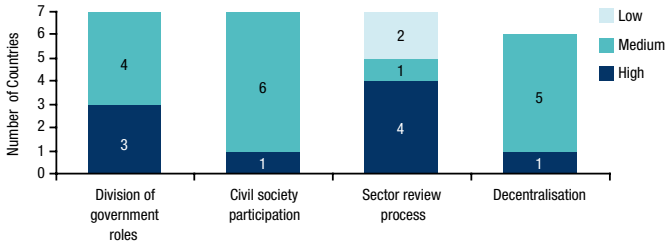


FIGURE 15: Level of coordination and review with drinking-water sector stakeholders (7 countries)

"Decentralization started in 1993 and has over time taken root, however there are still challenges in terms of human and financial capacity at lower [levels of] local government." *Ugandan response to GLAAS survey*

NATIONAL STRATEGIES

National drinking-water strategies provide a roadmap for achieving the drinking-water MDG target, locally specified targets or universal coverage (Table 4). Elements of a comprehensive strategy include methods and timelines to reach specified drinking-water targets, stakeholder roles and responsibilities, financing needs and sources, user fees or subsidies, identification of potential constraints to progress, capital investment plans, operation and maintenance of systems, and service level monitoring.

All seven pilot countries reported the adoption of national standards for drinking-water quality. Five of the countries indicated that their standards are based on WHO guidelines (WHO, 2006).

TABLE 4: Status of national drinking-water strategy, by country (7 countries)

Country	National drinking-water strategy or plan
Ghana, Kazakhstan, Madagascar, Uganda, Viet Nam	Comprehensive strategy or plan in place, with full stakeholder buy-in and high implementation
Mongolia	The government action programme and national environmental health programme address provision of safe water supplies for urban and rural areas, but the implementation and resources of these programs are limited
Nepal	Development of a strategy in progress

HUMAN RESOURCE CAPACITY

Despite well-developed national strategies, acceptable levels of governmental coordination, and adequate financing, progress in the drinking-water sector may still be limited by the lack of adequately trained, capable staff. The need to measure human resource requirements in the drinking-water sector is similar to that in other MDG sectors. In the drinking-water sector, there is currently no global, quantitative monitoring of human resource capacities or needs.

To assess the availability of skills in the drinking-water sector, countries were asked to provide a qualitative assessment of whether there are "enough" staff in various categories (Figure 16). The assessment was used to estimate ease of recruitment. Lack of capacity at the level of local government was cited most often.

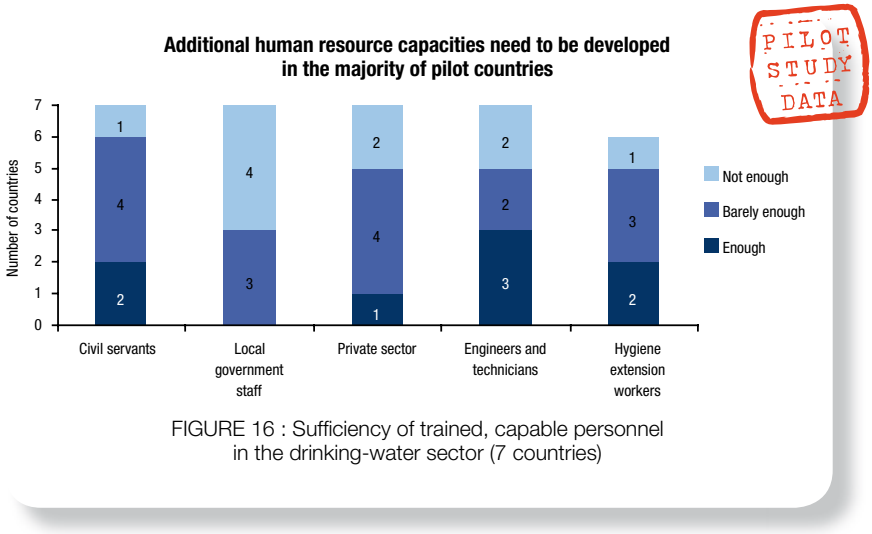


FIGURE 16 : Sufficiency of trained, capable personnel in the drinking-water sector (7 countries)

PROPORTION OF GOVERNMENT SPENDING ON DRINKING-WATER

Four out of seven pilot countries provided data on spending on drinking-water supply as a proportion of total government spending (Figure 17).

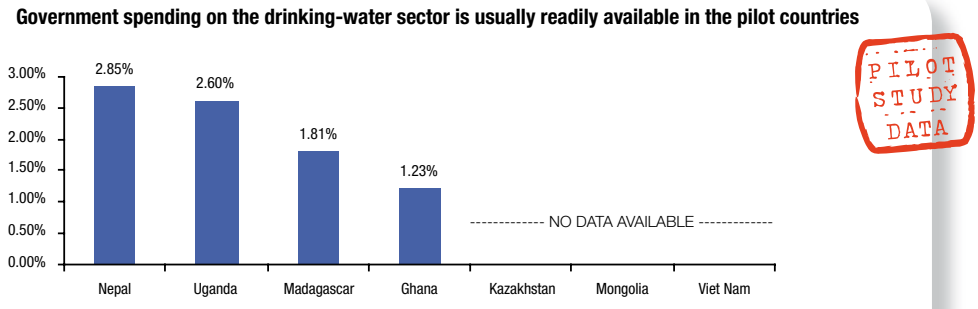


FIGURE 17: Information on government spending on the drinking-water sector

Government investments and resource plans reflect the needs of the country. Thus cross-country comparisons of government spending on the drinking-water sector are meaningless unless they are accompanied by related information on coverage, population served and the technologies used.

FUNDING SOURCES FOR DRINKING-WATER SUPPLY

Six countries provided details of funding sources for drinking-water supply (Figure 18). Among these countries, two were able to provide a breakdown of funds that included households.[4] None of the countries could provide estimates of private-sector funding. External funding is a significant source of funds for at least two countries (Madagascar and Nepal), comprising an average of 60% of known sector financing.

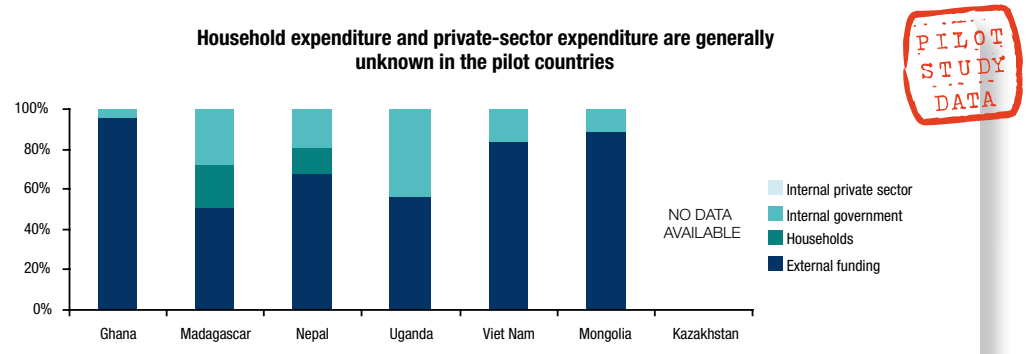


FIGURE 18: Funding sources for the drinking–water sector, by country (7 countries)

4. Household spending is generally estimated to make up a large, albeit currently unquantifiable portion, of drinking-water sector spending.

DRINKING-WATER EXPENDITURE

While sector financing emphasizes capital requirements for new construction, other types of expenditure, including capital maintenance, operation and maintenance costs, and "soft" support (such as capacity building and education) are vital to sustainability. Five countries were able to provide breakdowns of drinking-water expenditures, though only two (Nepal and Mongolia) could estimate expenditures for both new capital investment and capital maintenance (Figure 19).

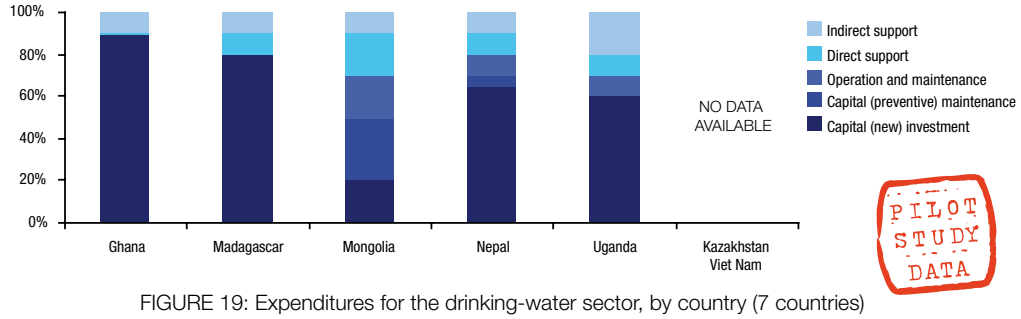


FIGURE 19: Expenditures for the drinking-water sector, by country (7 countries)

PILOT REPORT

PART 3

EXTERNAL DEVELOPMENT ASSISTANCE

External development assistance to the sanitation and drinking-water sectors is provided by countries, multilateral organizations, nongovernmental organizations and private foundations. Aid is provided in various ways, including budget support, and funding for sector projects, as well as advocacy, education, and sector monitoring. Financial aid can be in the form of grants, loans or credits, and may cover the majority of national (government and external, but not including household) spending on the sanitation and drinking-water sectors – in some countries, near 90%.

In 2006, the grant and loan aid commitments of bilateral and multilateral external support agencies to the sanitation and drinking-water sectors amounted to US$ 6.4 billion. Of this amount, US$ 3.3 billion was in the form of grants while US$ 3.1 billion was in the form of loans. Non-concessional loan commitments amounted to US$ 1.7 billion. Disbursement data are available for OECD Development Asssistance Committee members only (including the European Commission). Their total external aid disbursements for the sanitation and drinking-water sectors amounted to US$ 3.4 billion in 2006. Recognizing that external support is critical to progress in the sanitation and drinking-water sectors, the following analysis looks at how much, where, and how sectoral aid monies are targeted and disbursed.

COMMITMENTS AND DISBURSEMENTS

From 2002 to 2006, a total of US$ 18.3 billion was committed to the sanitation and drinking-water sectors. During the same period, a total of US$ 12.7 billion was disbursed (Figure 20). Some 2002–2006 grant and loan commitments made by donors may not be fully disbursed by the end of 2006, as commitments are often for multiple years. Major development banks and other multilaterals that do not provide disbursement data to the OECD are not included in the above totals, nor are they shown in Figure 20.

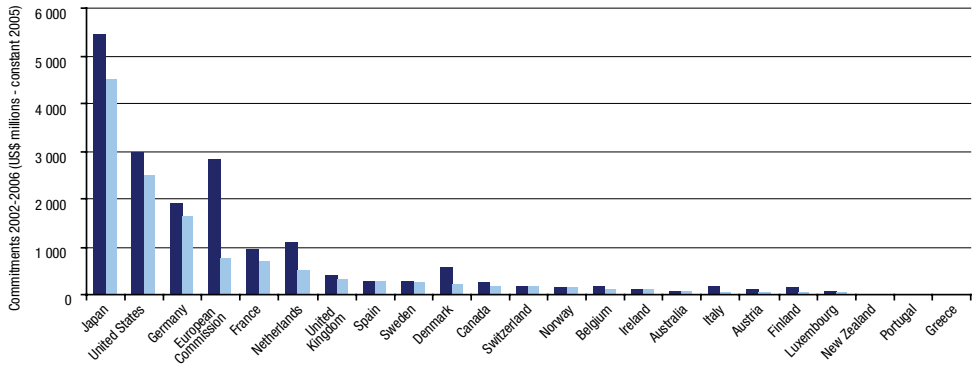
Key observations from the pilot study data

- Aid for sanitation comprises only 37% of the total aid to the sanitation and drinking-water sectors combined.
- Long-term programmes (3 years or more) in the sanitation and drinking-water sectors account for 91% of development aid.
- The majority of aid disbursements in the sanitation and drinking-water sectors are directed to infrastructure.
- Overall, 89% of donor programmes and technical cooperation in the sanitation and drinking-water sector are aligned with country priorities.

