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Executive Summary

Investments in sanitation and hygiene services are direct investments in public health and wellbeing. Access to sanitation is critical for poverty reduction and food security, and directly links to economic and human development. Yet, millions of people lack access to improved sanitation services. Globally over 2.2 billion people (29% of the world’s population) still do not have access to safe drinking water supply services while 4.2 billion people (55% of the world’s population) do not have access to safely managed sanitation services. Over 673 million people (8.92% of the world’s population) still defecate in the open.¹ Globally, there are 1.3 to 4 million cholera cases recorded every year and between 21,000 and 143,000 deaths from diseases as a result of poor sanitation and hygiene conditions.² In sub-Saharan Africa, over 400 million people still do not have access to basic water services and over 767 million people live without access to basic sanitation and hygiene facilities. This has severe consequences for the socio-economic development of the African continent and the Africa Agenda 2063.

Given this concerning situation, the African Ministers’ Council on Water (AMCOW) conducted a rapid assessment of 26 country sanitation policies and strategies to understand the gaps underpinning sanitation service delivery across the continent. Country sanitation policies were assessed against key elements of a standard sanitation policy informed by the Guidelines for the Assessment of National Sanitation Policy.³ These standard sanitation policy elements include a legal framework, institutional roles and responsibilities, sanitation service levels and target populations, health and environmental considerations, regulation, financing and cost recovery, performance monitoring and evaluations.

The results of the rapid desk assessment revealed that 20 countries have policies that address sanitation in varying contexts, while six have mainly strategies or frameworks. However, none of the 26 countries assessed have sanitation policies that adequately address the fundamental key elements of a standard sanitation policy as outlined in the assessment framework. Although South Africa has a comprehensive sanitation policy, it lacks a clear framework for periodic monitoring and reporting. The results further revealed that 46% of the countries studied have finalised and approved sanitation policies, while 27% are in draft form and 15% are under review.

Furthermore, 54% of countries have combined sanitation policies and 46% have stand-alone policies. Approximately 78% of the policies assessed have lead implementing agencies located in different ministries. The assessment revealed that five years into the era of the Sustainable Development Goals (SDGs), most of the policies were still focused on the Millennium Development Goals.⁴

The results of the sanitation policy assessment underscored the need to develop Africa-wide sanitation policy guidelines. These would be used to inform a review of existing sanitation policies or the development of robust, country-specific policies with clear sector leadership and coordination to improve the enabling environment for accelerated progress towards the achievement of SDG 6.2.
## Definition of Terms and Concepts

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Sanitation</td>
<td>The provision of facilities, appropriate technologies, and services for the safe disposal of human waste. In this document, sanitation refers to the facilities and hygienic principles and practices related to the collection and disposal of human excreta in a safely managed way.</td>
</tr>
<tr>
<td>Policy</td>
<td>A set of procedures, rules, and allocation mechanisms that provide the basis for programmes and services. Policies set priorities and should be a basis for allocation of resources for their implementation.</td>
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<tr>
<td>Laws and regulations</td>
<td>Laws generally provide the overall framework and priorities while regulations provide detailed guidance. Regulations are rules or governmental orders designed to control or govern behaviour and often have the force of law. Regulations for sanitation can cover a wide range of topics, including the practices of service providers, design standards, tariffs, discharge standards, environmental protection, and contracts. National agencies may also issue official guidelines that serve to define policies, whereas laws make policies enforceable.</td>
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<tr>
<td>Sanitation promotion</td>
<td>Activities undertaken to stimulate household demand for and the supply of the sanitation hardware necessary to maintain a healthy environment.</td>
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<tr>
<td>Hygiene</td>
<td>A set of practices performed for the preservation of health. According to the World Health Organization (WHO), hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases.</td>
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<tr>
<td>Open defecation (OD)</td>
<td>The practice of defecating outside rather than in a designated toilet. Open defecation causes public health problems in areas where people defecate in fields, urban parks, rivers, and open trenches near to the living space of others.</td>
</tr>
<tr>
<td>Community-led total sanitation (CLTS)</td>
<td>An approach to achieving sustained behaviour change of those who participate in a guided process of ‘triggering’. Triggering is intended to lead to spontaneous and long-term change in social behaviours, in particular the abandonment of open defecation. The concept originally involved provoking shame and disgust about poor sanitation to engender this change. It has been further developed by applying the lessons learnt from its large-scale application in different rural and urban settings and focuses more on aspects of pride.</td>
</tr>
<tr>
<td>The Sustainable Development Goals (SDGs)</td>
<td>Officially known as Transforming our world: the 2030 Agenda for Sustainable Development, the SDGs are a set of 17 ‘Global Goals’ with a total of 169 targets between them. Spearheaded by the United Nations through a deliberative process involving its 193 member states together with global civil society, the goals are contained in paragraph 54 of United Nations Resolution A/RES/70/1 of 25 September 2015. The Resolution is a broader intergovernmental agreement that acts as the Post 2015 Development Agenda (successor to the Millennium Development Goals). SDG 6.2 specifically aims ‘by 2030, [to] achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations’.</td>
</tr>
<tr>
<td>Sanitation service levels</td>
<td>Sanitation services are the management of excreta at facilities used by households or individuals, through emptying and transport of excreta for treatment and eventual discharge or reuse. Sanitation service levels or ladders are categorised into safely managed, basic, limited, unimproved sanitation, and open defecation.</td>
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1 Introduction

The growing importance of sanitation and hygiene for economic growth and human development cannot be overemphasised. Sanitation and hygiene services delivery not only contribute to a happier, healthier population, but also lead to increased productivity through job creation and socio-economic development, which are essential elements of a nation’s Gross Domestic Product (GDP). Therefore, the importance of sanitation as a basic need and right that impacts on human health, dignity, and quality of life is critical. The economic and social benefits of sanitation interventions impact on higher economic productivity, education, and serve to lower medical costs. Adequate access to sanitation facilities leads to a better living environment, dignity, safety, and convenience. Moreover, sanitation is a human right of non-negotiable proportions. The UN recognises water and sanitation as a human right that is essential for the full enjoyment of life and all other human rights.\(^5\) Governments are also mandated to work towards achieving universal access to water and sanitation for all, without discrimination, focussing on the hard to reach and most vulnerable.

