From promise to reality:

The urgent need for Southern African leaders to deliver on their water, sanitation and hygiene commitments

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Almost two thirds of the population in Southern Africa do not have access to basic sanitation.
Photo: Hanging latrines, Andabatoara, Morondava, Madagascar. WaterAid/Anna Kari

The unrelenting struggle against sanitation and water poverty continues to be the daily reality for the majority of people living in Southern Africa. 174 million people, almost two thirds of the population, do not have access to basic sanitation, and over 100 million go without clean, safe water. Sanitation and water poverty has climbed steadily over the past two decades, exerting its lethal impact on the poorest and most vulnerable in society: each year 120,000 children under the age of five die from diarrhoea.[1]

The failure and delay in achieving lasting solutions also acts as a powerful brake on a multitude of other important development outcomes, such as better health and nutrition, education, gender equality, livelihoods and productivity.

Progress in increasing coverage has been stubbornly slow since 1990. Although some countries enjoy near universal access, in others investment is insufficient to meet maintenance and growing population needs, leading to stalling or even falling levels of access. Of the fifteen countries in the Southern African Development Community (SADC) region, only three are on track to achieve the 2015 Millennium Development Goal (MDG) target to halve the proportion of people without basic sanitation.[2] With annual economic losses from the lack of sanitation estimated to be 1% of GDP or more for off-track countries, and water and sanitation now recognised internationally as human rights, there is no better time for Southern African Governments to tackle this crisis with the urgency and resolve it requires.[3]

This new briefing from WaterAid Southern Africa presents some of the challenges faced by countries in the region, and calls on governments to take the necessary steps to strengthen the sector and provide the essential funding that is required.[4] It draws on specific case studies, which track budgets for water, sanitation and hygiene in Madagascar, Malawi, Mozambique, Swaziland, and Zambia.[5] While ensuring adequate financial resources for the sector is not a sufficient condition in itself for the realisation of the MDGs, and ultimately for universal access in all countries, it is nevertheless a necessary condition. Sustained progress will not happen without it. It is for this reason that WaterAid has made a priority of focusing on sector financing, seeking to achieve a significant change in approach in particular from governments in the region to ensure that everyone, everywhere will have access to improved water and sanitation facilities by 2030.

The scale of the challenge

While progress is being made in the sector in bringing water and sanitation to the Southern African population, the challenges remain very significant. Table 1 shows the countries in the region and the percentages of the population in each country with access to water and sanitation. Eight countries are off-track for the water MDG target and 12 off-track for the sanitation MDG target.

Table 1: Progress against the MDG targets, % of population with access to water and sanitation

Country	MDG water target	MDG sanitation target
Angola	Off-track, 53%	On-track, 59%
Botswana	Near universal, 97%	On-track, 64%
DR Congo	Off-track, 46%	Off-track, 31%
Lesotho	Off-track, 78%	Off-track, 26%
Madagascar	Off-track, 48%	Off-track, 14%
Malawi	On-track, 84 %	Off-track, 53%
Mauritius	Universal, 100%	Off-track, 91%
Mozambique	Off-track, 47%	Off-track, 19%
Namibia	On-track, 93%	Off-track, 32%
Seychelles	Near universal, 96%	Near universal, 97%
South Africa	On-track, 91%	Off-track, 74%
Swaziland	On-track, 72 %	Off-track, 57%
Tanzania	Off-track, 53%	Off-track, 12%
Zambia	Off-track, 64%	Off-track, 42%
Zimbabwe	Off-track, 80%	Off-track, 40%

Source: WHO/UNICEF, Progress on Sanitation and Drinking-Water, 2013

There is correlation between the wealth and income of the countries and the level of access to water and sanitation. Angola, Botswana, Mauritius, Namibia, Seychelles and South Africa are all upper middle income economies (income per person between US$ 3,116-$9,636) and have highest levels of access. DR Congo, Madagascar, Malawi, Mozambique, Tanzania and Zimbabwe are all low income economies (income per person less than US$ 785) and progress on water and sanitation coverage is much less advanced.[6] Even for those countries with higher access levels, the poorest sections of society are often left behind, and equity and inclusion issues remain critical. The table also indicates other important factors: for example, the political priority and resourcing by the Malawi Government and its donor supporters to drinking water has delivered relatively high levels of access. Also for almost all countries, progress on sanitation is lagging behind that of drinking water, suggesting lower priority for the sanitation subsector.