Key observations from global data (OECD 2008)

- A total of 69% of the commitments made to the sanitation, hygiene and drinking-water sector from 2002 to 2006 have been disbursed.
- Only 10% of all 2006 aid to the sanitation, hygiene and drinking-water sector was tied, and the trend for tied aid is decreasing.

A total of 69% of 2002–2006 commitments to the sanitation and drinking-water sectors are reported as disbursed



Source: OECD (2008).

FIGURE 20: Bilateral aid (including aid from the European Commission): commitments and disbursements, 2002–2006

Figures 21 and 22 show the distribution of grant and loan aid to the sanitation and drinking-water sectors, by disbursement per capita and commitment per capita in 2006.

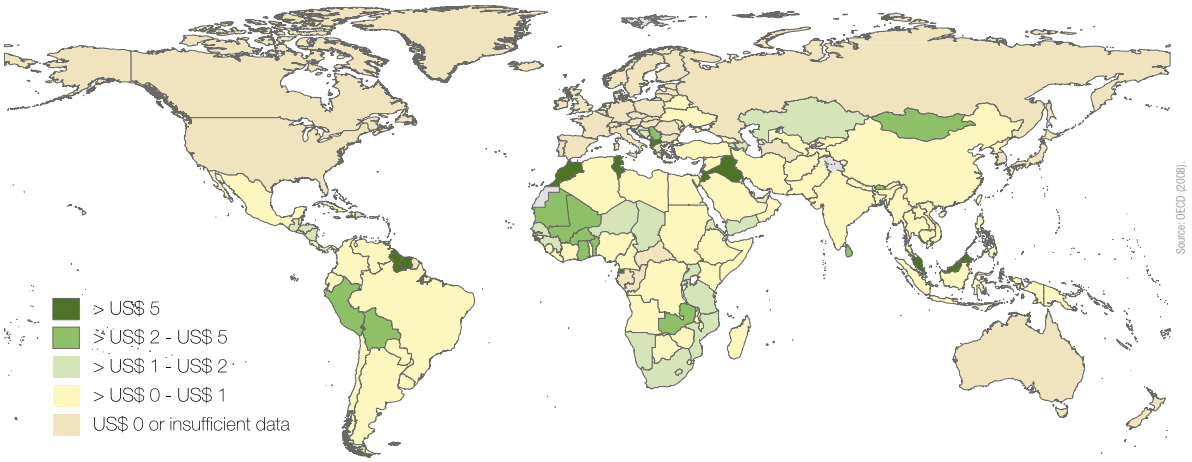


FIGURE 21: Disbursements per capita made to the sanitation and drinking-water sectors in 2006

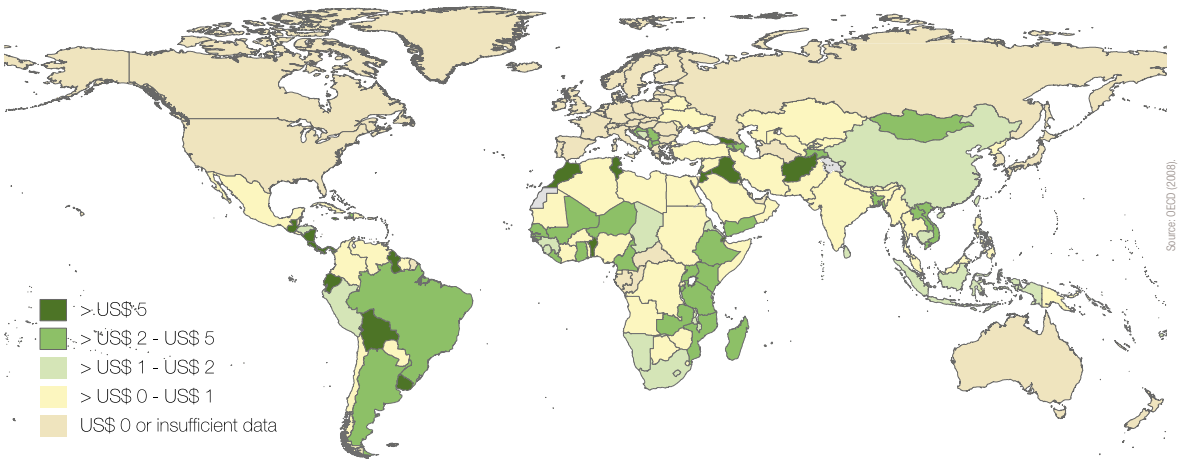


FIGURE 22: Commitments per capita made to the sanitation and drinking-water sectors in 2006

LONG-TERM VERSUS SHORT-TERM PROGRAMMES

Funding for long-term (3 years or more) programmes comprised of 91% of the most recent commitments to the sanitation, hygiene and drinking-water supply sector made by the 18 external support agencies that responded to the pilot survey (Figure 23). Four of these agencies (in Austria, Czech Republic, Portugal and Spain) nevertheless reported that a majority of their country commitments were directed to short-term programmes.

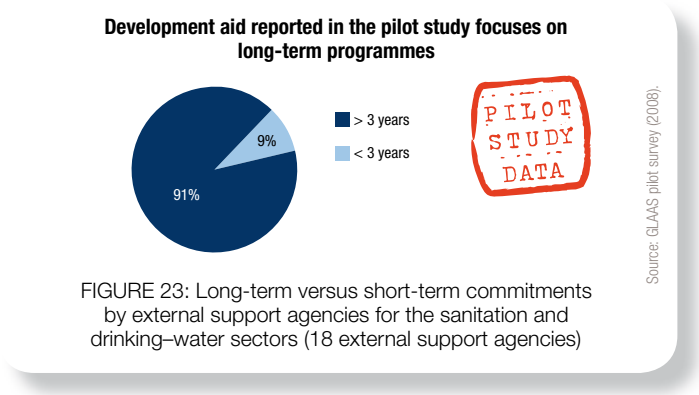


FIGURE 23: Long-term versus short-term commitments by external support agencies for the sanitation and drinking–water sectors (18 external support agencies)

SANITATION VERSUS DRINKING-WATER FUNDING NEEDS

Recent cost estimates to attain the MDG target for sanitation and drinking-water show that the required annual spending in developing countries on new coverage to meet the MDG targets is US$ 14.2 billion for sanitation and US$ 4.2 billion for drinking–water. New capital investment needs for sanitation are higher than for drinking-water because of the larger number of people without access to improved sanitation, and because of the higher estimated cost per capita for sanitation for both piped and non-piped options (Hutton & Bartram, 2008). In addition, the cost of maintaining existing services was estimated at a further US$ 21.6 annually for sanitation and US$ 32.2 billion annually for drinking-water (Table 5).

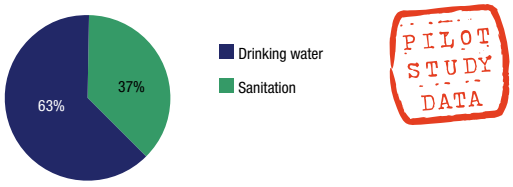
TABLE 5: Summary of estimates of spending needed to attain the drinking-water and sanitation MDG target

	Sanitation		Drinking-water	
	US$ billion per year	Share of total needed for sanitation and drinking-water (%)	US$ billion per year	Share of total needed for sanitation and drinking-water (%)
New capital investment	14.2	77	4.2	23
Maintenance of existing systems	21.6	40	32.2	60
TOTAL	35.8	50	36.4	50

Source: Hutton & Bartram (2008).

While these estimates show that needs are heavily weighted towards developing new coverage in sanitation, the aid disbursements to the sanitation sector from the 11 external support agencies that were able to disaggregate aid funding between sanitation and drinking–water comprised only 37% of the total disbursements (see Figure 24 and Table 6)[5].

According to pilot study data, sanitation received only 37% of total disbursements to the sanitation and drinking-water sectors.



Source: GLAAS pilot survey (2008).

FIGURE 24: Aid to the sanitation sector versus aid to the drinking–water sector (11 external support agencies)

TABLE 6: Disbursements by external support agencies for sanitation and hygiene, drinking-water, and emergency aid

	Sanitation and hygiene (%)	Drinking-water (%)	Emergency aid (%)
Austria	37	63	0
The Bill and Melinda Gates Foundation	46	54	0
Czech Republic	56	44	0
Germany	45	55	0
Denmark	29	71	0
European Commission	27	49	24
Luxembourg	23	77	0
Latvia	25	75	0
UNICEF	38	62	49*
WaterAid	20	80	0
WHO	43	57	0

* Also included in sanitation and drinking-water disbursements.

Source: GLAAS pilot survey (2008).

5. Japan included a breakdown of aid between sanitation and drinking-water for 2006 commitments only, which are not reflected in Table 6 or Figure 24. Japan's 2006 commitments indicate 53% of funds going towards sanitation projects and 47% of funds towards drinking-water projects.

DISBURSEMENT CHANNELS

For the sanitation and drinking-water sectors combined, responding external support agencies channel 11% of disbursements through nongovernmental organizations or multilateral organizations (Figure 25). The remainder of the funding is either provided to governments as budget support (17%) for the sector or is allocated directly to specific projects (72%), for example to provide infrastructure, advocacy or training.

FIGURE 25: Disbursement channels (10 external support agencies)

INFRASTRUCTURE VERSUS "SOFT" SUPPORT

Three countries and the European Commission were able to estimate the proportion of aid funding directed towards infrastructure as compared with funding used to provide "soft" support, such as education or hygiene promotion.

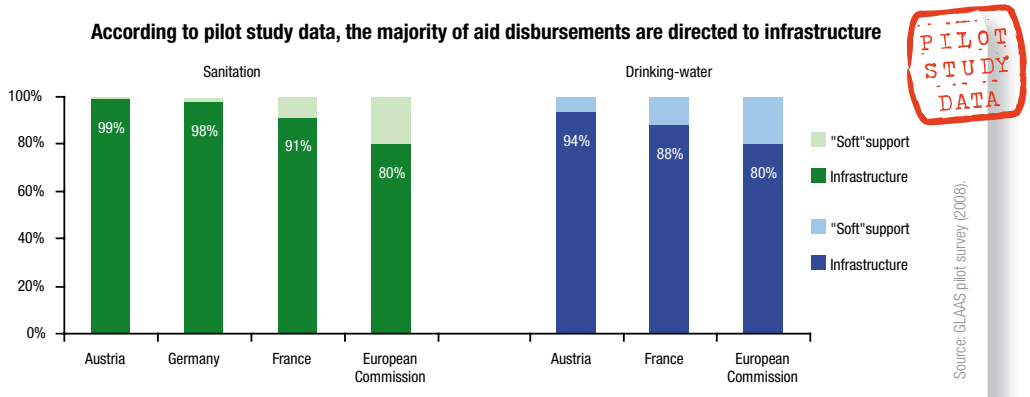


FIGURE 26: Percentage of aid from external support agencies for infrastructure versus "soft" support

NEW CAPITAL INVESTMENT VERSUS CAPITAL (PREVENTIVE) MAINTENANCE

Only one donor country (Germany) provided details on the proportion of aid funding directed towards new capital investment versus the preventive maintenance of existing capital. Germany's 2007 commitments showed that new capital investment comprised of 69% of aid to sanitation infrastructure and 50% of aid to drinking-water infrastructure.

ALIGNMENT WITH NATIONAL PRIORITIES OF RECIPIENT COUNTRIES

Overall, external support agencies indicate a high degree of alignment with in-country priority programmes (Figure 27). On average, 89% of agency programmes and projects are aligned with country priorities. Donors will deviate from government priorities in cases where recipient countries do not comply with stipulated conditions, such as human rights or policies that target low-income groups.