Yet access is still a debilitating challenge. Globally, over 2.2 billion people (29% of the world’s population) still do not have access to safe drinking water supply services while 4.2 billion people (55% of the world’s population) do not have access to safely managed sanitation services. Over 673 million people (8.92% of the global population) still defecate in the open\(^1\) and over two billion people use toilets connected to septic tanks that are not safely emptied or discharge raw sewage into open drains or surface waters. Moreover, 80% of wastewater in the world is discharged without any treatment, threatening human livelihoods and health.\(^2\) Each year, globally 800,000 people die due to diarrhoea and over 297,000 children under the age of five also die due to diarrhoea associated with poor sanitation. Almost half of all cases of child undernutrition are due to recurrent diarrhoea and intestinal infections caused by unsafe drinking water, inadequate sanitation, and lack of hygiene. Globally, 1.3 to 4 million cholera cases are recorded every year, resulting in between 21,000 and 143,000 deaths due to poor sanitation and hygiene conditions.\(^2\) Across the world, one woman in three is exposed to disease, shame, harassment or abuse because they do not have a safe place to go to the toilet.\(^6\)

In sub-Saharan Africa, over 767 million Africans still do not have access to basic sanitation; open defecation increased from 204 million in 2000 to more than 250 million in 2017. Despite these alarming numbers, the financial flows to the sector have declined from 3.8 billion US$ in 2000 to 1.7 billion US$ in 2017. Poor sanitation costs Africa many human lives and 5.5 billion US$ annually. 1 US$ invested in sanitation yields a return of 4.7 US$. In sub-Saharan Africa, only 15% of the population have access to a hand washing facility with soap and water.\(^2\) JMP further noted that over 293 million school children lack access to basic handwashing facilities in sub-Saharan Africa, accounting for nearly a third of all school-age children in the world. More than one in four health care facilities do not have water services; this is critical for hand hygiene and COVID-19 prevention. In 2019, the ten countries with the highest levels of rural open defecation were in sub-Saharan Africa. This is unacceptable and calls for urgent change.
Although SDG 6.2 clearly acknowledges the critical importance of sanitation, progress towards this goal has been slow. The consequences of poor sanitation and open defaecation cannot be over emphasised. For instance, uncontained faecal matter can lead to the release of pathogens into the environment, capable of causing life threatening diseases particularly among children under the age of five.

1.1 The Context

The essential contribution of sanitation and hygiene for the development of the African continent is well recognised by stakeholders, but this does not translate into priority attention by policy decision-makers. In Africa, access to safe sanitation and hygiene is significantly challenged by inadequate capacity for its implementation, inadequate funding, gender inequality, and rapid urbanisation. A lack of access to sanitation affects all aspects of human endeavour - social, cultural and economic. For instance, in sub-Saharan Africa, the number of people using contaminated water due to poor sanitation and hygiene has increased by 45% between 2000 and 2017.¹

The sanitation context in Africa is also characterised by weak institutional arrangements for implementation. In most cases, the necessary capacity and skills are inadequate for this. The sector is also affected by increasingly extreme weather events and droughts due to climate change. Furthermore, increasing population growth and rapid urbanisation have affected service provision in both urban and rural areas.

Gender dimensions of sanitation and hygiene are critical considerations. Women are often responsible for water collection and domestic chores and yet they participate less in policy decision-making regarding the provision of safe sanitation and hygiene services. In the absence of nearby toilets, one in three women prefer to relieve themselves in the open, potentially compromising their dignity and safety.¹ Fear of Gender-Based Violence (GBV) and sexual assault are also significant barriers to accessing sanitation by girls and women, with a third estimated to experience this.

Furthermore, women and girls spend a total of 770 million hours a week in search of potable water, which can result in young girls missing schooling. In some cases, travelling long distances in search of water can result in attack, rape or snake bites, also placing a further burden on health care facilities and public health expenditure.¹ In most contexts, women and girls are least likely to have the financial resources to secure their own toilet facilities.

The poor sanitation context in Africa also presents challenges to Persons Living With Disabilities (PLWDs) and other vulnerable populations as mobility issues can hinder access to sanitation facilities. Access by PLWDs is also hampered by unsuitable infrastructural designs and inappropriate technologies. Without the active participation of PLWDs, and women and girls in policy planning and development processes, their needs are less likely to be considered.
The African continent also suffers from intermittent and debilitating conflicts, displacement, and natural disasters. These directly impact on the abilities of vulnerable and displaced people to access sanitation and hygiene services. This should be considered in sanitation and hygiene service policies as part of the planning process.

Inadequate legal frameworks to support enforcement and operationalisation of existing sanitation policies impact negatively on sanitation service delivery and policy implementation, together with inadequate sector funding.