Table 2: Selected poverty and health indicators

Country	Proportion of population below $1 per day, %	Prevalence of undernourishment in total population, 2010-2012, %	Under 5 mortality, per 1,000 births	HIV/AIDS Prevalence rate in adults age 15-45, 2012, %
Angola	54.3	27.4	157	2.3
Botswana	31.2	27.9	46	23.0
DR Congo	87.7	...	181	1.1
Lesotho	43.4	16.6	92	23.1
Madagascar	81.3	33.4	57	0.5
Malawi	73.9	23.1	120	10.8
Mauritius	...	5.7	15	1.2
Mozambique	59.6	39.2	125	11.1
Namibia	31.9	33.9	41	13.3
Seychelles	0.3	8.6	...	...
South Africa	13.8	Less than 5	66	17.9
Swaziland	40.6	27.0	95	26.5
Tanzania	67.9	38.8	83	5.1
Zambia	68.5	47.4	133	12.7
Zimbabwe	...	32.8	74	14.7

Source: Gender, Poverty and Environmental Indicators on African Countries, African Development Bank, 2013, data for latest available years, UNAIDS 2012.

Table 2 illustrates the steep challenges that lie ahead for many countries in making progress towards universal access to water and sanitation by 2030. DR Congo, Madagascar, Malawi, Zambia and Tanzania have more than two thirds of the population living in extreme poverty. In Zambia, undernourishment affects almost half the population, and in Mozambique, Tanzania, Namibia and Madagascar, more than a third. Southern Africa is also heavily affected by the HIV epidemic: nine out of the ten countries with the

People living with HIV/AIDS require as much as five times more clean water than average. Photo: Kaniche village, Malawi. WaterAid/Kate Holt

highest prevalence rates worldwide are in Southern Africa: Swaziland, Lesotho, Botswana, South Africa, Zimbabwe, Namibia, Zambia, Mozambique and Malawi. In Swaziland over a quarter of adults between the ages of 15 and 24 are living with HIV/AIDS.[7] People living with the virus can require as much as five times more clean water than average.

The Madagascar study shows the interrelationship between water and sanitation, health, education, indeed all human development. Diarrhoeal disease, caused primarily by dirty water and poor sanitation, affects 51% of children under five, is responsible for 14,000 child deaths each year, and causes the loss of 3.5 million school days, and 5 million work days each year.[8] The Swaziland study emphasizes the critical and additional needs for clean water and safe sanitation of people living with HIV/AIDS. Adding to the urgency for action is the high tuberculosis infection rate across the country, as well as widespread bilharzia in the Middleveld and Lubombo plateau.

Achieving the sustainability of services is also a challenge for all countries in the region. Estimates by the Rural Water Supply Network have shown non-functionality of water points between 30-40% in Malawi, Zambia and Zimbabwe and as high as 67% in the Democratic Republic of Congo.[9]

Resourcing the sector: financing shortfalls

The scale of the challenge in Southern Africa calls for major resourcing of the sector. However, for many countries existing financial flows are significantly lower than what is required. A study by the African Union, African Development Bank, World Bank and others, the Africa Infrastructure Country Diagnostic, compared indicative spending needs for African countries in the context of achieving the water and sanitation MDG targets.[10] The table below sets out the information for Southern African countries.

Table 3: Resourcing needs to achieve the water and sanitation MDG targets

Country	Existing sector financial flows, all sources, % GDP	Annual resourcing needs for MDGs, % GDP	Annual financing gap, US $ million
Angola	...	1.9	...
Botswana	2.6	1.3	-127
DR Congo	...	23.1	...
Lesotho	2.0	3.8	26
Madagascar	1.4	12.2	542
Malawi	1.4	7.3	169
Mauritius	...	1.8	...
Mozambique	1.6	5.6	267
Namibia	2.4	4.7	138
Seychelles	...	...	...
South Africa	0.9	1.4	1269
Swaziland	...	1.3	...
Tanzania	1.6	7.5	829
Zambia	2.2	6.4	313
Zimbabwe	...	12.5	...