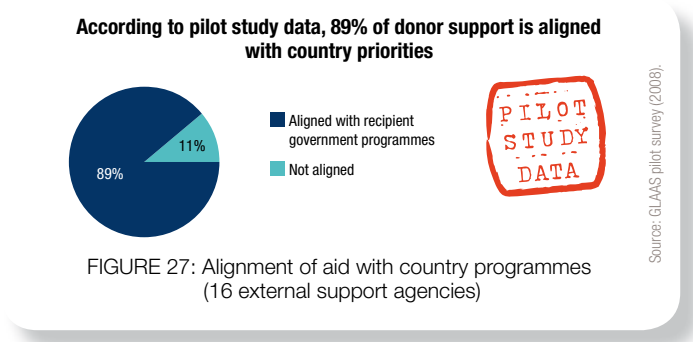


FIGURE 27: Alignment of aid with country programmes (16 external support agencies)

UNTYING AID

In an effort to make official development aid more effective, the OECD Development Assistance Committee in 2001 recommended that bilateral development institutions should untie their aid to least developed countries. Supporters of untied aid argued that the procurement of goods and services in donor countries raised project costs, increased administrative burdens and favoured projects that required capital-intensive imports or donor-based technical expertise. Untied aid is thought to be used to support smaller programmes that focus on reducing poverty. OECD data indicate that the percentage of aid that is tied has been steadily decreasing over the past decade. In 2006, tied aid comprised only 10% of development aid to the sanitation, hygiene and drinking-water sector (Figure 28).

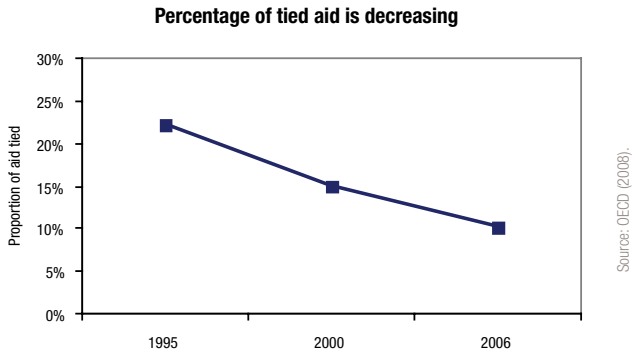


FIGURE 28: Amount of Tied Aid (22 bilateral donors and the European Commission)

PILOT REPORT

PART 4

AID PRIORITIES AND LEVERAGE

To reduce or eradicate poverty is the major objective of the aid policies of nearly all of the external support agencies that responded to the pilot survey. Almost half of these agencies cited a commitment to the MDGs as a framework for priority-setting, and used the MDG targets as indicators of progress. Support for human rights values, democracy, and sustainable development practices were three other most often cited influences on priority-setting. This section of the report explores how well the stated priorities of the external support agencies match the amount of aid disbursed to the sanitation and drinking-water sectors, whether agency priorities and levels of aid relate to coverage needs, and how aid aligns with poverty indicators. This section also presents donor aid leveraging relative to coverage improvements in the sanitation and drinking-water sectors over the past decade.

Pilot study external support agencies state that aid targets donors agencies' stated priority countries and areas

TABLE 7: Priority countries and areas most often cited (top 20) by external support agencies, and comparison of proportion of aid to the sanitation and drinking-water sectors, as reported by agencies versus OECD

Priority countries and areas (in order of most often cited)	Aid received from pilot agencies (%)	Aid received from OECD members (%)
Ethiopia	1.10	0.88
Uganda	3.19	1.42
Viet Nam	2.84	1.18
Kenya	2.48	0.88
Mali	1.48	0.75
Mozambique	1.86	0.68
Burkina Faso	3.72	1.21
United Republic of Tanzania	3.74	1.29
Zambia	2.41	0.84
Egypt	1.70	1.49
Ghana	6.76	1.61
India	5.20	2.24
West Bank and Gaza Strip	1.90	1.53
Bangladesh	2.97	0.90
Benin	2.46	0.93
Morocco	10.46	5.02
Senegal	0.88	0.60
Indonesia	0.85	2.18
Sudan	4.04	0.59
Niger	0.79	0.50
Total	**61.1**	**26.7**

Key observations from pilot study data

- External development assistance goes mainly to countries that donor agencies identify as aid priority countries.
- Aid priority countries are mainly countries with the lowest coverage levels.

Key observations from global sectoral data

- 16 countries with low average coverage receive less than US$ 0.50 per capita of aid for the sanitation and drinking-water sectors.
- Six out of 10 countries with more than 50% of the population living on less than US$ 1 per day receive less than the median aid per capita for the sanitation and drinking-water sectors.
- As coverage levels increase, external grant and loan aid helps enable countries to shift the focus from increasing basic sanitation and drinking-water coverage to improving service levels and urban infrastructure.

HOW MUCH AID GOES TO PRIORITY COUNTRIES?

PILOT STUDY DATA

External support agencies were asked to indicate their priority countries for general aid, for sanitation sector aid and for drinking-water sector aid. In all, 96 countries were cited at least once as an aid priority, and 62 countries were cited by two or more external support agencies as priorities. The top 20 priority countries (in terms of being cited most often) are listed in Table 7. These 20 countries received 61% of the total reported aid directed to the sanitation and drinking-water sectors. In comparison, the 20 countries that received the highest percentage of sector aid received 68% of the total reported aid directed to the sanitation and drinking-water sectors.

Despite being identified as priority countries by external support agencies responding to the pilot survey, disbursement data reported to OECD (2008) indicate that the countries listed in Table 7 received only 27% of the total aid directed to the sanitation and drinking-water sectors from all members of the OECD Development Assistance Committee (including the European Commission) in 2006.

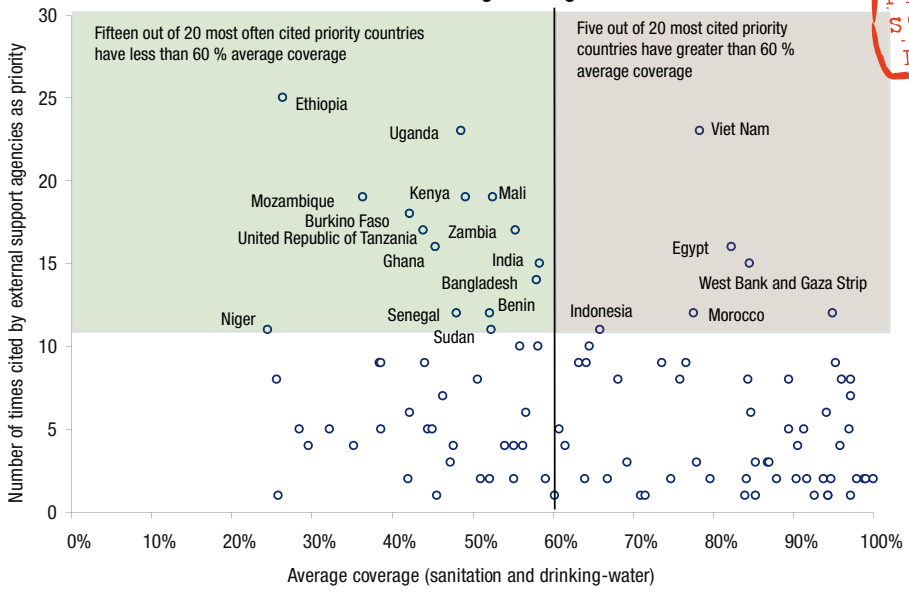
PILOT REPORT

PRIORITIZATION BY COVERAGE LEVEL

The average coverage levels of the top 20 priority countries identified by external support agencies were calculated using 2006 JMP figures (WHO/UNICEF, 2008). Average coverage level was determined by averaging the coverage for sanitation and drinking-water supply access. Among the top priority countries, 15 out of 20 have average coverage levels of less than 60%, confirming that agency prioritization in the sanitation and drinking-water sectors favours countries with lower coverage levels (Figure 29).

The priority countries identified by external support agencies were compared with all countries that have average coverage levels below 60%. The least often cited priority countries, their aid levels, and average coverage are shown in Table 8.

According to the pilot study data, prioritization by external support agencies favours countries and areas with low average coverage levels



PILOT STUDY DATA

Source: GLAAS pilot survey (2008); WHO/UNICEF (2008).

FIGURE 29: Average coverage level for sanitation and drinking-water versus number of times a country is cited as a priority by external support agencies

But at the same time, according to the pilot study data, not all countries with low average coverage levels are prioritized

TABLE 8: Priority countries and areas, with average coverage levels for sanitation and drinking-water below 60%, least often cited by external support agencies, and share of aid

Country	Aid from pilot agencies (%)	Average coverage (%)
Somalia	0.14	26.0
Chad	1.26	28.5
Madagascar	0.23	29.5
Sierra Leone	0.00	32.0
Togo	0.05	35.5
Haiti	0.08	38.5
Guinea	0.40	44.5
Guinea-Bissau	0.00	45.0
Equatorial Guinea	0.23	47.0
Liberia	0.56	48.0
Timor-Leste	0.01	51.5
Lao People's Democratic Republic	1.95	54.0
Sao Tome and Principe	0.00	55.0
Burundi	0.47	56.0

PILOT STUDY DATA

Source: WHO/UNICEF (2008) and pilot study data.

HOW DOES COVERAGE STATUS RELATE TO DONOR AID LEVELS?

Progress in providing sanitation and drinking-water access and meeting the MDGs is measured using coverage indicators. Coverage indicators may also be among the factors that affect donor aid priorities and spending. To determine the relation between donor aid targeting and coverage, recipient aid (2006 disbursements reported to OECD) per capita is compared with the average coverage level for sanitation and drinking-water for each aid recipient country. The median donor aid disbursement per capita in 2006 for all recipient countries was US$ 0.81 (Figure 30).

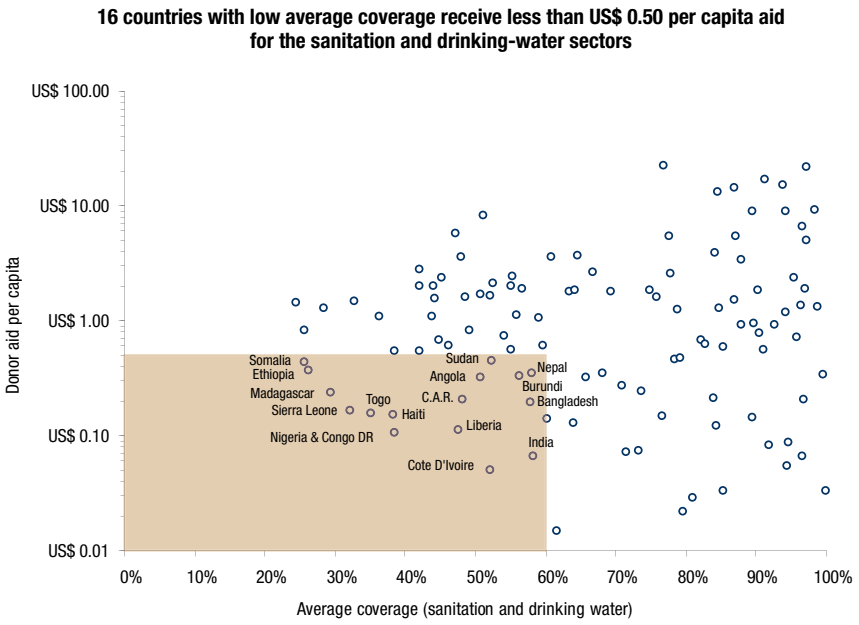


FIGURE 30: Donor aid (disbursements in 2006) per capita versus average coverage in countries

PRIORITIZATION TO ALLEVIATE POVERTY

To see whether aid priorities in the sanitation and drinking-water sector are related to poverty alleviation policies, a scatter plot (Figure 31) was done of development aid in the sector versus the World Bank indicator of the percentage of the population living on less than US$ 1 per day. Of the ten countries with more than 50% of the population living on less than US$1 per day, four (Gambia, Niger, Rwanda and Zambia) received sanitation and drinking-water aid that was higher than the median per capita aid disbursement (US$ 0.81) for all countries.