In summary, the sanitation landscape across Africa needs improvement to enable access by all and to ensure that no one is left behind. A vibrant enabling environment is necessary to accelerate progress towards achieving the AfricaSan Ngor commitments for sanitation and the targets of SDG 6 for universal access to safely managed sanitation services by 2030.

### 1.2 Rationale

Sustained improvements in access to sanitation and hygienic behaviours require an appropriate enabling environment; a critical component of this is policy. Policies set priorities and determine indicators for resource allocation for implementation. Many African countries have in place institutional arrangements for sanitation service delivery, however, implementation and performance are a challenge due to incoherent arrangements and lack of clear sector leadership. The sector also suffers from a lack of accountability and effective coordination among stakeholders. Standalone sanitation and hygiene promotion programmes are rare; where they do exist, they are ineffective within the broader social development agenda often pursued by local governments, national ministries or specific agencies.

There are also gaps between policy and practice partially due to inadequate financing to operationalise existing policies to the latter. Coordination between central governments and communities at local government level is often weak. Neither are there coordinated mechanisms for sanitation policy development and financing by national governments to improve access to sanitation and uptake of innovations. Service delivery pathways for rural sanitation is less developed than for water supply in many African countries.

A lack of clear leadership, coordination, financing, and cost recovery mechanisms for the sanitation sector often leads to fragmentation. There are also capacity gaps resulting in inadequate human resources for the implementation of existing policies and frameworks. Most existing policies fail to tackle equity, inclusion, and gender. Given these sector challenges, this study was crucial to assess the state of sanitation policies in the African continent.

In recognition of this and the slow progress achieved on sanitation in the African continent, AMCW conducted this study to identify the gaps between policy and practice and to offer appropriate recommendations. Rapid analysis was necessary to ascertain the status of sanitation policies and the
gaps that may affect the achievement of safely managed sanitation in Africa and to create awareness of the need for policy reform.

1.3 Assessment Objectives

The overall objective of the study was to assess the status, structure, and content of existing sanitation policies across the African continent, and specifically, to provide a better understanding of the challenges and the building blocks of its sanitation landscape.

The specific objectives of the assessment included the following:

I. To review sanitation policies in Africa to identify gaps and the building blocks for the delivery of safely managed sanitation services in the continent.

II. To assess progress regarding the implementation of available policies and frameworks and how they align with the key elements of standard sanitation policies and global targets.

III. To provide policy recommendations for the reform of the sanitation policy regimes of the continent in order to accelerate progress towards SDG 6.2.

1.4 Elements of a Standard Sanitation Policy

For a continent-wide assessment of this magnitude, it was necessary to examine the elements that make a standard sanitation policy. A sanitation policy is more likely to have an impact if it stands alone rather than being part of an integrated water and sanitation policy; there is also a higher likelihood that it will get the requisite budgetary allocations and visibility. However, high level political commitment is always critical to the implementation of any standard sanitation policy. Based on global sanitation and public health guidelines, including those of the World Health Organization (WHO), a comprehensive sanitation policy should contain the following elements:

I. **Legal framework:** One of the key elements of a standard sanitation policy is the legal and binding nature of the policy. Any standard sanitation policy should outline the laws and byelaws for enforcement and implementation. It must also be in line with existing legal frameworks that govern national development. The laws and byelaws should prescribe clear and unambiguous roles and responsibilities for service providers and users alike.

II. **Clear institutional arrangements:** A standard sanitation policy should have well-coordinated and integrated planning processes for sanitation, addressing urban, peri-urban and rural areas. The policy should also consider specific concerns such as the provision of sanitation services during emergencies and natural disasters, and for refugees, internally displaced persons (IDPs) and informal communities. Any standard sanitation policy must also make provisions regarding which agency, department or institution takes the lead role in planning (including strategies and plans), coordination, financing, regulation, capacity building, implementation, operation and maintenance, monitoring and evaluation, periodic reviews, and reporting. For instance, the policy should clearly state the coordination mechanisms for
III. Service delivery among all stakeholders involved, including the role of key ministers such as health, education, water resources, planning, human settlements and the role of the private sector, NGOs, CSOs, and INGOs.

IV. **Service levels and target population:** A standard sanitation policy should also consider how to target the unserved, underserved, and hard to reach populations. There must be considerations of equity, inclusion, gender, youth, the very poor, vulnerable, women, children, less abled, the hard to reach, people with special needs, and indigenous populations. Standard sanitation policy must also make provision to adopt diverse and innovative technologies and to offer alternative options or programmess to enable consumers to make informed decisions about levels of service. It should make explicit provision for health and safety, the protection of sanitation workers, and the proper management of faecal sludge from sewered and non-sewered sanitation throughout the value chain (containment, capture, emptying, storage, transportation, treatment, resources recovery and reuse, and disposal).

V. **Health and environmental considerations:** A standard sanitation policy should address the health and environmental problems of the nation throughout the value chain and should adhere to all laws and regulations relating to public health and environmental standards for sanitation service delivery.

VI. **Regulation:** A standard sanitation policy should define standards or make provision for existing standards for service levels for sewered and non-sewered sanitation (containment, emptying, storage, transportation, treatment, resources recovery and reuse, and disposal). Clarity is required on the institutions responsible for regulating sanitation across the service chain at all levels (institutional, community, and household level) and geographical areas (urban, peri-urban, and rural areas) and the role and scope of regulations. The standards and regulations should also make provision for penalties for defaulters and rewards for high level performance at all levels (national, sub-national, and local).