Source: Africa's water and sanitation infrastructure, World Bank, 2011

While funding can come from several different sources, including primarily from households, government and Official Development Assistance (ODA), the scarcity of resources in the domestic economy mean that it is unlikely that real progress will be achieved without substantial external support. Botswana stands out as having provided improved water access to everyone, being on track for the sanitation MDG, and resourcing the sector to the extent that there is no financing gap. Similarly, the Angolan Government has resourced the sector substantially, contributing to the remarkable progress on sanitation access levels since the civil war ended in 2002.[11] For the other countries where data is available, however, this analysis identifies a financing gap of $3.6 billion a year.

The WaterAid case studies confirm the existence of significant financing gaps. The Malawi Water Sector Investment Plan identifies resourcing needs of $140 million annually to accelerate progress against the Government targets of universal access to water as well as 87% access to basic sanitation by 2025. Yet annual average investment from 2011 and planned through to 2015 is only $42 million. Similarly, in Mozambique central government funding rose from Meticais 2.7 billion in 2008 to 5.5 billion in 2011 (US$189 million), growth in real terms of 60%. However, this represents only about 1.5% of GDP, and so falls substantially below what is estimated as required for the achievement of the MDGs in Table 3. The Madagascar study estimates annual financing needs of US$150 million compared with the actual financial flows of US$40 million, the latter figure before the 2009 political crisis, when many donors froze their funding. By 2012 the Government allocation to the sector had fallen to only US$ 15 million.[12]

Significant financing shortfalls hold back progress in many countries. Photo: An unsafe, open well, Habeenzu village, Zambia. WaterAid/Anna Kari

The Zambia case study calculates a total investment requirement of US$466 million to achieve the MDG water and sanitation targets, but the water and sanitation budgets set through to 2015 in the Sixth National Development Plan are only 60% of these. In Swaziland the Government's budget allocation averaged Emalangeni 27 million per year (US$2.7 million) between 2008-09 and 2012-13. This is only 0.07% of GDP, and although Swaziland is on track for the water MDG target, the figure is significantly less than the 1.3% estimated by the African Development Bank, World Bank and others as necessary to be on track for both water and sanitation.

Capturing natural resource revenues for social investment

The immense natural resource wealth of Southern Africa contrasts starkly with the widespread poverty indicators set out in Table 2 above. Oil, gas, coal, copper, diamonds, gold, platinum as well as many other resources are the drivers of economic growth in many of the countries in the region. Yet too often transparency is lacking and governments are securing minimal revenues from their countries' wealth, due to ineffective mineral laws, royalty regimes and systems. The mining industry in Zambia accounts for 15-18 percent of GDP and exports over US$3 billion worth of copper per year, but contributes just 8 percent of total tax revenue.[13] A recent report shows how the Mozambican Government receives only US$10 million a year in revenue from the annual exploitation of an estimated US$700 million of Inhambane natural gas.[14] Similar cases are well documented in other countries in the region.[15]

It is critical that these natural resources are managed to the benefit of Southern Africa citizens, and for the present and foreseeable future they represent the most important source for strengthening government revenues, thus allowing expanded public spending in social sectors, including water and sanitation, health and education. This in turn can create a virtuous circle of economic development through reduction of economic losses from poor sanitation and raised levels of education and health in the workforce and general population. The performance of the water and sanitation sectors in Angola and Botswana are examples of how how oil, gas and mineral wealth can be captured by government for social investment.

The levels of external support

Table 4 illustrates aid flows going to the sector in the region. The region received an average of US $785 million of aid commitments each year between 2010 and 2012. The largest recipients are Tanzania (US$164 million), Mozambique (US$ 114 million) and Malawi (US$ 85m). Those receiving the smallest amounts of aid are Botswana (US$ 0.5 million), the Seychelles (US$ 5.0 million) and Madagascar (US$ 12 million). The largest donors are the International Development Association (IDA), France, the European Union (EU), Japan and Germany.