> "The importance of adequate sanitation and hygiene in helping to address poverty is explicitly recognized in [our] Poverty Reduction Strategy Paper" *All respondent countries, GLASS survey questionnaire*

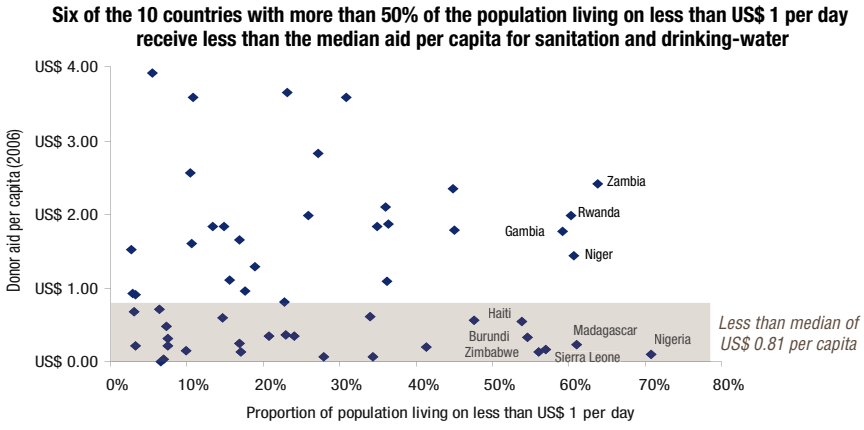


FIGURE 31: Sanitation and drinking-water aid versus percentage of the population living on less than US$ 1 per day

IMPROVED COVERAGE AND DONOR AID

External support funding contributes to populations securing basic access to sanitation and drinking-water. It can also improve service levels by making it possible to upgrade basic services to piped water and sewerage. Recognizing that external aid is not the sole driver of sector progress, assessing aid levels versus increased coverage may help to understand the relative leverage of aid monies.

A comparative analysis of aid levels in the sanitation and drinking-water sectors in terms of the number of people gaining access to improved sanitation or improved drinking-water supply during the period from 1995 to 2006 is shown in Figures 32 and 33. No distinction is made between grants and loans. There is a clear distinction between countries with lower average coverage, where the focus is on extending basic coverage (Figure 32), and countries which have largely implemented basic sanitation and drinking-water supply, and where the focus is on upgrading services (Figure 33). Obviously, a sector overview of spending versus coverage improvement should also take account of trends in government and household spending, but such data are currently unavailable.

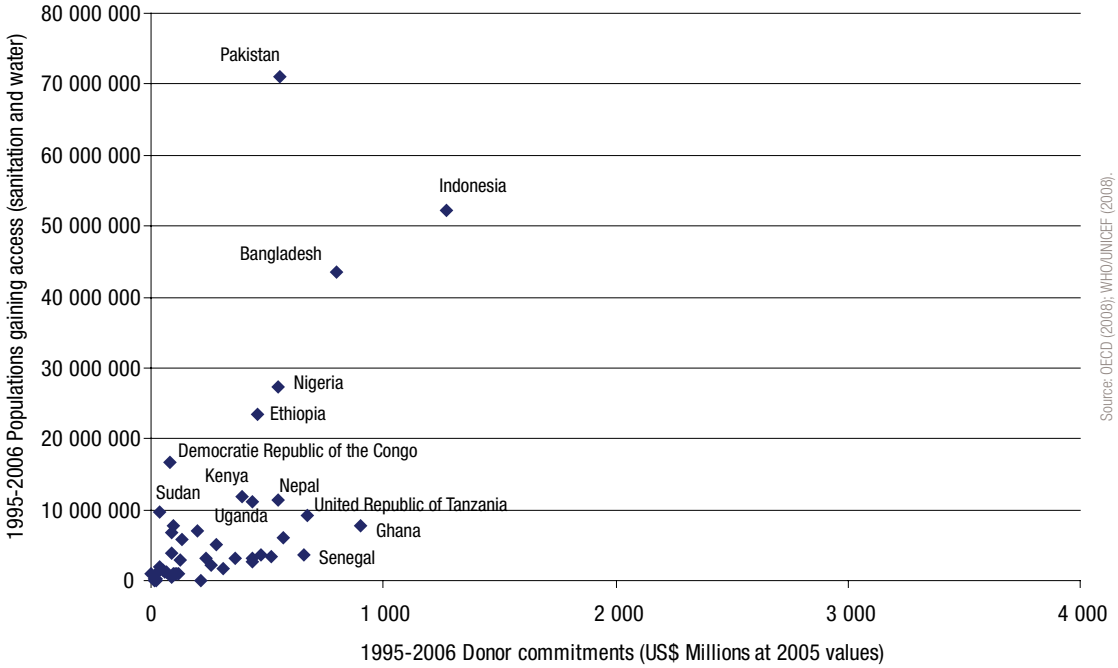
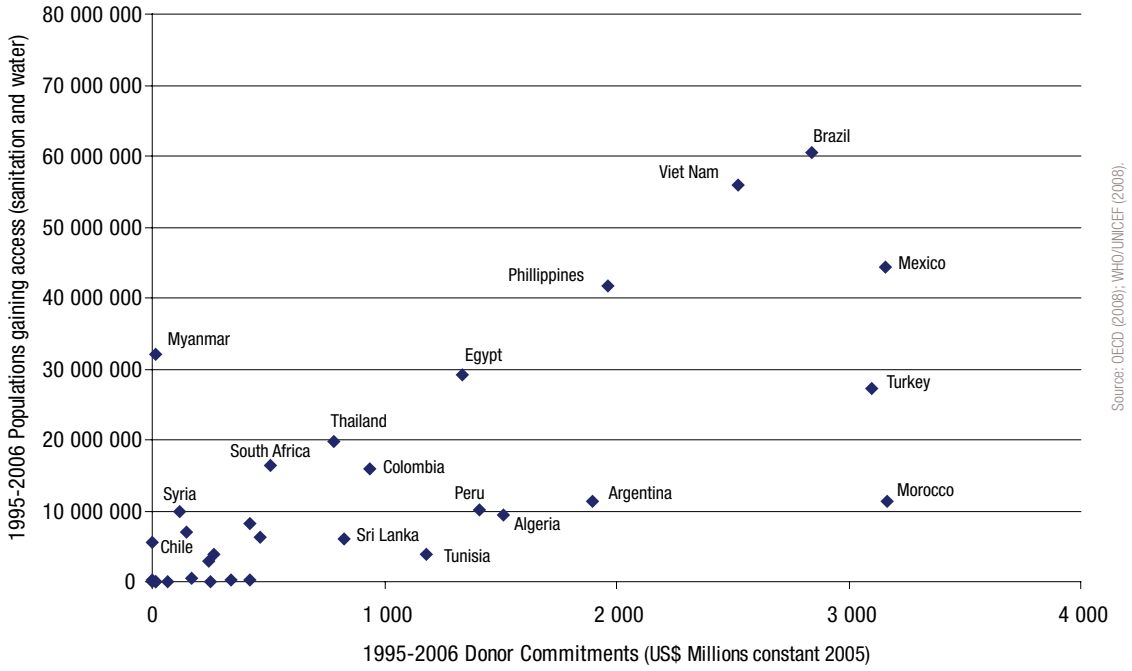


FIGURE 32: Donor aid to countries with less than 75% average coverage versus population gaining access to sanitation or drinking-water, 1995–2006



Source: OECD (2008); WHO/UNICEF (2008).

FIGURE 33: Donor aid to countries with greater than 75% average coverage versus population gaining access to sanitation or drinking-water, 1995–2006

PART 5

LESSONS LEARNED FROM THE PILOT STUDY

One of the specific objectives of GLAAS is to assess the ability of countries and external support agencies to compile data on their institutional and financial capacity in the sanitation and drinking-water sectors for use in periodic sector reporting. The pilot survey questionnaires provided insight as to the availability and quality of basic sector information. A finding of this pilot study is that these data were often unavailable. However, despite the unavailability of some basic sector information, some interesting observations could still be made. To realize the full potential of a global, periodic, integrated reporting mechanism, key challenges in the areas of data collection, availability and comparability will need to be addressed.

Key observations from the pilot study

- Integrated data collection is complex for a majority of countries because it requires significant coordination among ministries.
- Only 4 out of 7 countries and 13 out of 25 external support agencies were able to provide disaggregated financial data on sanitation and drinking-water.
- The levels of contributions from households and the private sector are unknown in most respondent countries.
- A majority of respondent countries do not collect data on investments in capital maintenance and spending on operation and maintenance.

TABLE 9: Discussion of key data elements

Data item	Principal sources	Discussion
Sector capacity rankings	- Country questionnaires	Ranking of sector capacities (financial, human resources, and institutional) on a 5-point scale (from very low to very high) is highly subjective on the part of country respondents. With this high degree of subjectivity, it would be difficult to compare data over different years and among countries.
Service levels	- JMP - Country questionnaires	Because of the different definitions and methods used, country estimates and JMP estimates differ. These differences are important, and the reasons for them need to be understood.
Institutional capacity preparedness	- Country questionnaires	The questionnaires provided a good general overview of capacity preparedness. However, the ranking of certain areas of institutional capacity is subjective. Because of this subjectivity, it would be difficult to compare data over different years and among countries.
Financial aid commitments and disbursements	- External support agency questionnaires - OECD (2007, 2008)	For financial commitments, it was difficult to obtain similar reporting from all external support agencies when they were given the flexibility to report outside OECD guidelines. Capturing data which are relevant to the sanitation and drinking-water sector, but which are “hidden” in other sectors is not a straightforward process for almost all of the agencies.
Human resources	- Country questionnaires	Country respondents were asked to categorize human resource needs into three broad categories. While this provides a general overview of where human resources may be lacking, there is a need for quantitative data to determine the extent of the human resources gap.
Poverty targeting	- External support agency questionnaites - Country questionnaires	It is difficult to identify a key indicator for poverty alleviation using the results of the pilot survey of countries and external support agencies, as most respondents provided only a general description of their policies. Some country respondents were able to estimate the amount of sanitation and drinking-water financing directed towards low-income groups.
Impact indicators	- Country questionnaires	Key indicators on school attendance, diarrhoeal morbidity, and maternal mortality are already available from United Nations sources. Indicator trends may be useful in future global assessments of the sanitation and drinking-water sectors, though the indicators should be carefully assessed for relevance and linkages.

DISAGGREGATED DATA

"It is not possible to isolate funding to the sanitation sector. Financing for sanitation is included under Water, Health, and Education budgets." *Ugandan response to GLAAS questionnaire*

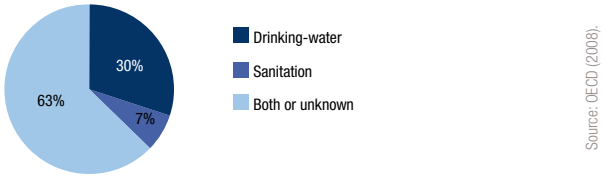
"We do not split water from sanitation and hygiene in expenditure tracking and most programmes and projects supported are integrated." *Irish Aid response to GLAAS questionnaire*

One major obstacle to transparency is the fact that data on the financing of sanitation and drinking–water are currently not disaggregated. It is currently difficult to identify what financial resources are available for the two sectors separately, especially in the case of sanitation where funds are usually lumped together with water supply, water resources management, health care or education. Quantifying financial flows within the sanitation and drinking-water sectors separately would better highlight the critical funding gaps and support informed decision- and policy-making.

The GLAAS survey questionnaires requested disaggregated data on financial flows in the sanitation and drinking-water sectors, from both external support agencies and recipient countries. Only four out of seven of the respondent countries were able to provide separate financial information for sanitation and drinking-water. For those that could not provide separate information, the data were spread across several ministries and "hidden" in larger education or health budgets. Similarly, only 13 out of 25 of external support agencies were able to provide a disaggregated breakdown of development aid flows for sanitation versus drinking-water.

The OECD coding system delineates aid flows to large systems, basic systems, water resources policy, and education and training (OECD, 2007). It does not separately track aid to the sanitation and drinking-water sectors, but it includes a basic project description for each aid commitment. An analysis of 2006 grant commitments over US$ 500,000, amounting to US$ 3.11 billion and comprising over 94% of grant commitments to the sector, showed that 63% of aid funding, and 68% of projects could not be attributed solely to drinking-water or to sanitation. These projects were either described as providing integrated support for sanitation and water supply, or not enough information was provided in the project description to determine which sector was being supported. Of the remaining projects that could be attributed solely to drinking-water or sanitation, 18% of funding was directed to projects promoting sanitation and hygiene, and 82% was directed to drinking-water supply projects.

Disaggregation of data between the sanitation and drinking-water sectors is currently difficult



Source: OECD (2008).