VII. **Financing and cost recovery plans:** Every standard sanitation policy should address financing and full cost recovery mechanisms throughout the value chain. There should be provisions for pro-poor financing, behaviour change communications, capacity building, monitoring, and reporting. Guidance on payment for services appropriate to service levels in urban and rural areas irrespective of who the service providers are (public, private and CSOs) should be included. The policy should indicate the general costs of meeting all sanitation needs, the sources of capital costs for sanitation service chains, modalities for allocation, and specifications for household contributions to operations and maintenance, capital, and/or running costs.
VIII. **Performance monitoring and evaluation:** A standard sanitation policy should consider provisions for monitoring, evaluation, and reporting on targets and indicators. It should clearly indicate how the targets will be monitored and reported, and against which benchmarks and development frameworks. A clear indication should be included of when the policy should be reviewed in line with local, national, and international standards and commitments. In the African context, reference to the Ngor ministerial commitments and the ambitious SDGs is essential.

### 2. Approach and Methodology

This study was conducted using a desk review of sanitation policies of member states. The approach conducted a rapid assessment of 26 country reports. As outlined in section 3.1, the 26 countries (see Annex 6.1) were assessed against the seven elements of a standard sanitation policy. A framework for analysis was also developed in the form of a standard matrix to aid uniformity and consistency of analysis of the standard, sanitation elements across all countries. These included the legal framework, institutional roles and responsibilities, sanitation service levels, target population, health and environmental factors, regulation, financing and cost recovery, and performance monitoring and reporting mechanisms. It is important to note that this study was not an in-depth assessment, neither was it a comparative analysis. It was a rapid country policy assessment to assess current policies and frameworks that govern sanitation service delivery in the continent.

### 3. Results and Discussion

This section outlines the findings from the rapid assessment of the 26 national sanitation policies in the African continent. The framework used for this assessment has been categorised into policy characteristics and elements of standard, comprehensive sanitation policies.

#### 3.1 Policy characteristics

##### 3.1.1 Status of the sanitation policy

Evidence from the assessment of the 26 national sanitation policies (Figure 1) shows that 61% of the policies assessed were developed during the Millennium Development Goal (MDG) era; 31% of the policies were developed during the Sustainable Development Goal (SDG) period; while 8% are sanitation strategies developed during the MDGs but validated for the SDGs.

![Figure 1. Status of national sanitation policies](image-url)
3.1.2 Type of sanitation policy – combined or standalone

One of the parameters in the sanitation policy assessment framework is to evaluate the sanitation policy to ascertain whether it is combined or standalone. Combined sanitation policies, within the context of this study, are considered to be policies that are joined with other aspects of development, for example, water and sanitation policy and sanitation and environmental policy. However, policies such as sanitation and hygiene policies include menstrual hygiene management.

The results show that 54% of the sanitation policies assessed are combined, while 46% are standalone and focus on sanitation only (Figure 2). The scant content in the sanitation section of the combined policies gives insufficient visibility for the prioritisation of sanitation in the sector. For example, Lesotho water and sanitation policy and the Mozambique strategy pay more attention to water compared to sanitation.

Given the current inadequate resources for sanitation initiatives, increasing funding levels is critical for developing comprehensive, independent, standalone sanitation policies. Hypothetically, this would enhance the prioritisation of sanitation and subsequently increase access to safe sanitation and hygiene for all.

3.1.3 Policy development stage

In relation to policy development, only 46% of the policies developed were approved (Figure 3). Others are either in draft form or under review at various levels. It is worth noting that in some of the countries assessed, such as Uganda, the sanitation policy has been in draft form since 1997. It can be deduced (Figure 3) that with 27% of policies and strategies still in draft form, the real time relevance of these to deal with current continental and global sanitation challenges has been compromised, especially for those developed during the MDG era.

3.2 Elements of a comprehensive sanitation policy

This section explains the importance of anchoring national sanitation policies within existing laws and outlines the extent to which this is reflected in the sanitation policies of member states.
3.2.1 Legal framework

Standard sanitation policies must be bound into legal frameworks. Sanitation policies enshrined in existing laws enable government buy-in, accountability, and commitment. Additionally, legal sanitation policies are enforceable and more likely to be accepted by local communities. Therefore, policies without the support of legal frameworks may suffer challenges regarding implementation, enforcement, and acceptance. Apart from implementation challenges, policies without enforceable laws and byelaws have the potential to be misunderstood and may not meet desired national goals within the broader national development context. Findings from the assessment show that only 58% of countries have their sanitation policies anchored on existing legal frameworks while 42% do not.

3.2.2 Sanitation lead agencies

Designating a lead sanitation agency to spearhead sanitation initiatives and activities is critical to promoting accountability as well as to ensuring the implementation of strategic sanitation priorities. Clear institutional roles aid in avoiding overlaps and duplication of efforts between institutions, thus saving time and resources while improving leadership, transparency, accountability, and efficiency of the sector. In Africa, there is no standard framework for how sanitation roles should be conducted; hence, sanitation functions are carried out by different line ministries. For example, in Ghana, the Ministry of Local Government and Rural Development is the lead sanitation agency tasked with sanitation policy development and roll out. In Chad, sanitation is led by the Ministry of Urban and Rural Hydrology. In this analysis, the lead sanitation agency is considered to be among the ministries of water, health and environment or other ministries with sanitation within their purview. In countries such as Rwanda, where sanitation roles do not explicitly fall on any one of the above three-line ministries, other ministries, boards, departments, and institutions tasked with sanitation roles are included.

The results of this assessment show that 38% of countries (Figure 4) have lead sanitation agencies in other ministries than water, health, and environment. Other ministries, boards and institutions are also involved in policy formulation. Only 30% of the policies assessed are led by a ministry of health, with 13% implemented by ministries of water and environment, respectively. Gambia’s policy clearly points to the lack of a lead agency directly mandated to deal with sanitation and hygiene. This is a significant challenge to accountability, harmonisation, and the effective coordination and proper functioning of the sanitation sub-sector.

![Figure 4. Lead sanitation agencies](image-url)
3.2.3 Institutional roles and responsibilities

Institutional roles and responsibilities outline the services of various aspects of the sanitation sector at national, urban, peri-urban, and local government levels and the roles of stakeholders. These institutions include service providers, regulatory and enforcement bodies, local authorities, the private sector, civil society institutions, community-based organisations, and NGOs. A lack of sound and clear institutional roles and responsibilities has been found to be a cause of many failures in the sanitation service delivery value chain (containment, capture, treatment, re-use, disposal) and a major reason for inadequate sanitation for the unserved, underserved, and those in hard-to-reach geographical locations.

Based on the policies assessed, elements of a comprehensive sanitation policy such as financing, regulation, implementation, operation and maintenance, and monitoring and evaluation are coordinated by a single ministry or institution. However, in countries such as Malawi and Lesotho, it was not clear which agency or institution is mandated to lead sanitation service delivery (Figure 5). It is, however, noteworthy that these roles are mostly at national level, rarely cascading to the local level. The assessment shows that roles of other government institutions and parastatals vary from country to country.

Figure 5 - Countries with clear Institutional roles and responsibilities
Table 1: Country line ministries/agencies responsible for sanitation services delivery

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>RESPONSIBLE AGENCIES</th>
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<tbody>
<tr>
<td>BURKINA FASO</td>
<td>• Local and Regional Sanitation Directorates in rural areas and the National Water and Sanitation Office in urban areas are responsible for the eradication of open defecation, construction and maintenance, and sustainable management of sanitation facilities at the household level and in public spaces. They are, however, assisted by 'umbrella' ministries that provide technical assistance for specific sectors (Ministry of Health, Ministry of Territorial Administration, Ministry of Education).</td>
</tr>
<tr>
<td>CAPE VERDE</td>
<td>• The Management Entity for Water Supply and Sanitation (EG) is responsible for assuring safe and hygienic sanitary practices. It is also responsible for providing related services to all household in their areas. The Economic Regulatory Agency (ARE) is responsible for tariff setting.</td>
</tr>
</tbody>
</table>
| THE GAMBIA    | • The Ministry of Water Resources, Fisheries and National Assembly Matters on Sanitation is responsible for development and implementation of policies for the country's national water resources’ management.  
• The National Environment Agency (NEA) is responsible for implementing policies and legislation on environmental management and standards.  
• The Public Utilities Regulatory Authority (PURA) is responsible for enforcing laws and regulations on water supplies, electricity, and sewerage in urban and peri-urban areas of the country. |
| LIBERIA       | • The Water Supply and Sanitation Commission (WSSC) is responsible for regulating all activities related to tariffs, licenses, PPPs, service standards, and water law compliance.                                      |
| ZAMBIA        | • The Ministry of Finance (MoF) supports infrastructure development and other activities to promote improved sanitation and enhanced hygiene behaviour through various financing instruments.  
• The Ministry of Health (MoH) collaborates with the Ministry of Local Government and Housing on public health in urban areas and on promoting improved sanitation and hygiene behaviour. It also implements the legal framework in relation to all public health aspects of strategy (along the sanitation chain) and develops guidance for risk mitigation through sanitation safety planning.  
• The Ministry of Community Development supports local authorities and commercial utilities to identify the needs of vulnerable and marginalised groups, including women and children, and promotes improved hygiene behaviour among these groups through community health workers and WASHE Committees.  
• The Ministry of Education is responsible for Water, Sanitation and Health Education (WASHE) programmes, focused on improved sanitation in schools and the involvement of schoolchildren in hygiene promotion activities. It also works with the Ministry for Local Government and Housing to ensure that sanitary facilities and hygiene education are available in all schools. |
- The Ministry of Commerce, Trade and Industry (MCTI) supports private sector development through the Zambia Development Agency and the development of appropriate standards by the Zambian Bureau of Standards (ZABS).
- The Zambia Environmental Management Agency (ZEMA) is charged with enforcing the legal framework to protect the environment and control pollution.

### ETHIOPIA
- The National WASH Coordination Office (NWCO) is responsible for coordinating, planning, and oversight of programme implementation at both federal and regional levels.
- The Ministry of Health is responsible for quality control and standards for sanitation.
- The Ministry of Water Irrigation and Electricity (MWIE) is responsible for water and sanitation policy and strategy, coordination, and monitoring.
- The Ministry of Education is responsible for developing school WASH strategy at the federal level and establishing hygiene promotion in schools at the regional level.

### KENYA
- The National/County Treasury guides sanitation-related fiscal activities, administering all public investments in environmental sanitation, and negotiating for grants and loans in accordance with the Public Finance Management Act.
- The Judiciary is responsible for enforcing the rights to sanitation and clean and healthy environment as stipulated in the Constitution.
- The National Environmental Management Authority (NEMA), as the regulatory agency for the protection of the environment, establishes systems of environmental impact assessment, environmental audit, and monitoring and pollution control.

### CHAD
- The Ministry of Environment, Water and Fisheries is responsible for the protection and safeguarding of the environment, and for implementing the decree to regulate pollution and factors negatively impacting the environment.
- The Ministry of Public Health is responsible for information, communication, and education relating to public health, including the promotion and strengthening of the strategy on community participation in the management of health services.
The roles of the private sector, Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs), and development partners were highlighted in 78% of the policies. Their roles are summarised below:

- Providing financial investment required for development of sanitation schemes
- Advocating for and promoting hygiene and sanitation programmes
- Contributing to the achievement of sanitation programmes via public-private partnerships with the government, and direct provision of services such as the construction and management of facilities
- Involving development partners through the funding of projects/programmes in partnership with the government or directly with territorial collectives or civil society
- Encouraging the private sector to invest in low-cost, adaptable, replicable sanitation technologies, and the provision, sale, and delivery of sanitation goods and services.

### 3.2.4 Sanitation Service Levels

Sanitation service levels refer to the sanitation options available from basic to safely managed. These ladders are used to benchmark and compare service levels across countries. They include the following:

- **Safely Managed:** Safely managed sanitation and use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated off-site.
- **Basic:** Use of improved facilities not shared with other households.
- **Limited:** Use of improved facilities shared between two or more households.
- **Unimproved:** Use of pit latrines without a slab or platform, hanging or bucket latrine.
- **Open defecation:** Excretion or disposal of human faeces in fields, forests, bushes, open bodies of water, beaches, and other open spaces.

Overall, the findings showed that 62% of the policies do not cover safely managed sanitation service delivery across the service chain. Only 38% of the policies address issues of containment, emptying, transportation, treatment, reuse, and disposal. However, 62% of the policies assessed support adoption of diverse and innovative technology in sanitation. Urban and rural areas have different sanitation needs and approaches to infrastructure and sanitation are very different, therefore countries need to have structured service levels for both rural and urban areas.

Unfortunately, only 35% of the policies assessed provide information on sanitation service levels. The Ugandan policy, though still in draft format, encourages a people-centred approach to sanitation where communities are supported and empowered to identify their own sanitation needs and solutions as well as the management of sanitation programmes.
3.2.5 Equity and Inclusion

Equity and inclusion are crucial for achieving SDG 6.2 and at least 62% of the policies analysed have inclusive sanitation for all groups. However, health and safety protection of sanitation workers across the service chain is not considered in 64% of the policies, which make no provision for this.

3.2.6 Health and Environment Considerations

Improved sanitation contributes enormously to human health and well-being, especially for girls and women. However, only 42% of the policies assessed include health and environment as explicit components of the policy, 35% refer only to the environment, and 4% to health only. However, 19% of the countries, including Liberia, Nigeria, Lesotho, Mozambique, and South Sudan do not include health or environment in their sanitation policy. This might imply that they either have standalone health and environment policies, or that current policies are yet to link sanitation to environment and health.

3.2.7 Regulations

A clear regulatory framework ensures that sanitation policies and strategies are enforceable. It is important for regulators to be as independent of government service provision structures as possible. For the countries assessed, 81% of the policies do not make any reference to existing service level standards. This suggests that these either do not exist in the country or are not considered. Institutions responsible for regulating sanitation across the service chain vary from country to country, as shown in Figures 2 or 6. About 31% of the countries, including Ghana, Mali, Nigeria, Malawi, Uganda, South Sudan, Mozambique, and Namibia do not have any institution responsible for regulating sanitation across the service chain. Other countries refer to ministries of water, health, environment, and others as the sanitation regulatory institution.

With regards to penalties for lack of compliance to sanitation regulatory standards, 62% of the policies assessed do not specify any penalties for non-performers/defaulters at the various service levels. 38% of policies specify penalties adopting the polluter pays principle whereby those who produce pollution should bear the costs of managing it to prevent damage to human health or the environment. Only 15% of policies specify rewards for good performance at various levels of governance, for example, Kenya. The Kenyan National Government, through the National Environmental Sanitation Coordination and Regulatory Authority (NESCRA), provides financial and non-financial incentives for recognising and rewarding best performance in environmental sanitation and hygiene service delivery and innovations.
3.2.8 Financing and Cost Recovery

Adequate financing for drinking water, sanitation, and hygiene (WASH) is essential to deliver and sustain services. This encompasses the whole sanitation lifecycle of initial investment, operation and maintenance, and major rehabilitation. As shown in Figure 7, 73% of the policies assessed do not describe the sources of capital costs for the sanitation service chain, whether sewered or non-sewered. However, countries like Burkina Faso indicate that 81% of their budget is scheduled capital costs. South Africa's policy supports the use of grants to provide basic sanitation to households on private and traditional land and in emergency situations. The Kenyan sanitation policy advocates for sector-wide sanitation financing on the rationale that all economic development activities have direct impacts on the state of environmental sanitation. For Uganda, the policy points to government subsidy to primary schools to ensure the provision of appropriate sanitation.

However, additional costs of accessing safely managed sanitation services for poor people living on land that is technically difficult to build on, have not been adequately addressed; the exception to this is Rwanda where the policy clearly states that support would be given to those living in rocky areas. In addition, 88% of policies do not identify the recurrent costs of sanitation borne by households, and only 31% of countries receive financial allocations from the national government to subsidise these.

With regards to the programmatic costs of implementing the policies, 58% of the policies recognise these costs. In the case of Cameroun, the strategy identifies costs related to technical assistance and training, including hygiene and sanitation promotion, at an estimated figure of $75 million over 10 years. For Chad, these costs are included in the general budget. For Kenya, at the national level, the Ministry of Health in collaboration with stakeholders, including other government and regulatory agencies, development partners, and NGOs support environmental sanitation education programmes, coordinate training, materials development, and research to support county and national programmes. Overall, for the 58% who include programmatic costs in their policies, sources of funding are mainly shared costs between the national governments, counties/decentralised territorial collectives, development partners, CSOs, and the private sector.

3.2.9 Monitoring and Periodic Reviews

Monitoring and evaluation processes aim to measure and track progress on the implementation of activities to ensure they lead to their intended outcomes. This helps implementers and project managers to establish whether progress is being made towards a given goal and to make evidence-based adjustments where necessary. Global and regional commitments such as the SDGs and Ngor Declarations are designed to guide countries to set targets that create an enabling environment for
sanitation and support incremental access to safely managed sanitation services. It is important to note that countries may not commit to either global or regional targets but may commit to national targets for sanitation.

From the study, 58% of the policies assessed are committed to regional and global targets while 42% are neither committed to the Ngor Declarations nor the SDGs. A significant number of countries in Western Africa are still aligned with the MDGs and the New Partnership for African Development (NEPAD) declarations. Other countries, including Senegal, Burkina Faso, and Kenya, are aligned with the Ngor Declarations. About 65% of countries do not have national targets for sanitation. Consequently, only 42% of countries indicate how their targets are monitored and reported.

Periodic policy reviews are necessary to revise existing policies and incorporate new strategies that guide countries toward achieving set targets. Figure 8 shows that 42% of policies will be reviewed on an annual basis, mostly through annual sector review meetings with yearly progress reports. However, Uganda policy indicates that quarterly progress reports will be submitted to all levels for planning and decision-making purposes. Most countries do not indicate how the reviewed results will be used.

4. Conclusion

Sanitation policies of 26 African countries were assessed against seven key elements to identify gaps that could hamper progress toward achieving safely managed sanitation. Findings from the assessment suggest that sanitation policies in Africa are diverse in both structure and content and none of them fully addresses the core element of an inclusive sanitation policy. 61% of the policies assessed were developed during the MDG era and do not reflect safely managed sanitation processes.

Current trends suggest that it will be difficult for African countries to achieve the SDG target 6.2 unless there is a substantial paradigm shift in relation to policy development and implementation. Although countries have varying degrees of aspirations, even those with commendable policies, such as South Africa and Rwanda, still need to update these to reflect the core elements used in the assessment framework. Therefore this is a compelling reason to support countries to update or develop sanitation policies that incorporate these critical elements and which will subsequently lead to achieving safely managed sanitation for all Africans.
5. Recommendations

- Sanitation policies for African countries should be revised to be uniform in content and structure and should align with the SDG targets and the Ngor Declarations.
- Policies should be anchored to existing legal frameworks and should reflect essential core elements necessary for improved sanitation service delivery.
- Policies should address safely managed sanitation services across the service chain; this includes addressing issues of containment, capture, emptying, storage, transportation, treatment, re-use, or disposal.
- Policies should ensure that the health and safety of sanitation workers across the service chain is considered.
- Policies and strategies, once implemented, should be reviewed to ascertain the effectiveness in achieving the intended objectives; for this reason, structures should be put in place to ensure that policies are reviewed frequently and revised to align with new developments in the sector.
- Policies should include an implementation strategy that defines detailed activities based on the policy principles and guidelines, thereby enabling appropriate funding to be sourced, capacity to be developed, and progress to be monitored.
- High level political will is critical for sanitation policies to be effective, therefore, advocacy is an important component of policy development.
- If sanitation is not budgeted for, it will not be funded. Most countries have no budgetary allocations for sanitation functions and hence most rely on development partners, CSOs, and the private sector for execution of their roles. African governments need to take sanitation seriously and have it as a specific item in their national and regional budgets.
### 6. Annexes

#### 6.1 Policies consulted for this assessment

<table>
<thead>
<tr>
<th></th>
<th>Policy Name and Timeline</th>
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<tbody>
<tr>
<td>3.</td>
<td>The Gambia: National Policy for Sanitation and Hygiene 2011</td>
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<td>5.</td>
<td>Guinea: National Sanitation Policy 2011</td>
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<td>9.</td>
<td>Senegal: Sector Policy Letter for Development (focusing on water and sanitation, including the integrated management of water resources) 2016</td>
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<td>15.</td>
<td>Swaziland/eSwatini: National Sanitation and Hygiene Policy 2019</td>
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<td>17.</td>
<td>Zimbabwe: The Zimbabwe National Sanitation and Hygiene Policy 2017</td>
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<tr>
<td>25.</td>
<td>Congo DRC: National Sanitation Policy</td>
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</table>
### 6.2 Framework for the assessment of existing sanitation policies in African countries

<table>
<thead>
<tr>
<th>Policy Elements</th>
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<tr>
<td><strong>Policy and strategy</strong></td>
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<tr>
<td><strong>Policy overview</strong></td>
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<tr>
<td><strong>1. Legal framework</strong></td>
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<td><strong>2. Institutional roles and responsibilities</strong></td>
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<td><strong>3. Sanitation service levels and target population</strong></td>
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<td><strong>4. Health and environment consideration</strong></td>
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<td><strong>5. Regulation</strong></td>
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<td><strong>6. Financing and cost recovery</strong></td>
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<tr>
<td><strong>7. Performance monitoring</strong></td>
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</table>

**a) Yes/No:** Write the exact title of the policy document. Are there different urban and rural policy? Describe

**b) When was the policy developed?**

**a) Does the policy outline existing legal frameworks that govern sanitation? Describe**

**a) Is a lead sanitation agency identified in the policy? Which government institution is responsible for policy development?**

**a) Does the policy explicitly target all population groups: e.g. urban poor in large cities, residents of small towns, and inhabitants of rural communities? Alternatively, are these three groups clearly included in the intent of the policies? Are there other population groups with special needs?**

**a) Is health an explicit component of the national sanitation policy?**

**a) Does the policy specify standards or make reference to existing standards for service levels - sewered and non-sewered (containment, emptying, storage, transportation, treatment, resources recovery and reuse, disposal)?**

**a) Does the policy indicate the general costs of meeting all sanitation needs?**

**b) Are there descriptions of how these costs will be met at the various governance levels?**

**b) Is there a sanitation strategy/National Action Plan without a policy? Explain**

**b) What is the status of the policy (draft/awaiting approval)?**

**b) Are there laws or bye-laws that cover responsibilities of landlords in providing safe sanitation facilities for tenants?**

**b) Which agencies are currently responsible for the institutional roles listed below? Indicate for rural, urban (cities), small towns: - Planning (including strategies and plans); Financing; Regulation; Implementation; Operation and maintenance; Periodic review/M&E; Programme support (training - hygiene promotion - institutional development -)**

**b) Does the policy adequately cover safely managed sanitation service delivery across the value chain (containment, emptying, storage, transportation, treatment, resources recovery and reuse, disposal)?**

**b) Does the sanitation policy address the main health problems?**

**b) Which institutions are responsible for regulating sanitation across the service chain (household level, institutional, and community level)? Describe the regulators for sanitation**

**b) Integrated planning: Describe any evidence in the policy that demonstrates integrated planning that will ensure that sanitation gets similar resources and support in comparison to other essential social services**

**b) Are there national targets for sanitation?**
<table>
<thead>
<tr>
<th><strong>c) Explain if the policy stands alone or is it combined with the water policy?</strong></th>
<th><strong>c) Responsibilities at different government levels. E.g. What are the roles of the ministries of health, water, environment in national sanitation policy formulation and implementation?</strong></th>
<th><strong>c) Are specific service levels defined for urban and rural areas? E.g. sewered and non-sewered sanitation. Are the particular needs of each target group taken into account?</strong></th>
<th><strong>c) Is environment an explicit component of the national sanitation policy?</strong></th>
<th><strong>c) Does the policy specify any penalties for non-performance/defaulters at various levels?</strong></th>
<th><strong>c) Does the policy describe the sources of capital costs for the sanitation service chains (sewered/non-sewered) (household, public, private, external) and how and under what terms are they allocated among levels of government?</strong></th>
<th><strong>c) Does the policy indicate how the targets will be monitored and reported?</strong></th>
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<tr>
<td><strong>d) Does the policy have a supporting sanitation strategy? (Describe any national sanitation strategy including date of publication. Indicate if this is linked to a policy or exists without a policy)</strong></td>
<td><strong>d) Roles and responsibilities of other stakeholders and players including private sector, NGOs, CSOs</strong></td>
<td><strong>d) Is there support towards adopting diverse and innovative technology?</strong></td>
<td><strong>d) Do the sanitation policies address the main environmental problems?</strong></td>
<td><strong>d) Does the policy specify any rewards for good performance particularly at various governance levels (e.g. city; local government; communities; etc.)</strong></td>
<td><strong>d) Does the policy specify households’ contribution to capital and/or running costs? Are they expected to pay all or a substantial portion of the costs?</strong></td>
<td><strong>d) Periodic reviews: Does the policy specify how often reviews should be conducted? How does the policy suggest that the review results be used?</strong></td>
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<tr>
<td><strong>e) Roles of other government institutions and parastatals, Environment Agency</strong></td>
<td><strong>e) Does the policy indicate service levels for sanitation in institutions and public places; sanitation in emergencies?</strong></td>
<td><strong>e) Are there links or references in the policy to the environmental standards or requires (e.g. EIA) for the sanitation services chains?</strong></td>
<td><strong>e) Have the additional costs of safely accessing sanitation services for the poor living on land that is technically difficult to build on (steep slopes, flood plains, rocky soils, etc.), been adequately and equitably addressed?</strong></td>
<td><strong>e) Is there an indication of when the policy should be reviewed and revised?</strong></td>
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<td>f) Does the policy indicate coordination mechanisms for sanitation (interagency coordination among the national institutions that have some responsibility for sanitation)? Are there indications of how coordination should happen below the national level?</td>
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<td>g) Equity and inclusion (pro-poor and pro-vulnerable). Describe any provisions made in the policy document for ensuring sanitation for all. Look for words such as 'leave no one behind'</td>
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<td>h) Does the policy make provision for health and safety and protection of sanitation workers across the service chain?</td>
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<td>f) Are there provisions for programmes to provide information to enable consumers to make informed decisions about levels of service?</td>
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<td>f) Are recurrent costs identified, particularly those borne by households?</td>
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<td>h) Does local government receive financial allocations from national government to subsidise the recurrent costs for sanitation, especially for municipal systems?</td>
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<td>g) Are the programmatic costs of implementing the policies identified (e.g. training, capacity building, hygiene education, institutional development, technical assistance)?</td>
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<td>g) What are the sources of funding for programmatic costs?</td>
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6.3 References