Table 4: Official Development Assistance for water and sanitation

Country and ranking by ODA		ODA 2010-12, commitments	ODA per person	Largest donors
Tanzania	1	US$ 164m	$3.5	France ($32.6), AfDF[16] ($31.1m); Germany ($31.0m); EU ($23.6m); US ($15.4m); UK ($7.4m)
Mozambique	2	US$ 114m	$4.8	IDA[17] ($35.6m); Netherlands ($21.4m); France ($18.4m); Australia ($9.5m); UK ($6.6m); US ($4.6m)
Malawi	3	US$ 85m	$ 5.5	IDA ($66.0m); Australia ($7.6m); Japan ($6.7m); UK ($1.3m); USA ($1.1m); Belgium ($0.8m)
Mauritius	4	US$ 74m	$ 56.5	Japan ($29.2m); France ($28.5m); EU ($16m)
DR Congo	5	US$ 66m	$1.0	South Korea ($24.0m); Japan ($23.6m); USA ($6.2m); Germany ($6.0m); IDA ($2.0m); UNICEF ($1.3m);
Zambia[18]	6	US$ 58m	$ 4.3	Germany ($18.7m); Japan ($13.8m); Denmark ($8.7m); USA ($8.7m); BADEA[19] ($3.3m)
South Africa	7	US$ 52m	$ 1.0	France ($23.3m); EU ($23.2m); Germany ($1.8m); Ireland ($1.1m); Belgium ($0.7m)
Angola	8	US$ 43m	$ 2.2	IDA ($40m); USA ($2.0m); Canada ($0.3m); France ($0.1m)
Lesotho	9	US$ 40m	$ 18.2	EU ($15m); UAE ($7.2m); IDA ($4.3m); OFID (4.0m); Kuwait ($3.6m); USA ($2.6m); BADEA ($1.7m)
Zimbabwe	10	US$ 32m	$ 2.5	Australia ($15.7m); UK ($10.3m); Germany ($2.4m); Switzerland ($1.8m)
Namibia	11	US$ 25m	$ 10.9	EU ($16.7m); Luxembourg ($3.3m); Germany ($3.2m); Spain ($1.5m); Finland ($0.3m)
Swaziland	12	US$ 14m	$ 11.8	EU ($8.8m); OFID[20] ($5m); Germany ($0.2m)
Madagascar	13	US$ 12m	$ 0.6	EU ($4.3m); US ($3.5m); France ($2.3m); UNICEF ($0.6m); Belgium ($0.6m); Canada ($0.3m)
Seychelles	14	US$ 5.0m	$ 57.2	France ($4.7m); AfDB ($0.3m)
Botswana	15	US$ 0.5m	$ 0.2	Sweden ($0.4m); Germany ($0.05m); Japan ($0.01m)
Total		**US$ 785m**	**$ 2.8**	IDA ($152.4m); France ($111.1m); EU ($109.8m); Japan ($81.3m); Germany ($63.8m)

Source: OECD creditor reporting system, 2014

Despite high levels of need, overseas aid to Madagascar is at very low levels. Photo: Unsafe water source, Morondava, Madagascar. WaterAid/Anna Kari

Several of the countries are heavily dependent on external aid. The Malawi case study illustrates that the Ministry of Water Development and Irrigation (MoWDI) budget receives close to 75% of its funding from development partners, with the remaining 25% from domestic resources. The Zambian case study identifies donor contributions to financing the sector at an average of 78% a year over the five years to 2012. In Mozambique, donor expenditure in 2008 was as high as 88% of the total budget.

While the poverty indicators and access levels for Tanzania, Mozambique and Malawi show they are amongst the countries most in need, the table shows evidence of the targeting of aid flows that is not always based on need. Mauritius has universal access to water and 91% access to sanitation – and received over $56 per head in water and sanitation aid. Madagascar is off-track for both subsectors, with only 14% of the population with access to basic sanitation. Yet the country received only $12 million, or 60 cents per person, on average over the period. Similarly, the Seychelles, which has near universal access for both water and sanitation, received fifty times as much aid per person than the Democratic Republic of Congo, which is off-track for both targets, and has almost 47 million people without basic sanitation.

The very high dependency on external aid highlighted in the case studies on Malawi, Mozambique and Zambia poses questions in terms of country ownership, commitment and sustainability. The Mozambique case study identifies the high risk of budget volatility that this dependence brings. In order to reduce the dependency ratio and to increase resources to the sector, Governments in the region need to increase steadily domestic resourcing of the sector, in line with past commitments, including the eThekwini commitment to allocate 0.5% of GDP to sanitation and hygiene.

It should also be noted that although donors report their water and sanitation ODA in detail to the OECD, where it is publicly available, it is often not possible to match this with national Government budget reporting. Significant amounts of donor funding and Non-Governmental Organisation (NGO) funding in the region are off-budget, targeted directly at areas without being reported in Ministry of Finance budgets and spending.[21] The result is that it is difficult to obtain an accurate picture of all spending and activity in the sector, reducing transparency and increasing the likelihood of poor coordination and sub-optimal outcomes.