FIGURE 34: Breakdown of 2006 grant commitments greater than US$ 500 000

OECD data show that numerous aid projects provide integrated support for the sanitation and water supply sectors, or provide benefits for both sectors (such as capacity strengthening or policy assistance). Any future efforts to disaggregate aid would need to take account of these types of integrated projects.

SOURCES OF FINANCING

At the country level, there is a lack of data on the sources of financing for the sanitation and drinking-water sectors. In three of the seven pilot countries, no breakdown of revenue sources could be provided for the sanitation sector, mostly because of the difficulty in collecting the information.

"Sanitation and hygiene is spread over many budget lines in different ministries and departments and therefore cannot be quantified here." *Ghanaian response to GLAAS sanitation questionnaire*

"Sanitation is by and large a household issue. Funding from households, private sector/self supply, NGOs is not readily available." *Ugandan response to GLAAS sanitation questionnaire*

In the drinking-water sector, six of the seven pilot countries could provide the amount of funding revenue from external organizations and from internal government accounts. However, only two countries could provide an estimate of household contributions, and no country was able to estimate internal private sector spending. A summary of data availability on funding sources for both the sanitation and drinking-water sectors is provided in Figure 35.

PILOT STUDY DATA

Levels of funding of the sanitation and drinking-water sectors by households and the private sector are unknown in a majority of countries

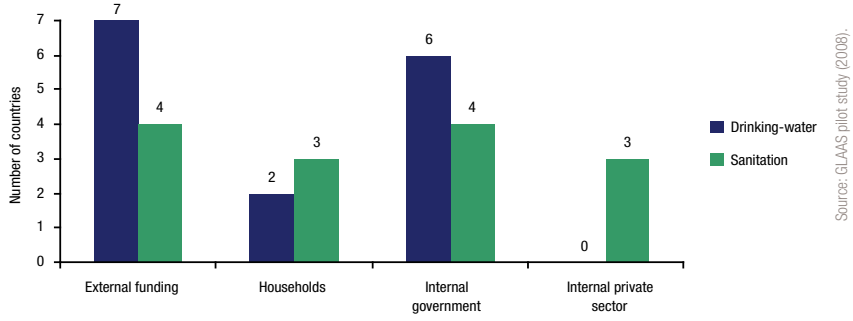


FIGURE 35: Availability of data on revenue sources for the sanitation and drinking-water sectors

Without data on spending by governments, households and the private sector, it is not possible to determine the financial capacity of countries to progress towards the MDGs, nor is it possible to estimate the gap between needs and available funding that exists within countries and at a global level. Figure 36 highlights the data needs.

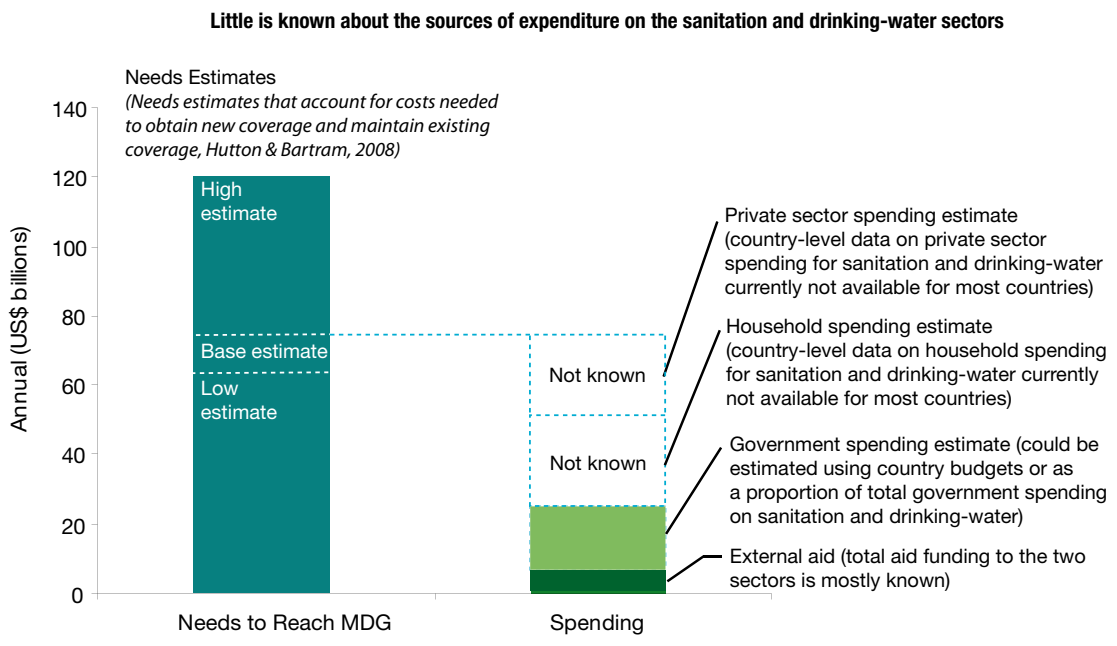


FIGURE 36: Availability of data on needs and spending on the sanitation, hygiene and the drinking water sector

EXPENDITURE BREAKDOWN

While knowledge of sectoral expenditure at the country level for drinking-water supply is more readily available than for sanitation, there is a lack of knowledge about investments in current capital in both the sanitation and drinking-water sectors, for example on capital (preventive) maintenance, and operation and maintenance expenses. A summary of data availability for expenditures both for the sanitation and drinking-water sectors at the country level is provided in Figure 37.

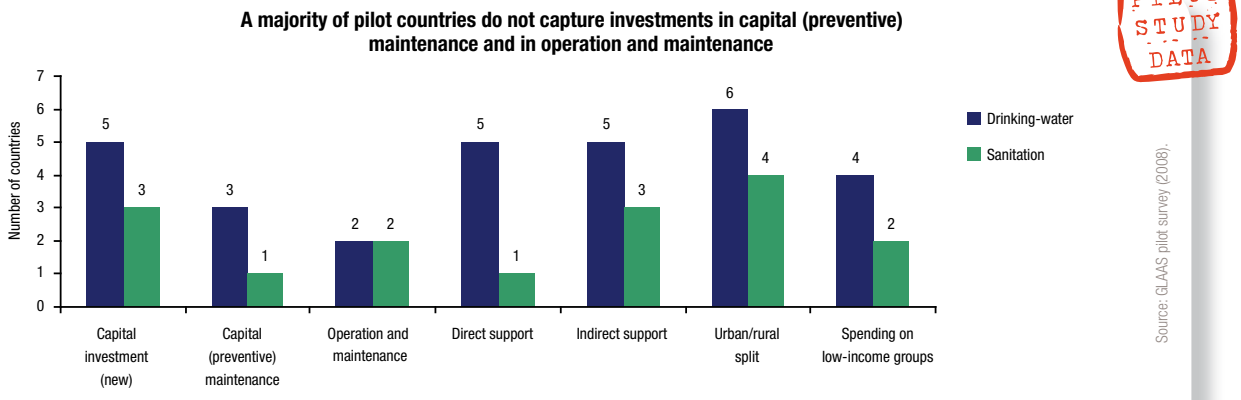


FIGURE 37: Availability of data on country expenditures in the sanitation and drinking-water sectors

In the pilot survey, it was not possible for most external support agencies to categorize their commitments in terms of new capital investment, capital (preventative) maintenance, operation and maintenance, direct support and indirect support. Only one bilateral donor (Germany) was able to provide an estimated breakdown among these expense categories, while five bilateral donor countries could provide estimated breakdowns of total infrastructure support versus direct or indirect support.

> "Majority of aid is not disaggregated among capital, [operation and maintenance], direct support, etc. Programs are often cover broader areas as empowerment, [water supply, sanitation, and hygiene], and IWRM" *Finnish response to GLAAS external support agency questionnaire*

EXPENDITURES "HIDDEN" IN OTHER SECTORS

The GLAAS questionnaire to external support agencies attempted to capture aid not reported to OECD that was "hidden" in aid to other sectors, such as education and health. To measure to what extent the GLAAS pilot study managed to capture the major aid flows hidden in other sectors, the responses from four external support agencies were compared with the 2006 commitment and disbursement data from the OECD database (OECD, 2008). It was expected that the commitments and disbursements reported to the pilot survey might show higher aid flows than those reported to OECD because of the addition of other related "hidden" aid. However, Figure 38 shows that the OECD data generally reflected higher levels than the pilot study data, with the exception of 2006 disbursements from the United Kingdom and European Commission.

FIGURE 38: Pilot survey data versus OECD data on commitments and disbursements for the 2006 reporting year

CAN WE RELATE CAPACITY AND DONOR AID TO COVERAGE IMPROVEMENTS?

Using the pilot data collected on country capacity, JMP coverage trends, and OECD historical data on donor aid, a summary of sector status for both sanitation and drinking-water can be shown for the pilot countries (see Figures 39 and 40).

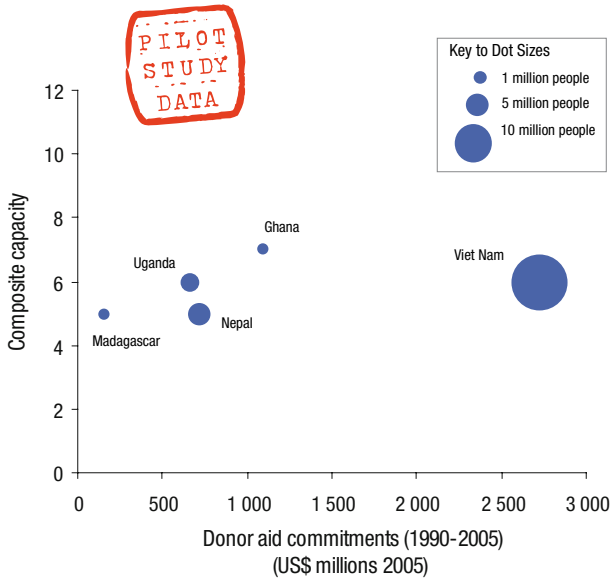


FIGURE 39: Sanitation sector: country capacity, donor aid and additional population covered, 1990–2006

Pilot country respondents provided summary ratings of their drinking-water sector capacities in human resources, financial systems, and institutional frameworks, on a 5-point scale from very low to very high. From these ratings, a composite capacity index was determined by summing the rating values. The composite capacity index was then plotted against the aggregate amount of financial aid received for sanitation and drinking-water over the period 1990–2006 for each country (OECD, 2008). The size of the country dot in Figures 39 and 40 is proportional to the number of people who gained access to improved sanitation or drinking-water supplies from 1990 to 2006 (WHO/UNICEF, 2008).

In this current form and with the limited number of data points, the graphs in Figures 39 and 40 cannot give a clear picture of how country capacity and donor aid drive progress in improving coverage level. However, if additional and more refined information were available, it would be possible to assess country capacity together with total sector spending (external and national) and potentially link them firmly to service levels and increased coverage. These relationships would then make possible more informed policy decisions for the sanitation and drinking-water sectors.

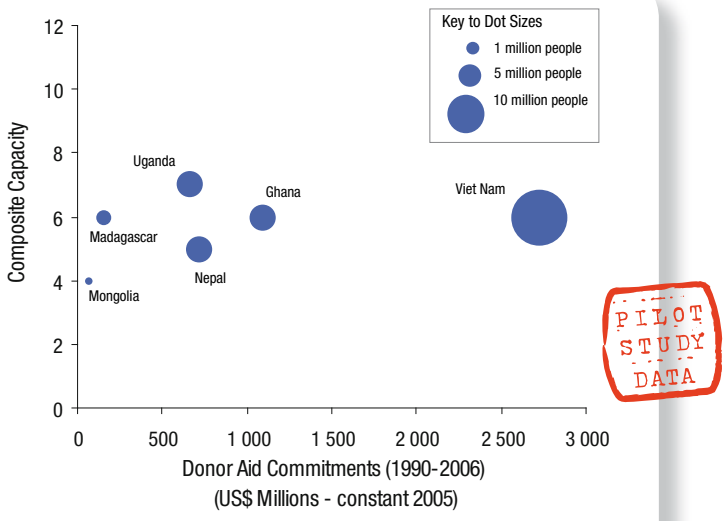


FIGURE 40: Drinking-water sector: country capacity, donor aid and additional population covered, 1990–2006

Observations

- To improve sector knowledge, capacity needs to be better defined. While guidance was provided on capacity assessment, pilot countries tended to self-assess in a medium range for each capacity area. Further refinements to indicators of country capacity and sector readiness are needed.
- More information is needed on total financing needs and spending in each sector. There is a lot of information regarding external donor aid, but only limited information on government spending, and almost no information readily available on household and private sector expenditure.
- The assessment of coverage should possibly take into account the types of technologies used, as some countries will spend money to improve service levels (for example, to move from basic sanitation to centralized sewerage) along with efforts to increase service coverage.

FEEDBACK FROM RESPONDENTS

Countries responding to the 2008 GLAAS pilot survey agreed that an integrated reporting mechanism could provide added value to their country by:

- *establishing key indicators* to track sector progress and for comparison with other countries;
- *providing a periodic, comprehensive, global source of information* for monitoring trends in the sectors;
- aiding in *information sharing and exchange* with internal and external partners;
- helping in *identifying priority areas for improvement*;
- building *policy awareness* and *catalyzing changes* in effective implementation.

"UN-Water GLAAS can help by benchmarking key indicators in Ghana for comparison with other countries. This would provide some indication of relative performance and where improvements may be required." *Ghanaian response to GLAAS survey questionnaire*

"UN-Water GLAAS initiative brought an overview of the current situation of water and sanitation sectors based on four main topics. It showed the importance of coordination among related ministries . . . [and] that it's important to have access to reliable data to support making better decisions." *Vietnamese response to GLAAS survey questionnaire*

External support agencies that responded to the pilot survey agreed that an integrated reporting mechanism could provide added value to their development aid work by:

- *building awareness* and improved clarity of allocations to the sanitation and drinking-water sectors (types of projects funded, amount of funding, geographic targeting);
- *supporting internal strategy development* by assessing spending trends and aid modalities;
- *improving monitoring indicators* that track sector progress;
- *developing synergies* with other donors and partners;
- *helping to prioritize, coordinate, maintain and increase external support* destined for the sanitation and drinking–water sectors.

CHALLENGES FOR THE FUTURE

To realize its full potential, a global, periodic, integrated reporting mechanism would have to address key challenges in the areas of data collection, availability and comparability. Key challenges and suggested improvements are summarized in Table 10.

TABLE 10: Key challenges to a global, integrated reporting mechanism, and suggested improvements

Challenge	Suggested improvement
Complexity of data collection · Need for several government ministries to coordinate to provide the information requested by the pilot country survey. This is a resource intensive process. · Need for detailed analysis of budgets and expenditures across ministries to provide the financial information requested, requiring time and effort to provide accurate answers.	Actions to improve data collection · Communicate the benefits and added value of the reporting tool. · Shorten and simplify the questionnaire. · Through United Nations initiatives at regional or national level, assist in the development of in-country processes that link sector monitoring activities with data collection efforts.
Lack of data or lack of disaggregated data · Lack of disaggregated data for sanitation and drinking-water in recipient country expenditure and development aid provided by external support agencies. · Lack of country data breakdowns on: revenue sources for sanitation and drinking-water; and expenditures among capital, operation and maintenance, and debt. · Lack of financial and human resource needs data to determine resource gaps.	Actions to improve data availability · Link better with OECD data and definitions to minimize duplicate reporting. · Continue to work with OECD and country donor agencies to explore data disaggregation between the sanitation and drinking-water sectors, and possibly hygiene promotion too. · Estimate revenue and expenditure breakdowns within countries. · Evaluate financial and human resource needs and request quantitative data from countries. · Explore the use of a broader set of data sources (such as household budget surveys, World Bank Living Standard Measurement Study).
Data comparability concerns · Need for more clarity in questions, better definitions, and guidance on key indicators and information requested. · Answers to questions too subjective, jeopardizing comparability between countries.	Actions to improve data comparability · Develop quantifiable, measurable and sensitive rating criteria so that progress can be measured in successive years, irrespective of who completes the questionnaire (minimize the subjective bias of the persons responding). · Improve the guidance and instructions provided for completing the questionnaire. · Consider whether to request data for a specific year or for the most recent year for which data are available.

PART 6

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this pilot report is to present the concept of a possible global, periodic, comprehensive reporting mechanism to inform policy-making in the sanitation and drinking-water sectors, bringing together existing data, identifying information gaps and trying to fill those gaps. Looking at the specific objectives, as presented at the beginning of this pilot report, we can draw the following conclusions and recommendations.

Specific Objectives	Conclusions	Recommendations
1. Present an all-round view of the sanitation and drinking-water sectors by collecting information on country capacities and external aid priorities, and by analysing it together with relevant information from other sources, such as JMP, OECD or UN statistics.	The great majority of the feedback received from the country and external support agency respondents and from the peer reviewers indicates that the way GLAAS is trying to look at the sanitation and drinking-water sectors is indeed novel and valuable, and that it is worth moving in the direction of a global, periodic, comprehensive reporting mechanism for the sanitation and drinking-water sectors that integrates information from different relevant sources. The feedback also indicates that for such a reporting mechanism to be successful, there should be better links with existing reporting and monitoring initiatives at all levels.	A global, periodic, comprehensive reporting mechanism to inform policy-making in the sanitation and drinking-water sectors should engage with existing reporting and monitoring initiatives at all levels to create synergies, reduce duplication and integrate relevant information on the sectors.
2. Assess the adequacy of current data sources in the sanitation and drinking-water sectors for use in global periodic reporting.	Current data sources are available to support a global, periodic, comprehensive reporting mechanism, but there are some crucial gaps in information, for example relating to the periodicity and geographical extent of reporting, the level of disaggregation of data (for example, sanitation versus drinking-water spending), and the comparability (for example, qualitative versus quantitative indicators) of the information presented.	While the identified gaps could be filled by specifically designed tools to gather and compare information, a global, periodic, comprehensive reporting mechanism to inform policy-making in the sanitation and drinking-water sectors could contribute to the improvement of current data and information sources.

Specific Objectives	Conclusions	Recommendations
3. Assess the ability of countries and external support agencies to compile institutional and financial data in the sanitation and drinking-water sectors for use in periodic sector reporting.	Information about the sanitation and drinking-water sectors (with the level of detail required for a global, periodic, comprehensive analysis) is generally not readily available, because it is fragmented both vertically (central versus local government, bilateral donors versus decentralized cooperation) and horizontally (different ministries, different external support agencies). However, countries and external support agencies appear able to provide the missing information on the sanitation and drinking-water sectors, but to do so places heavy demands on their time and resources.	A global, periodic, comprehensive reporting mechanism to inform policy-making in the sanitation and drinking-water sectors should work with countries and external support agencies to facilitate the compilation of the information needed, using every opportunity to link with stakeholders, for example at national or regional workshops. This would contribute to strengthening the capacity of countries and external support agencies to fill the information gaps, to allow for better informed policy-making (for example, by providing estimates of the contribution of households to spending in the sanitation and drinking-water sectors).
4. Stimulate discussion on the development of better indicators to monitor progress in the sanitation and drinking-water sectors.	This pilot report looks at the sanitation and drinking-water sectors from different perspectives and combines these different perspectives to provide an all-round view of the sectors (for example, linking poverty both with spending on the sectors and with coverage figures).	With further analysis, the overview of the sanitation and drinking-water sectors could be used to improve sector indicators of progress towards and beyond the MDGs.
5. Show lessons learned and recommend a way forward to the possible establishment of a global, periodic, comprehensive reporting mechanism on the sanitation and drinking-water sectors.	This pilot study has highlighted the great challenges that a global, periodic, comprehensive reporting mechanism to inform policy-making in the sanitation and drinking-water sectors would face to be successful. The pilot study has also highlighted the huge potential of such reporting as an innovative tool to support policy, both by countries and by external support agencies.	If the highlighted challenges could be overcome, then a global, periodic, comprehensive reporting mechanism to inform policy-making could make a difference in improving the management of the sanitation and drinking-water sectors and finally reducing diarrhoeal disease.

PILOT REPORT

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APPENDIX A - GLOSSARY

Accountability
In this context, accountability refers to the ability of local people to be able to monitor service provision and demand improvements where necessary.

Allocation
This refers to the *intent* of a government or donor to fund certain activities or programmes.

Capital investments
Expenditure on fixed assets – these are the hardware investment costs, of pumps, pipes, latrines, etc.

Capital (preventive) maintenance
The full depreciated replacement costs – which are rarely taken into account in investment decisions.

Commitment
A firm written obligation by a government or official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount, under specified financial terms and conditions and for specified purposes, for the benefit of the recipient country.

Direct support costs
These are the software costs (training, facilitation, community mobilization, hygiene education, etc.) associated with the implementation of hardware.

Disbursements
Disbursements reflect the execution of projects or programmes and the real transfer of funds. Disbursements record the actual transfer of financial resources, goods and services. As a project or programme is usually not realized in a year, there is no direct relation between the level of commitment and the level of disbursement during one period.

Improved Drinking-water Supply
Includes sources that, by the nature of their construction or through active intervention, are protected from outside contamination, particularly faecal matter. These include piped water in a dwelling, plot or yard, and other improved sources including public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs and rainwater collection.

Improved sanitation
Facilities that ensure hygienic separation of human excreta from human contact. They include: (a) a flush or pour–flush toilet or latrine to a piped sewer system, a septic tank or a pit latrine; (b) a ventilated improved pit latrine; (c) a pit latrine with slab; (d) a composting toilet.

Indirect support costs
These are the costs that fall outside the direct implementation of a system, but which are needed at higher levels of scale, such as training of district staff, development of water resources management plans, etc.

Operating & minor maintenance expenditures
These are the annual operation and maintenance costs, such as the cost of diesel or electricity for pumping, the cost of operational staff, or the cost of small replacements – usually required to be paid by beneficiaries either through tariffs or user fees.

Untied aid
Development aid that is freely available to buy goods and services from all countries, and that is not restricted to the procurement of goods and services from the donor country ("tied aid").

APPENDIX B - COUNTRY RESPONSES TO SANITATION QUESTIONNAIRE

DATA STATISTIC	Ghana	Kazakhstan	Madagascar	Mongolia	Nepal	Uganda	Viet Nam
Overview							
Service level	Low	Medium	Low	Medium	Low	Low	Medium
Human resources capacity	Medium	Medium	High	Medium	Low	Medium	Medium
Institutional capacity	High	Medium	Low	Low	High	Medium	Medium
Financial system capacity	Medium	Medium	Low	Low	Low	Medium	Medium
Coverage							
- Data year	2006	2006	2005	2006-08	NA	2007	2007
- Urban (%)	82.6	95.0	68.3	21.3	80.0	59.0	89.5
- Rural (%)	45.3	25.0-30.0	46.7	5.3	40.0	63.0	51.0-55.8
- Coverage definition related to JMP?	No	Yes	Yes	Not Entirely	Yes	Yes	Yes
- Primary schools (%)	---	---	---	---	40	69:1[a]	11.7
- Secondary schools (%)	---	25	---	---	40	---	11.7
- Hospitals (%)	---	60	---	---	90	---	NA
- Health-care centres (%)	---	100	---	---	95	---	36.6
- Includes child faeces in definition (Yes/No)?	Yes	No	No	No	Yes	Yes	Yes
- Provision policy for public facilities	Yes-low imp	Yes-high imp	Yes-low imp	Yes-low imp	No	Yes-high imp	Yes-high imp
- Provision policy for workplace	Yes-high imp	Yes-high imp	Yes-low imp	Yes-low imp	No	Yes-low imp	Yes- imp varies
- Service-level monitoring system	Medium	None	Medium	Low	Medium	Low	High or very high
- Hygiene education programme	Yes	Yes	Yes	Yes	Yes	Yes	Yes
- Proportion of population with sewerage (%)	2	60	0.02	28.2	< 3.0	7	60
- sewerage treatment							
a) Fully treated (%)	5	10	0	---	5	---	---
b) Partially treated (%)	10	20	0	---	10	---	Yes
c) Untreated prior to discharge (%)	85	70	100	---	85	---	---
MDG achievement							
- 1990 coverage (JMP % urban / % rural)	11 / 3	97 / 96	15 / 6	21 / 5	36 /6	27 / 29	61 /21
- 2006 coverage (JMP % urban / % rural)	15 / 6	97 / 98	18 / 10	64 / 31	45 / 24	29 / 34	88 / 56
- Current coverage (country-reported)	83 / 45	95 / 30	68 / 47	21 / 5	80 / 40	--- / 59	90 / 56
- 2015 MDG target (% urban / % rural)	56 / 52	99 / 98	58 / 53	---	68 / 53	64 / 65	76 / 61
- year MDG will be reached	2020	---	2012	---	2013	2015	2020
Policy and institutions							
- Delineation of responsibility and coordination	Medium	Very high	Medium	Medium	High	Medium	Very high
- Division of roles	Medium	High	Medium	Medium	Medium	Medium	High
- National hygiene and sanitation plan	In process	Full	Full	Partial	Partial	Partial	Partial
- Civil society participation	Medium	None	Medium	Medium	High	High	Medium
- Sector review process	Contained	Sector specific	Sector specific	Contained	Sector specific	Contained	Contained
- sanitation and hygiene recognized in PRSP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