Gaining an accurate assessment of the sanitation subsector is further complicated by the fact that the budget can be scattered between Ministries of Health, Water, Education, Housing, City councils and utilities. This presents a challenge in understanding total allocations and spending for sanitation. For example, in Malawi there is a National Directorate for Sanitation and Hygiene under the Ministry of Water Development which receives funding for coordination and policy direction. The funding for other direct sanitation services still rests with the Ministry of Health, however.

Absorbing available funds

In Mozambique there is also a significant difference in the execution of domestic funds compared with external donor funding. The analysis for 2008-2011 shows that the execution of internal funds for these four years was close to 100%. The reasons for this are the increased predictability of internal funds, and the incentives on the Government to ensure its contribution to major projects is met in order to meet the conditions for disbursement of external funds. In Zambia, the study tracks the Government’s budget allocation with actual expenditure over the years 2007-2012. The data from the Budget Office in the Ministry of Finance shows that US$109.2 million was allocated and US$109.9 million was spent over the period, with the only significant volatility from 2010-2012, where underspending in 2010 and 2012 offset overspending in 2011.

In Madagascar budget execution between 2000 and 2008 averaged 47% (66% for internal resources and only 39% for external resources). It was also highly volatile, with institutional changes in the Water Ministry, a lack of rigour and forward planning for the annual work programme, cuts to the budget, as well as poor performance of two major donor projects all contributing to low spending relative to budget. Similar patterns are evident in the 2009-2012 period with budget execution of internal funds at 62%, compared to only 40% for external funds.

The Malawi case study shows how the scarcity of recurrent funding can weaken the effectiveness of the sector and contribute to financial absorption problems. Recurrent funding has a vital role in many respects, whether to finance essential human and technical resources, ensuring the sustainability of services through maintenance and repair, or through monitoring the performance of the sector. Donor preferences are generally for capital or development budgets, and the lion’s share of recurrent funding therefore comes from domestic resources. The Malawi case study illustrates how the scarcity of recurrent funding, particularly at district level is a major bottleneck and weakness of the sector. 42% of the 2012/13 Ministry of Water Development and Irrigation recurrent budget is spent on staff in the ministry headquarters, 23% is spent in the North, Centre and South regional offices, and 10% to the Irrigation Services Headquarters. Only the remaining 25% is available for district offices.

In theory additional funding is available as Other Recurrent Transactions (ORT), but in practice districts prioritise other sectors, in particular health, education and agriculture, and the relatively low decentralised budget for water and sanitation has been significantly eroded in real terms due to the volatility in inflation and the steep currency devaluation of the Malawian Kwacha.