--- indicates that no data available

[a] ratio of children to latrines

[b] Official development assistance

[c] World Health Statistics (WHO, 2008)

DATA STATISTIC	Ghana	Kazakhstan	Madagascar	Mongolia	Nepal	Uganda	Viet Nam
Human resources							
- Civil servants	---	Enough	Not enough	Barely enough	Enough	Not enough	Barely enough
- Local government staff	---	Enough	Not enough	Not enough	Barely enough	Barely enough	Barely enough
- Local private sector	Not enough	Not enough	Barely enough	Barely enough	Not enough	Enough	Barely enough
- Engineers or technicians	Not enough	Not enough	Enough	Barely enough	Barely enough	Enough	Barely enough
- Hygiene extension workers	Barely enough	---	Barely enough	Barely enough	Barely enough	Barely enough	Barely enough
Funding sources (all amounts in US$ million)							* rural
- External funding	---	---	12.2	82.2	3.8	---	23.6
- Households	---	---	10% of invest	---	---	---	38.3
- Internal government	---	---	3.0	6.1	3.8	---	26.6
- Internal private Sector	---	---	9.7	---	---	---	9.0
- Total (known)	---	---	24.8	92.6	7.6	---	97.5
Sanitation expenditures (% of known)							
- Capital investment	---	---	80	20	25	---	---
- Capital maintenance	---	---	---	30	0	---	---
- Operation and maintenance	---	---	---	20	5	---	---
- Direct support	---	---	10	20	50	---	---
- Indirect support	---	---	10	10	20	---	---
- Total	---	---	100	100	100	---	---
Sector expenditures							
- Sanitation (% of government expenditure)	---	---	0.76	---	0.3	---	---
- Expenditure on urban areas (%)	---	---	20	80	60	---	84[b]
- Expenditure on rural areas (%)	---	---	80	20	40	---	16[b]
- Sector spending efficiency (%)	---	100	50	85	90	---	---
- Funding transparency (% in budgets)	---	Over 80%	50-80%	50-80%	50-80%	< 50%	Over 80%
- Expenditure on low-income population (%)	---	---	80	---	40	---	---
Sustainability survey performed							
- Technical / Financial / Environmental / Institutional	No / No / No / No	--- / --- / Yes / Yes	No / No / No / No	Yes / Yes / Yes / Yes	Yes / Yes / Yes / Yes	Yes / Yes / No / Yes	Yes / Yes / Yes / Yes
Related country statistics							
- Low-income groups as a percentage of total population	28	---	85	36	31	38	18
- Primary school attendance rate[c]	64	89.5	93	91.5	79	81.2	93.5
- Incidence (%) of diarrhoeal morbidity, children < 5yrs[c]	1.5	0.42	0.19	0.61	1.21	2.3	0.18
Country respondent ministries	MLGRDE EHD MWRWH	Ministry of Health	Ministry of Energy and Mines	MCUD / Nat'l Center for Construction, UDPU	MPPW/DWSS	MWE (Water Sector Div.) MWE (Policy & Planning)	Adm. Tech. Infra, MoC Dept. Water Res., MARD

APPENDIX C - COUNTRY RESPONSES TO WATER SUPPLY QUESTIONNAIRE

DATA STATISTIC	Ghana	Kazakhstan	Madagascar	Mongolia	Nepal	Uganda	Viet Nam
Overview							
Service level	Low	Medium	Low	Medium	Medium	Low	Medium
Human resources capacity	Medium	Medium	Medium	Medium	Medium	Medium	Medium
Institutional capacity	High	Medium	Medium	Low	High	High	Medium
Financial system capacity	Low	Medium	Medium	Low	Low	Medium	Medium
Coverage (country-reported)							
- Data year	2006	2006	2007	2006/2007	---	2006/2007	2007
- Urban (%)	57.0	95.0	57.3	30.5	85.0	56.0	70.0
- Rural (%)	52.8	25.0 to 30.0	35.0	8.7	74.0	63.0	60.0
- Service level monitoring system	Medium	Medium	Very High	Low	Medium	Very High	Very High
MDG achievement							
- 1990 coverage (JMP %urban / % rural)	86 / 39	99 / 91	80 / 27	97 / 21	97 / 70	78 / 39	87 / 43
- 2006 coverage (JMP % urban / % rural)	90 / 71	99 / 91	76 / 36	90 / 48	94 / 88	90 / 60	98 / 90
- Current Coverage (country-reported)	57 / 53	95 / 30	57 / 35	31 / 9	85 / 74	56 / 63	70 / 60
- 2015 MDG target (% urban / % rural)	93 / 71	100 / 96	90 / 64	99 / 61	99 / 85	89 / 71	94 / 72
- Country target level (% urban / % rural)	---	---	100 / 77	---	---	(2012) 65 / 65	---
- year MDG will be reached	2015-2017	2010	2012	---	2007	2015	2020
Policy and institutions							
- Delineation of responsibility and coordination	High	Medium	High	Medium	Medium	Very high	High
- Division of roles	High	High	High	Medium	Medium	Medium	Medium to high
- Decentralization	Some	---	Some	Some	Some	Full	Some
- National drinking-water strategy or plan	Yes-high imp	Yes-high imp	Yes-high imp	Partial strategy	Partial strategy	Yes-high imp	Yes-high Imp
- National drinking-water standards	Yes-WHO	Yes-WHO	Yes-not WHO	Yes-WHO	Yes-WHO	Yes-not WHO	Yes-WHO
- Civil society participation	Medium	Medium	Medium	Medium	Medium	High	Medium
- Sector review process	High	High	Very high	Medium	Low	Very high	Low
- Safe drinking-water recognised in PRSP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Human resources							
- Civil servants	Barely enough	Enough	Not enough	Barely enough	Enough	Barely enough	Barely enough
- Local government staff	Barely enough	Not enough	Not enough	Not enough	Barely enough	Not enough	Barely enough
- Local private Sector	Barely enough	Not enough	Barely enough	Barely enough	Barely enough	Enough	Not enough
- Engineers or technicians	Barely enough	Not enough	Enough	Barely enough	Enough	Enough	Not enough
- Extension workers	Enough	---	Barely enough	Barely enough	Enough	Barely enough	Not enough
Funding sources (all amounts in US$ million)							
- External funding	88.1	---	23.5	82.2	56.9	44.7	83.8
- Households	---	---	10% of investment	---	11.1	---	---
- Internal government	3.9	---	12.6	6.1	16.0	34.6	16.5
- Internal private Sector	---	---	---	---	---	---	---
- Total (known)	92.1	---	36.2	92.6	84.0	79.3	160.0

--- indicates that no data available

DATA STATISTIC	Ghana	Kazakhstan	Madagascar	Mongolia	Nepal	Uganda	Viet Nam
Expenditure breakdown (% of known expenditures)							
- Capital investment	* 89	---	80	20	65	60	---
- Capital maintenance	* included above	---	---	30	5	---	---
- Operation and maintenance	---	---	---	20	10	10	---
- Direct support	1	---	10	20	10	10	---
- Indirect support	9	---	10	10	10	20	---
- Total	100	---	100	100	100	100	---
Sector expenditures							
- Drinking-water (% of government expenditure)	1.23	---	1.81	---	2.85	2.6	0.6 GDP
- Monitoring (%)	5.76	---	---	---	< 1	5	---
- Urban areas (%)	62.8	20-25	80	80	20	60	---
- Rural areas (%)	37.2	75-80	20	20	80	40	---
- Percent of funds spent in period in which allocated	100	---	62	85	> 80	85	---
- Funding transparency (% in budgets)	50 to 80%	< 50 %	50 to 80%	50 to 80%	Over 80%	Over 80%	Over 80%
- Expenditure on low income population (%)	62.8	---	20	---	44	40	---
Sustainability survey performed							
- Technical / Financial / Environmental / Institutional	Yes / Yes / Yes / Yes	--- / --- / Yes / Yes	Yes / Yes / Yes / Yes	Yes / Yes / Yes / Yes	Yes / Yes / Yes / Yes	Yes / Yes / Yes / Yes	Yes / Yes / Yes / Yes
Related country statistics							
- Low-income groups as a percentage of total population	28	---	85	36	31	35	18
- Primary school attendance rate[a]	64	89.5	93	91.5	79	81.2	93.5
- Incidence (%) of diarrhoeal morbidity, children < 5 yrs[a]	1.5	0.42	0.19	0.61	1.21	2.3	0.18
Country respondent ministries	MWRWH Ghana Water Co. LtdMLGRDE, EHDCommunity Water and Sanitation Agency	Committee of state sanitary-and-epidemiologic supervision of Ministry of Health	Ministry of Energy and Mines	Ministry of Construction & Urban Development / Nat'l Center for Construction, Urban Development and Public Utilities	Ministry of Physical Planning and Works, Dept. of Water Supply and Sewerage	Ministry of Water & Environment (Water Sector Liaison and Policy & Planning Division)	Ministry of Construction Ministry of Agriculture and Rural Development

[a] World Health Statistics (WHO, 2008)

APPENDIX D - DONOR RESPONSES TO EXTERNAL SUPPORT AGENCY QUESTIONNAIRE

There were 25 external support agencies that responded to the ESA questionnaire, including: Austria, the Bill and Melinda Gates Foundation (BMGF), Czech Republic, Denmark, European Commission (EC) , Finland, France, French Red Cross (France RC), Germany, Greece, Ireland, Japan, Latvia, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom, UNICEF, UN University (UNU), WaterAid, WHO, Food and Agriculture Organization (FAO), and the French department of Val de Marne.

DATA STATISTIC	Austria	BMGF[a]	Czech Republic	Denmark	European Commission	Finland	France	French Red Cross	Germany	Greece	Ireland	Japan	Latvia	Luxembourg
Commitments[b]														
Data year	2007	2007	2007	2008	2006	2006	2007	---	2007	2005	2008	2006	---	2008
Sanitation and hygiene (grants and loans)	5.08	5.95	0.91	110.89	78.00	11.11	---	---	76.57	---	---	630.68	---	24.33
Water supply (grants and loans)	9.70	18.82	1.62	443.73	173.86	20.32	---	---	150.14	---	---	545.39	---	84.59
Sanitation, hygiene and water emergencies (grants and loans)	0.00	0.00	0.00	0.00	111.50	0.00	57.98	---	0.00	---	---	---	---	0.00
Integrated water resources management (grants and loans)	0.43	0.00	0.40	38.08	8.15	5.90	90.35	---	0.00	---	---	---	---	26.24
Total (grants and loans)	19.19	24.78	2.93	592.70	371.52	37.25	---	---	226.70	0.52	25.25	1,206.23	---	135.16
Disbursements[b]														
Data year	2007	2007	2008	2008	2006	---	2007	---	2007	2005	2007	2006	2007	2007
Sanitation and hygiene (grants and loans)	4.99	10.40	1.68	45.76	104.74	---	---	---	85.42	---	---	---	0.02	2.22
Water supply (grants and loans)	8.46	12.17	1.32	110.24	190.05	---	---	---	102.51	---	---	---	0.05	7.47
Sanitation, hygiene and water emergencies (grants and loans)	0.00	0.00	0.00	0.00	91.55	---	---	---	0.00	---	3.99	---	0.00	0.00
Integrated water resources management (grants and loans)	0.47	0.00	0.32	7.86	50.56	---	---	---	0.00	---	0.54	---	0.00	2.34
Total (grants and loans)	15.81	22.57	3.32	163.86	436.90	---	---	---	187.93	0.52	19.74	1,011.08	0.06	12.02
Duration of support (% of commitments)														
Sanitation < 3 years	76	12	100	---	10	19	5	60	5	100	40	1	---	1.4
Sanitation > 3 years	24	88	0	---	90	81	95	40	95	0	60	99	---	98.6
Water < 3 years	51	0	100	10	10	10	5	60	5	56	40	13	---	0.5
Water > 3 years	49	100	0	90	90	90	95	40	95	44	60	87	---	99.5
Intended allocations[b]														
Data year	---	---	2009	2009	2007	2009	---	---	---	2009	2009	---	---	2009
Sanitation and hygiene (grants and loans)	---	---	0.00	114.22	555.49	2.49	---	---	---	0.23	---	---	---	3.54
Water supply (grants and loans)	---	---	1.03	454.16	405.67	3.12	---	---	---	0.23	---	---	---	17.55
Sanitation, hygiene and water emergencies (grants and loans)	---	---	0.00	0.00	75.52	0.00	---	---	---	0.00	0.00	---	---	0.00
Integrated water resources management (grants and loans)	---	---	0.00	38.08	241.78	1.71	---	---	---	0.55	0.62	---	---	7.07
Total (grants and loans)	---	---	1.03	606.46	1 278.47	5.77	---	---	---	1.01	19.92	---	---	28.16

--- indicates that no data available [a] The Bill and Melinda Gates Foundation [b] all amounts in US$ millions

DATA STATISTIC	Austria	BMGF[a]	Czech Republic	Denmark	European Commission	Finland	France	French Red Cross	Germany	Greece	Ireland	Japan	Latvia	Luxembourg
Aid not channelled through NGO or multilateral organization														
Sanitation and hygiene	4.32	5.95	0.91	110.89	64.10	3.82	---	---	---	---	---	---	---	22.05
Water supply	9.33	18.82	0.94	443.73	142.88	4.58	---	---	---	---	---	---	---	82.24
Total (sanitation and water)	13.65	24.78	1.85	554.62	206.99	8.40	---	---	---	---	---	---	---	104.28
Aid channels (% of funds)														
Budget support	0	---	---	0	0	0	0	---	0	---	0	---	---	0
Sector support	0	---	---	40	76	0	10	---	15	---	60	---	---	0
Projects	100	---	---	5	24	100	90	---	85	---	40	---	---	100
Sanitation and hygiene aid breakdown[b]														
Capital investment	---	---	---	---	---	--	---	---	1 117.17	---	---	---	---	---
Capital maintenance	--	---	---	---	---	---	---	---	493.24	---	---	---	---	---
Operation and maintenance	---	---	---	---	---	---	---	---	0.00	---	---	---	---	---
Total infrastructure support	3.98	---	---	89.38	62.40	---	216.74	---	1 610.42	---	---	---	---	---
Direct support	0.02	---	---	---	15.60	---	16.26	---	30.08	---	---	---	---	---
Indirect support	0.03	---	---	---	---	---	5.01	---	---	---	---	---	---	---
Water supply aid breakdown[b]														
Capital investment	---	---	---	---	---	---	---	---	907.89	---	---	---	---	---
Capital maintenance	---	---	---	---	---	---	---	---	902.62	---	---	---	---	---
Operation and maintenance	---	---	---	---	---	---	---	---	0.00	---	---	---	---	---
Total infrastructure support	8.63	---	---	16.98	139.09	---	189.64	---	1 810.50	---	---	---	---	---
Direct support	0.39	---	---	---	34.77	---	20.32	---	---	---	---	---	---	---
Indirect support	0.16	---	---	---	---	---	5.96	---	---	---	---	---	---	---
Alignment, coordination, harmonization														
Coordinated with recipient country programmes (%)	45	0	80	---	82	100	---	---	---	50	80	---	25	100
Proportion of aid to sanitation, hygiene and water that is untied (%)	48.6	100	---	100	100	100	100	---	---	100	100	---	---	100

DATA STATISTIC	Nether-lands	Portugal	Spain	Sweden	United Kingdom	UNICEF	UNU	WaterAid	WHO	FAO	Val de Marne
Commitments[a]											
Data year	2008	2008	2006	2008	2006	2007	2007	---	2007	2006	2007 (avg)
Sanitation and hygiene (granta and loans)	---	---	---	30.90	---	89.00	0.11	---	1.57	0	0.08
Water supply (grants and loans)	---	---	---	16.45	---	144.00	0.05	---	2.08	4.99	0.49
Sanitation, hygiene and water emergencies (grants and loans)	---	---	---	0.00	---	142.00	0.00	---	---	0	0
Integrated water resources management (grants and loans)	606.59	---	10.03	30.49	---	9.00	2.79	---	---	0	0
Total (grants and loans)	1 761.78	1.80	30.03	79.55	108.67	242.00	2.95	---	3.65	4.99	0.57
Disbursements[a]											
Data year	2007	2005	2008	---	2006	2007	---	2007	2007	2006	2007 (avg)
Sanitation and hygiene (grants and loans)	---	---	---	---	---	89.00	---	11.05	1.57	0	0
Water supply (grants and loans)	---	---	---	---	---	144.00	---	43.78	2.08	0	0.03
Sanitation, hygiene and water emergencies (grants and loans)	---	---	---	---	---	142.00	---	0.00	0.00	0	0
Integrated water resources management (grants and loans)	85.41	---	---	---	---	9.00	---	0.00	---	42.39	0
Total (grants and loans)	286.62	1.50	10.52	---	179.43	242.00	---	54.82	3.65	42.39	0.03
Duration of support (% of commitments)											
Sanitation < 3 years	0	95	75	10	10	14	---	---	---	---	14
Sanitation > 3 years	100	5	25	90	90	86	---	---	---	---	86
Water < 3 years	0	95	75	10	10	14	---	---	---	30	67
Water > 3 years	100	5	25	90	90	86	---	---	---	70	33
Intended allocations[a]											
Data year	2009	---	2009	2009	---	---	---	---	---	---	2009
Sanitation and hygiene (grants and loans)	199.87	---	10.52	29.57	---	---	---	---	---	---	0.19
Water supply (grants and loans)	0.00	---	0.00	17.78	---	---	---	---	---	---	0.37
Sanitation, hygiene and water emergencies (grants and loans)	0.00	---	0.00	0.00	---	---	---	---	---	---	0
Integrated water resources management (grants and loans)	120.25	---	0.00	49.93	---	---	---	---	---	---	0
Total (grants and loans)	368.57	---	10.52	97.28	---	---	---	---	---	---	0.56

--- No data available

[a] all amounts in US$ millions

DATA STATISTIC	Nether-lands	Portugal	Spain	Sweden	United Kingdom	UNICEF	UNU	WaterAid	WHO	FAO	Val de Marne
Aid not channelled through NGO or multilateral organization											
Sanitation and hygiene	---	---	---	9.80	---	89.00	0.11	---	1.57	---	0.08
Water supply	---	---	---	6.15	---	144.00	0.05	---	2.08	---	0.49
Total (sanitation and water)	895.45	---	---	15.95	---	233.00	0.16	---	3.65	---	0.57
Aid channels (% of funds)											
Budget support	0	---	0	0	11	---	---	---	0	---	0
Sector support	15	---	0	100	0	---	---	---	0	---	0
Projects	75	---	100	0	89	---	---	---	100	---	100
Sanitation and hygiene aid breakdown[a]											
Capital investment	---	---	---	---	---	---	---	---	---	---	---
Capital maintenance	---	---	---	---	---	---	---	---	---	---	---
Operation and maintenance	---	---	---	---	---	---	---	---	---	---	---
Total infrastructure support	---	---	---	---	---	---	---	---	---	---	0.08
Direct support	---	---	---	---	---	---	---	---	---	---	0.02
Indirect support	---	---	---	---	---	---	---	---	1.57	---	---
Water supply aid breakdown[a]											
Capital investment	---	---	---	---	---	---	---	---	---	---	---
Capital maintenance	---	---	---	---	---	---	---	---	---	---	---
Operation and maintenance	---	---	---	---	---	---	---	---	---	---	---
Total infrastructure support	---	---	---	---	---	---	---	---	---	---	0.34
Direct support	---	---	---	---	---	---	---	---	---	---	0.04
Indirect support	---	---	---	---	---	---	---	---	2.08	---	---
Alignment, coordination, harmonization											
Coordinated with recipient country programmes (%)	95	100	---	100	90	100	---	100	---	---	100
Proportion of aid to sanitation, hygiene and water that is untied (%)	100	---	---	95	100	---	100	---	100	---	100

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APPENDIX E - CAPACITY ASSESSMENT: GUIDANCE FOR RESPONDING TO QUESTIONNAIRE

The text in each cell in the matrix represents a typical example of a scenario for each parameter: judgment and consideration of the situation are required within each country to reveal its position in each column.

	Service level	Human resources capacity	Institutional capacity	Financial system capacity
Very low	Typically less than 40% and no significant upwards trend.	Problems in recruiting adequately trained staff are common. Depending on national arrangements, staff retention may be problematic. Often, training provision will be significantly driven through ad hoc arrangements (for example, one-off courses).	There may or may not be a declared sector policy but, if present, it is likely to have been developed through an externally-driven process or with limited participation of different institutional and sectoral actors. Institutional arrangements are likely to be unclear and if clear may not be reflected in practice.	Inadequate to advance access to a significant degree, or to maintain existing facilities. Any financial planning is likely to be generic and have limited information support.
Low	May be low (20–60%) but does show year on year improvement.	Significant but potentially not adequate. Often a mix of stable and ad hoc training provision. Likely to be significant "gaps" (some areas of training expertise significantly under-represented).	May be weak but typically there is policy commitment at local or national levels, although institutional arrangements may lag behind.	Significant for "initial investment", but stable mechanisms for recurrent (renewal, operation and maintenance costs) likely to be absent. Typically some form of national sector financial overview is present but availability of hard data is a significant constraint.
Medium	High levels achieved only in urban areas (up to 90%), but rates of year on year improvement are likely to be low. Typically there is an increasing amount of higher service levels (for example, septic tanks and piped sewer systems, piped water). Service levels in rural areas lag behind.	Moderate or better as typical country has gone through a phase of extending access. Orientation of capacity may be weak (for example, need to re-focus on renewal or operation and maintenance). Often capacity is low in relation to meeting higher service levels. Training and educational provision often involves a mix of formal institutions and ad hoc arrangements.	Strengthened policy position but developed without strong participatory processes. Institutions growing in strength especially at the national level but regulation is largely absent.	Understanding of the financial needs and constraints of the sector significantly developed but may not be consolidated. The link between planning and stable financing may remain limited.
High	Basic access levels are high (over 90%) in both urban and rural areas.	Extensive capacity, including routine provision of further and higher education through mainstream training educational institutions.	Some sectoral policy statements available; these are generated through participatory processes and periodically (but not necessarily frequently) updated. Normally well-defined institutional roles at national, local government (and often regional) levels. May be weaker with regard to formal regulation of higher service levels. Some regulation of service providers is in place and implemented through an independent agency although often at a moderate or low level.	Financial planning at national level developed; capacity within service-providing institutions may remain significantly limited. Public financial accountability may be moderate or limited.
Very high	As above, plus piped sewer or water coverage is high. Service includes effective wastewater treatment and management. Service includes effective safety planning and management.	As above, plus specialist knowledge at hand and experienced specialists trained, available and adequate.	As above, plus formal regulation in place for all major functions, services and products.	Both national planning and financial planning and accountability among service providers is sophisticated and open to scrutiny. Typically, debate occurs in both academic and public media, and is supported by data and information.

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