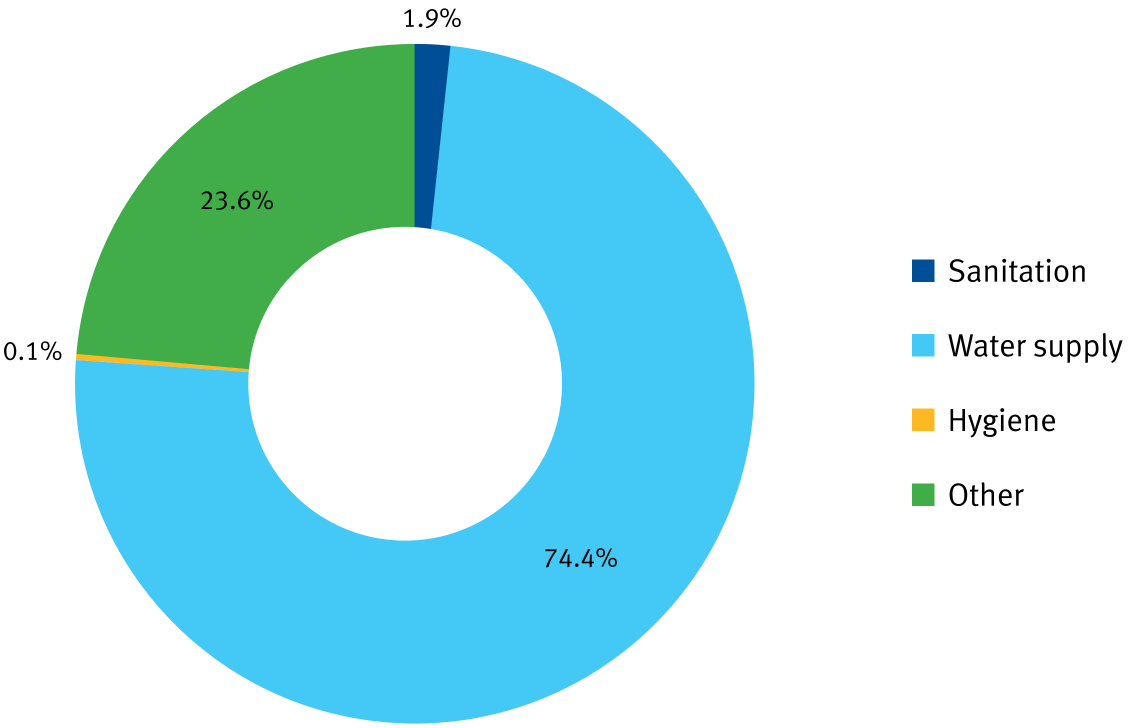
Effective targeting of resources

The case studies also raise concerns over the effective use or targeting of the scarce resources that are available to the sector. While water and sanitation are interdependent and both critically important, in almost all cases the water subsector is prioritised, with minimal funding made available from public sources for sanitation and hygiene. Table 1 shows the sanitation access levels lower than water access in all countries except for Angola and the Seychelles.

Investment in sanitation brings huge gains in health, education, gender equality and livelihoods. Photo: Improved latrine, Quelimane, Mozambique. WaterAid/ Eva-Lotta Jansson

In Malawi the Government views sanitation as the responsibility of households, with the role of the state limited to providing hygiene education, supervision and an enabling environment for private entrepreneurs. This policy position combined with the level of extreme poverty at almost three quarters of the population helps explain the low levels of investment in sanitation. The Government has responsibility for sanitation in schools and health centres, but these too are relatively underfunded.

In Zambia, the National Urban Water and Sanitation programme budget for 2011 provides for 61% of allocation to water and 14% to sanitation with 25% going to other functions. This is despite the fact that cholera outbreaks in Lusaka have been linked to poor sanitation and hygiene in markets such as Kambilombilo and Soweto City Market, where food is sold in the street and shop verandas. For rural areas, the neglect of sanitation and hygiene is even more apparent: 74% of the National Rural Water Supply and Sanitation programme budget in 2011 was allocated to water supply, while only 1.9% to sanitation and 0.1% to hygiene.



Zambia: Allocations of the National Rural Water Supply and Sanitation Programme, 2011

The Zambian study recommends the Government broaden the current focus on households for hygiene promotion to include schools, hospitals, and public places such as markets and bus stations. It also looks at the water coverage in schools across the different provinces in Zambia, and calculates sanitation coverage on average at 33% of the pupils, with water coverage at 84%. Sanitation coverage for girls at 28% is also significantly below that for boys (40%).

The other studies also indicate that resources are directed predominantly at urban areas, despite the fact that access levels in rural areas are often lower. In Mozambique between 2008 and 2011 just over 80% of the investment was directed to the urban sector and less than 20% for the rural sector. Around 90% of the urban sanitation sub-sector was targeted for sanitation in Beira city. Urban sanitation is by its nature more expensive than rural sanitation (e.g. for sewerage infrastructure), and access levels in informal settlements or slums often is not captured in official data, but these facts notwithstanding, urban areas draw disproportionate funding from both governments and donors.

The Madagascar study considers the effectiveness of targeting in the region of Atsinanana, in the east of the country. The Ministry of Water adopted certain criteria to guide the targeting of available financial flows under a programme entitled Budget Programme par Objectif Regionale (BPOR). The main criteria are the number of people without access, technical feasibility and the severity of the disease burden linked to unsafe water and lack of sanitation. In practice however the Government at central and regional level is struggling to implement its role as coordinator and facilitator. Donors, international and domestic partners are simply not respecting the established criteria, opting instead to choose their own zones for intervention. This is partly due to the fact that they delegate decision-making to domestic partners, who in turn choose easier options to increase the likelihood of success, as well as to keep costs lower than the hardest to reach and most marginalised communities.

The Malawi study identifies a similar lack of coordination in Chikwawa district, where many NGOS are active. Some of the NGOs work in isolation and even outside the district strategic plan. Others have a primary focus outside of the sector, such as food security, and within this context provide investment in water, but without consulting or working with the district water official.

The result in these instances is that the opportunity for more equitable interventions is missed.

Future challenges

These five case studies focus on budget tracking and identify some of the key financing issues that face the Southern Africa region. Although relevant and clear information and data is not always available or easily accessible, together the studies make a case for urgent action: above all for sufficient, equitable and sustainable resourcing. Adding to the urgency are the current and future challenges that the continent faces from population growth, rapid urbanisation and climate change. The Zambian case study describes government policy in peri-urban areas as a fire-fighting approach in the provision of water kiosks, when what is required is comprehensive housing development through settlement up-grading and in-house connections to water and sanitation services. Investment in decent homes, including social housing for rent, is one of the much-needed policy responses to rapid and unplanned urbanisation.

Tackling the water and sanitation crisis in Southern Africa requires leadership and partnership from governments, business, international and regional organisations, civil society, communities and households. The Sanitation and Water for All (SWA) Partnership is an example of how leadership and political will can strengthen sectors and increase and improve the quality of the financial flows to the sector.[22] At a regional level, SADC also provides a strong forum for progress and collaboration for the countries of Southern Africa.

The Sanitation and Water for All Partnership (SWA) brings together developing countries, donors, multilateral agencies, civil society and other sector partners to work towards universal access to sanitation and drinking water through coordinated action at the global and national levels. Through three pillars of activity – increasing political leadership, evidence-based decision making, and strengthening national sector frameworks – SWA aims to produce a step change in the performance of the water, sanitation and hygiene sector, acting as a catalyst to overcome key barriers and accelerate progress towards universal and sustainable access. SWA's tools include a biennial High Level Meeting (HLM), the Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS), and the National Planning for Results Initiative. The next HLM will take place in April 2014. Ten SADC countries participate actively in SWA.

Addressing these challenges will require bold vision and commitment over the coming years. It is essential that Southern African leaders not only turn their past promises into reality, urgently completing the unfinished business of the MDGs in the region, but also that they commit to a target by 2030 of achieving universal access to basic drinking water, sanitation and hygiene for households, schools and health facilities. This must be a central element of the post-2015 development framework.

Recommendations

Southern African leaders must keep their promises, especially those made in the context of eThekwini, Sharm el-Sheikh and the SWA Partnership. This is an essential condition for achieving universal access to water, sanitation and hygiene by 2030

This political leadership needs to close the implementation gap between commitment and delivery. As the 2015 deadline approaches, urgent action is needed to get the region back on track for the MDG water and sanitation targets, and to establish a platform for universal access to these human rights by the year 2030. The 2014 SWA High Level Meeting and AfricaSan are critical windows for progress this year.

Governments and NGOs need to be more transparent in reporting budgets and spending on water, sanitation and hygiene.

Despite the 2008 eThekwini commitment to provide separate budget lines for water and sanitation, the quality and transparency of government reporting of budgets and financing still remains too low. Improving transparency of budgets and financial flows is a necessary condition for effective policy-making, improved targeting of scarce resources, and monitoring and accountability. This is true for all ministries responsible for some element of water and sanitation service delivery, including health and education ministries. It is also relevant for donors and NGOs, particularly where funding is provided "off-budget", thereby increasing the difficulty for policy-makers and analysts to gain a complete picture of sector activities.

Southern African Governments need to manage their natural resources and economic growth in a way that maximises the social benefit to their citizens for the long term.

The economic growth experienced by many countries in the region can contribute to poverty reduction through provision of jobs, raising incomes, and strengthening the financial base of the governments, thus allowing expanded public spending in social sectors, including water and sanitation. With growth driven by natural resources, it is vital that governments manage these in the long-term interests of the citizens of Southern Africa.

There should be a major increase in resources to the sector, with rural areas and sanitation and hygiene receiving special attention.

Off-track countries in the region have not met the eThekwini commitment to achieve public spending of 0.5% of GDP on sanitation and hygiene. Most did not get close to it. This must change. In line with the estimates of the African Infrastructure Country Diagnostic, African countries should aim to spend on average 3.5% of GDP on water and sanitation. Donors should also keep their promises, made at summits over the past decade in New York, Monterrey, Johannesburg and Busan, and be prepared to support governments to achieve this. Equity and the sustainability of services need to be given high priority in determining allocations.

Addressing financial absorption and targeting resources more equitably are essential complements to the increase in resources.

The much-needed increase in resourcing of the sector needs to go hand-in-hand with improved budget execution and targeting. The case studies illustrate that financing from governments, donors and NGOs is not always aligned with the highest need. Particular focus should be given to marginalised people and communities, including those people living with HIV/AIDS. In Madagascar, the needs-based BPOR targeting approach deserves to succeed and serves as an example for other countries in the region. External agencies need to support and engage with this initiative.

Governments need to adopt a comprehensive housing development approach, including upgrading informal settlements.

The provision of decent homes is a key factor in expanding access to water and sanitation. Yet it receives low priority from Southern African governments and donors. Now is the time for a major drive on affordable housing provision across the region.

NGOs and water and sanitation networks need to monitor progress in the sector and hold Governments to account for their past commitments.

Water and sanitation networks, NGOs and civil society need to hold Governments to account for their past commitments, and the End Water Poverty *Keep Your Promises* campaign can make a key contribution in 2014.[23]

Accountability: NGOs have a critical role in holding duty bearers to account for their past commitments. Photo: WaterAid meeting with Malawi Government Minister and officials. WaterAid/Lawrent Kumchenga

Endnotes

1 Child Health Epidemiology Reference Group, Child Causes of Death Annual Estimates, 2012.
2 The Southern Africa Development Community (SADC) region consists of 15 countries, Angola, Botswana, DR Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe. Angola, Botswana and Seychelles are the only three countries that are on track for the sanitation MDG target.
3 The Water and Sanitation Program (WSP) of the World Bank estimates annual economic losses from poor sanitation in the following countries: DR Congo (1.6% GDP), Madagascar (1% of GDP); Malawi (1.1% of GDP); Mozambique (1.2% of GDP), Tanzania (1% of GDP); Zambia (1.3% GDP).WSP Economics of Sanitation Initiative, 2012.
4 All countries in the region committed to the Millennium Development Goal targets. The Least Developed Countries in the region (Angola, DR Congo, Lesotho, Madagascar, Malawi, Mozambique, Tanzania, Zambia) subscribe to the 2020 universal access commitment made in the Istanbul Programme of Action, 2011. All countries committed to the 2008 eThekwini and Sharm deletion el-Sheikh declarations to allocate 0.5% of GDP on sanitation and hygiene.
5 Etude sur le suivi budgétaire dans la Région Atsinanana, WaterAid Madagascar, Decembre 2010; Financiamento no sector de agua e saneamento, WaterAid Mozambique, 2013; Water Supply and Sanitation Sector Financing in Swaziland, Nazarene Compassion Ministries, January 2013; Financing Water Supply and Sanitation in Zambia, 2007-2012, NGO WASH forum, 2012; Water Sector: a Marginalised priority, Malawi, Water and Environmental Sanitation network, 2013.
6 Gender, Poverty and Environmental Indicators on African Countries, African Development Bank, 2013.
7 UNAIDS, Prevalence by country, 2012.
8 Ministry of Energy and Mines, WaterAid, UNICEF and WSSCC estimates.
9 Rural Water Supply Network, Handpump Data, Sub-Saharan Africa, 2009.
10 Africa's infrastructure: a time for transformation, Africa Infrastructure Country Diagnostic; World Bank supporting documents, 2011.
11 Water Supply and Sanitation in Angola, WSP, World Bank, 2011; the Angolan Government's budget for water and sanitation in 2009 was as high as US$1 billion.
12 From 2009 to 2012, the Government budget allocation for the Ministry of Water decreased steadily, from US$ 40 million in 2009 to US$15 million in 2012. Source : Ministry of Finance.
13 What would it take for Zambia's copper mining industry to achieve its potential? UK Aid, World Bank, 2013.
14 Centre for Public Integrity, Pande Temane, 2013.
15 See Southern Africa Resource Watch, http://www.sarwatch.org/publications
16 African Development Fund.
17 International Development Association, World Bank.
18 Zambia's Ministry of Finance data records African Development Bank/Fund external finance of about US$21.4 million average between 2009-11, however as much of this is non-concessional, it is not captured in the OECD CRS data base for Official Development Assistance.
19 Arab Bank for Economic Development in Africa.
20 OPEC Fund for International Development.
21 In Zambia specifically, this is more the case for NGOs than for donors.
22 The ten countries participating actively in SWA are Angola, DR Congo, Lesotho, Madagascar, Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe. All except DR Congo are SWA partners.
23 www.keepyourpromises.org

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WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities.