Report

Keeping promises:

why African leaders need now to deliver on their past water and sanitation commitments

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Based on the findings of case studies of five African countries (Ghana, Niger, Rwanda, Sierra Leone and Uganda), commissioned by WaterAid and produced by Development Finance International.

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Basic water and sanitation are essential for sustainable social and economic development. Above: Kroo Bay slum in Freetown, Sierra Leone, 2012, during the worst cholera outbreak in nearly 15 years. Poor sanitation is the primary cause of cholera and diarrhoea, and the loss of life and opportunity that they cause.

Executive summary

Africa cannot afford to ignore the sanitation and water crisis, and its daily toll on human life, health, livelihoods and life chances. It is holding back development and costing countries as much as 5% of their GDP each year. It is also a primary cause of diarrhoea, which has resulted in annual deaths of 400,000 children in the continent in recent years. Yet despite a long legacy of past commitments, transformative change remains elusive for most countries, and one of the key challenges – to provide satisfactory and timely resourcing of the sector – is still more a promise than reality.

WaterAid

This new report from WaterAid looks in depth at the sanitation and water sector in five countries in Sub-Saharan Africa: Ghana, Niger, Rwanda, Sierra Leone and Uganda. It analyses key characteristics of the sectors, recognises past successes, and identifies new challenges across the continent. It calls for renewed action from Africa's leaders, as well as from development ministers in industrialised countries, to keep their past promises, deliver on their commitments, and bring an end to this avoidable crisis. The five countries all have major, distinct differences: Ghana and Uganda's stability and relative development successes contrast with more fragile, less developed Niger or post-conflict Sierra Leone. Rwanda has a unique and tragic past, but, following the genocide, has had relative stability and economic development.

Water and sanitation sectors show similar diversity, but there is one common theme that links all five studies: the neglect of sanitation and hygiene, and the overwhelming need to prioritise investment in this area from both domestic resources and overseas aid flows. This is an essential condition for sustainable social and economic development[1].

Leaders' recognition of water and sanitation

African leaders have shown clear recognition of the central importance of the water and sanitation sector. All five countries studied explicitly recognise the human right to water and sanitation or are moving progressively towards that position[2]. In terms of access, all remain committed to national equivalents of the Millennium Development Goal (MDG) targets[3], and, in some cases, to more ambitious national targets[4]. The four Least Developed Countries (LDCs) studied also subscribe to the 2020 universal access commitment[5]. In terms of financing, all committed to meet the 2008 eThekwini and Sharm-el-Sheikh declarations, including to provide transparency on sanitation spending separately from water, and the aspiration to spend a minimum of 0.5% of GDP on sanitation and hygiene. In the context of the Sanitation and Water for All (SWA) Partnership (see box on the following page) countries made further financial commitments in 2010-12, which are included in Table 1 below.

Table 1: Targets and commitments for the water and sanitation sector*

Country	MDG water target and (in brackets) 2010 access level	MDG sanitation target and (in brackets) 2010 access level	Financial commitment: Sanitation and Water for All Partnership
Ghana	78% (86%)	54% (14%)	$200m for MDG-related sanitation and water, each year between 2011-2015; c. $200m sanitation and hygiene to achieve eThekwini 0.5% GDP.
Niger	80% (49%)	60% (9%)	CFA Francs 150bn for rural water and sanitation, each year between 2012-15; CFA Francs 10.9bn in 2012, rising to CFA Francs 12.9bn in 2013 for urban water and sanitation[6].
Rwanda	84% (65%)	62% (55%)	Non-specific commitment to increase resources to water and sanitation and improve targeting.
Sierra Leone	74% (55%)	66% (13%)	Sanitation and hygiene spending to reach 1% of GDP by 2015 (from 0.01% in 2012, to 0.3% in 2013 and 0.5% in 2014).
Uganda	72% (72%)	70% (34%)	Non-specific commitment to increase resources to sanitation and hygiene and improve targeting.

*Percentage of population with access is shown in brackets; green denotes target achieved, amber-red 'off-track within 20% of target', red 'off-track for the target and greater than 20% gap between 2010 coverage and target'.

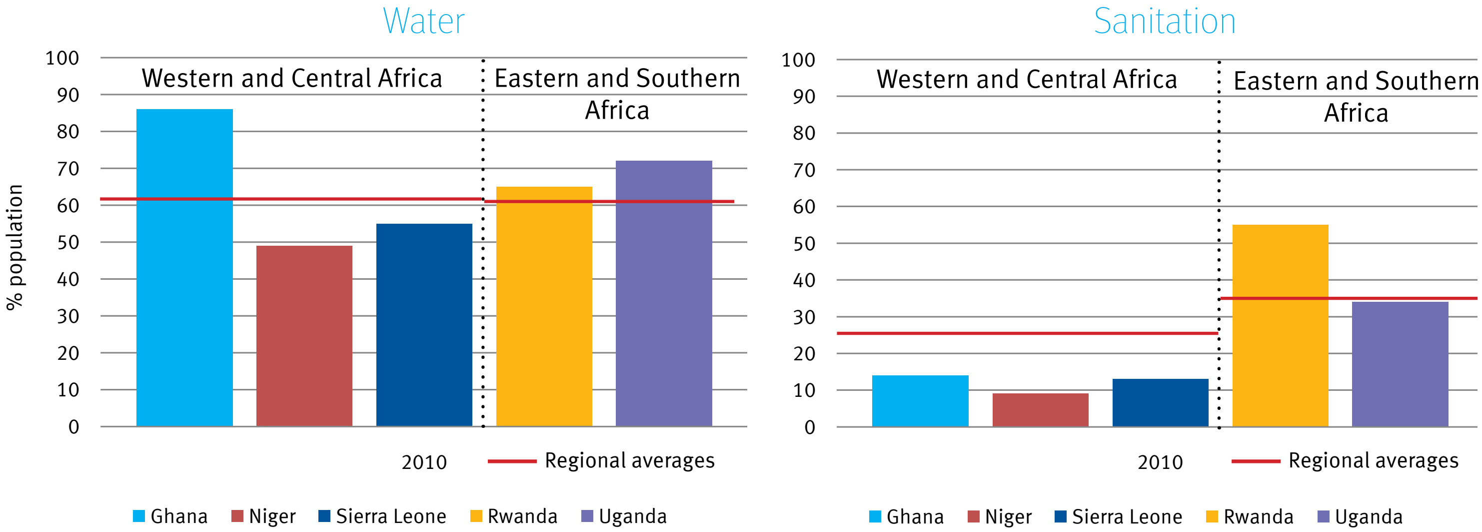
The **Sanitation and Water for All Partnership** was launched in 2010. It brings together developing countries, donors, multilateral agencies, civil society and other sector partners to work towards universal access to sanitation and drinking water, through coordinated action at the global and national 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, the Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS), and the National Planning for Results Initiative (NPRI).

Progress on water, neglect of sanitation

Great progress has been made in bringing safe water to African communities without access to this essential service over the last two decades. Over 300 million people have gained access to clean water since 1990. The global MDG target was met in 2010, and Ghana and Uganda are among those to have achieved this important milestone. But the challenges are still immense. For the water sector, inequality of access means that people living in rural areas, the urban poor and marginalised communities often face exclusion from improvements.

Sanitation presents a bleaker picture altogether. In Sub-Saharan Africa there are over 200 million more people without sanitation than there were two decades ago, as improvements fail to keep up with population changes. Only four countries in the region are on track to achieve the MDG target and, on current trends, the target will not be met until well into the next century. In Sierra Leone, just 13% of the population has access to adequate sanitation; in Niger the access level, at 9%, is lower still. Despite experiencing long periods of stability and having made major progress in delivering water in both urban and rural contexts, Ghana and Uganda are also far from achieving their MDG sanitation targets. Figure 1 shows how progress on water provision outperforms progress on sanitation and hygiene in all five countries.

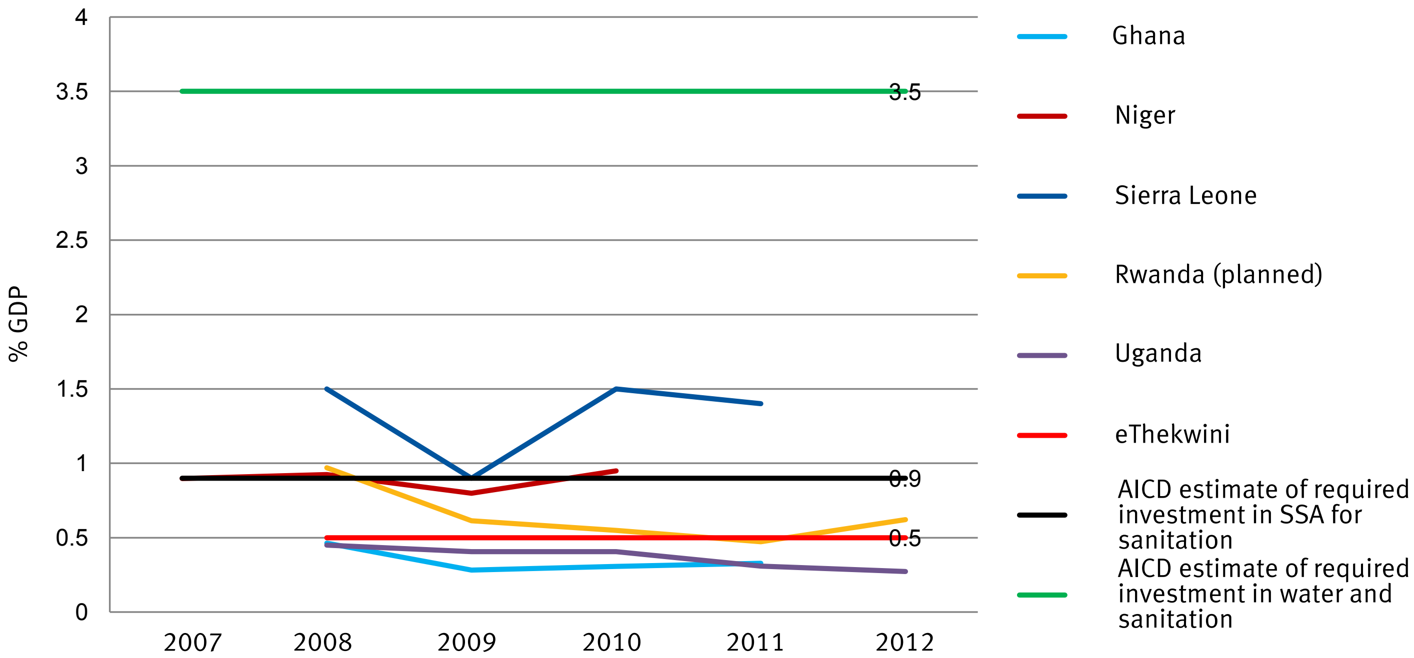
Figure 1: Access levels to water and sanitation



Matching commitments with funding

There is no substitute for proper resourcing of the sector in order to drive the necessary change. Despite the important high level commitments made by governments, financing, particularly sanitation and hygiene financing, is falling short of the required investment. Figure 2 below shows the degree to which governments have funded their water and sanitation sectors over recent years, and compares the level of funding to three important benchmarks for progress: the eThekwini commitment for governments to fund sanitation and hygiene at 0.5% of GDP, estimates made by the Africa Infrastructure Country Diagnostic (AICD) of the average funding required each year for Sub-Saharan African countries to achieve the MDG targets for water and sanitation (0.9% of GDP for sanitation, 3.5% of GDP for both water and sanitation)[7]. The data collected by WaterAid, which incorporates national government spending together with on-budget donor funding, show that all five countries are struggling to resource the sector adequately.

Figure 2: Actual government expenditure on water and sanitation by country as % of GDP, against three international benchmarks



Of major concern is the lower priority accorded to the sector since 2007/8 by Uganda, Ghana and Rwanda. The former two have now met their national water targets, but unless this recent trend of reducing resources is reversed, with a renewed priority allocated to sanitation and hygiene, the step change needed to reduce sanitation poverty and the inequality of water access will simply not materialise. Sierra Leone and Niger have funded their sectors more relative to GDP, but the task ahead is even greater: AICD estimates funding needs at an annual 16% and 8% of GDP respectively[8]. Table 2 on the following page illustrates funding of the sector over recent years for each of the five countries.

Table 2: Government and donor actual funding for water and sanitation (with the exception of Rwanda, where figures are for planned expenditure) – constant local currency, unless stated*

Country	2007	2008	2009	2010	2011	2012	US$ average	% GDP average
Ghana (Ghanaian Cedi)	-	139.8m	86.3m	107.5m	132.2m	-	86.1m	0.34
Niger (CFA Francs)	18.5bn	20.1bn	17.7bn	22.6bn	-	-	41.6m	0.89
Rwanda - planned (Rwandan Francs)	-	24.9bn	17.3bn	17.2bn	16.3bn	23.2bn	32.7m	0.65
Sierra Leone (Leones)	-	69.4bn	51.7bn	91.2bn	81.5bn	-	20.0m	1.33
Uganda (Shillings)	-	122.8bn	116.5bn	127.4bn	97.4bn	84.92bn	44.4m	0.37

*Includes only on-budget donor funding.

The five case studies show a consistent picture when compared with other countries in the region. The World Bank surveyed 18 countries in Sub-Saharan Africa and found that in most cases investment in sanitation was less than 0.1% of GDP. Only five of the 18 African countries surveyed invested between 0.1% and 0.5% of GDP in sanitation[9]. The implications are clear: governments need to do much more if their countries are to achieve the eThekwini commitments and AICD benchmarks, and get on track for their national sanitation targets[10]. African leaders need not only to will the end, which their signed commitments show that they clearly do, but they need to will the means, too.

Another important benchmark is the socio-economic cost of unsafe water and sanitation. The annual cost of poor sanitation to Ghana, Niger and Uganda is estimated to be 1.6%, 2.4% and 1.1% of GDP respectively[11]. These estimates consider premature deaths, health costs, time spent and productivity losses, and more than justify in economic terms alone a significant increase in sanitation investment. The challenge for policy makers is to leap from an environment of low resourcing of water and sanitation, with its accompanying suboptimal outcomes in terms of poor health, nutrition and productivity, to a virtuous circle that through improving health outcomes unlocks hidden productivity and economic development.

Donor agencies need to be ready to support African governments that show strong leadership and intent to strengthen their sanitation and water sectors. In several cases, financing gaps have been clearly identified: Uganda and Ghana identified annual average funding gaps over the next few years of US$87.7 million and US$69.5 million respectively to meet their strategic investment plans, Sierra Leone an annual MDG financing gap of US$150 million, and Rwanda an annual shortfall of US$83 million[12] to achieve universal access by 2017[13].

Improving targeting of available funds

Given the scarcity of available funds, it is imperative that those allocated are used and targeted effectively. Table 3 illustrates starkly the greater need in the sanitation sub-sector compared to the water sub-sector and also in rural compared to urban areas.

Table 3: Percentage of the population with access to water and sanitation in urban and rural areas

2010	Water		Sanitation	
	Urban	Rural	Urban	Rural
Ghana	91%	80%	19%	8%
Niger	100%	39%	34%	4%
Sierra Leone	87%	35%	23%	6%
Rwanda	76%	63%	56%	52%
Uganda	95%	68%	34%	34%

*Green denotes target achieved, amber-red 'off-track - within 20% of target', red 'off-track - greater than 20% gap between 2010 coverage and MDG target'.

Although transparency of spending is often limited, the available evidence points to an overwhelming lack of financing for sanitation: the Government of Sierra Leone estimates that its expenditure on sanitation was only 0.01% of GDP in 2012. Ghana's budget for urban sanitation has not exceeded 0.15% of total urban water and sanitation public expenditure since 2008.

In terms of targeting of allocations between rural and urban areas, policy makers need to consider several factors: lower access levels in rural areas, lower costs for serving rural areas, rapid urbanisation, and the potentially higher health risks associated with water and sanitation poverty in high population densities, as in slums.

The governments of the countries studied are responding to these challenges in different ways. Since 2008, spending on urban areas in Ghana has averaged 73% of total water and sanitation spending. Although the gap between urban and rural areas has narrowed over the last 20 years, access levels remain lower in rural areas, making per capita spending of eight times higher in urban areas difficult to justify. Uganda reveals a similar picture: the gap in access levels between rural and urban areas has narrowed over time, yet per capita spending in urban areas of eight times higher again suggests weak correlation with need.

Sierra Leone is prioritising its rural sector, and there has been a steady increase in resourcing to rural areas since 2008 and over 80% of all sector financing in 2011. This is clearly justified by the substantial and increasing gap in access levels between urban and rural areas for both water and sanitation[14]. Nevertheless, the pressure that existing urban infrastructure faces as a result of rapid urbanisation and the resultant impact in terms of health, environment and the expansion of slums, underlines significant investment is still needed in urban areas. Sierra Leone's capital Freetown is reliant on the Guma Dam for its bulk water provision. Built shortly after independence, the dam was designed to supply a population of 300,000, but Greater Freetown now counts over 1.5 million people amongst its citizens. Whilst good targeting is crucial to ensure best use of scarce finance, the broader context is one where the whole sector, both rural and urban, is under-resourced.

Existing barriers to progress

The five countries studied face several common barriers to making progress in implementing the high level commitments and targets. For Sierra Leone and Niger, the policy and institutional frameworks are at a relatively early stage, and this acts as a barrier to the effective release of funding: there is currently no operational plan for the National Water Supply Policy in Sierra Leone, and in Niger the national sanitation policy is not yet in place.

Even for those countries where the sector is well-established, unfinished reforms can also act as a brake on progress. Decentralisation of service provision to local government in Ghana has not been coupled with the decentralisation of funds, leaving district assemblies disempowered and unable to set their own agenda on water and sanitation. Similarly in Rwanda and Uganda, the process of decentralisation has been too top-down, and although a strong top-down approach has been important for successful delivery in these countries[15], in this case it has led to uneven quality of service at local level[16].

Staffing and skills gaps cause severe problems in the sector: Sierra Leone has a shortage of skills at local government level, Niger a lack of technicians in hygiene and sanitation, and Ghana cites skills gaps preventing a roll out of pro-poor initiatives to urban areas. In Uganda, the expansion in the number of local government districts (a doubling since 2004) has diluted resources and created skills gaps.

Improving aid effectiveness is another key challenge. In Sierra Leone, all water and sanitation interventions by donors are off-budget, with donor agencies making limited or no use of country systems. Neither Sierra Leone nor Niger has a sector-wide approach (SWAp) in place, and the potential improved synergy and coordination this can bring. In Uganda, despite the SWAp and the 2001 sanitation Memorandum of Understanding, coordination of sanitation stakeholders, including civil society organisations (CSOs), at district level is still weak. The Ghanaian rural provider, Community Water and Sanitation Agency, highlights how difficult project approval processes delay the release of funding from donors – an issue that donors ideally should be addressing as part of the SWA Compact. Similarly, delays have held back CFA Francs 350 billion of promised donor funding for Niger's rural sector.

WaterAid/Jon Spaull

On current trends, the 2015 Millennium Development Goal target for sanitation will not be met in Sub-Saharan Africa until well into the next century.
Above: an open sewer in between houses, Woriziehi, Tamale, Ghana. In 2010, Ghana met the MDG target on water, but only 14% of the national population had access to basic sanitation.

All of the above issues contribute to the low absorption of available funds. Rural absorption rates in Ghana have been less than 50% over recent years, and this may well account in large part for the bias towards urban areas[17]. Uganda's absorption has been on a downward trend from 94% in 2007 to 82% in 2010. Niger's absorption rates have been improving, reaching 84% in 2010, but there was an accumulated underspend between 2007-2010 of over CFA Francs 30 billion. Complex procurement processes are often the source of delays in the release of committed donor funding, and improving absorption rates remains a key challenge for both governments and donor agencies.

Future challenges

Climate change increases the frequency and intensity of extreme weather events such as floods and droughts, posing huge future challenges for provision and even threatening to unwind progress to date.
Above: the struggle to meet daily water needs during a drought in Niger.

It is not possible to overstate the importance of tackling today's crisis in the water and sanitation sector. Yet there are major challenges ahead that make it harder for countries to get back on track and even threaten to unwind progress made to date. These include the impact of population growth, rapid urbanisation and climate change. Over the last 50 years, Niger and Uganda's population increased five-fold, Ghana's almost quadrupled and Sierra Leone's almost tripled. Niger and Uganda's population will double again in the next 20 years[18]. Such rates of growth pose strong challenges for water and sanitation service provision. Achieving the MDGs and universal access presents a fast-moving target.

Although Africa is relatively less urbanised than other major regions, its urban populations are growing at much higher rates, and much of this growth is in informal settlements or slums. Since the 1960s, Uganda's urban population has grown from 4% to 16% of the total population, Niger from 6% to 18% and Ghana from 23% to 52%. UN Habitat estimate that over 60% of African urban dwellers are in slums. Most African cities' water and sanitation infrastructure and services are unable to keep pace. Even Ghana, which has achieved the MDG water target, has seen the absolute number of urban dwellers without clean water increase.

Climate change adds to future uncertainties for the water and sanitation sector. World Bank president Jim Yong Kim warned that the world is heading for a four degree centigrade warming above pre-industrial climate with devastating scenarios, such as extreme droughts and floods. Many communities, especially the rural poor, depend on streams and swamps, which dry up during severe droughts. Niger suffered from drought and famine in 2012, and the Sahel region is vulnerable to increasing desertification. Critical water resources such as Lake Chad – on which Niger and its neighbours depend for water and livelihoods – are in rapid decline, with Lake Chad on current trends potentially disappearing altogether in the next 20 years. Water scarcity also impacts on energy provision, with many countries in East and West Africa reliant on hydropower. Conversely, floods overwhelm existing systems, contaminating drinking water, causing sewerage overflows, and creating the conditions for increased incidence of diarrhoea, cholera and other water-related diseases.

Why public investment is needed

The supporting case studies reinforce the need for substantial increases in public investment in the water and sanitation sector. As the World Bank recently stated, redistributive arguments and market failures call for public intervention, and the investment needs in Sub-Saharan Africa are huge[19]. There can be an important role for public funds for sanitation promotion, community mobilisation and subsidising the material, transport, and labour for the construction of latrines, in particular for low-income or vulnerable households, such as those with people with a disability or living with HIV/AIDS. Direct provision is needed for sanitation facilities in schools, health facilities and other public buildings, including public housing. Rapid urbanisation requires public investment in sewerage networks and other sanitation infrastructure in small town and city contexts. Ongoing operation and maintenance of water and sanitation facilities can also require long term commitments of public funding (in addition to household, community and utility funding) to meet the challenges of sustainability of services.

Rwanda's post-genocide reconstruction process included the construction of improved latrines in new housing, funded by government, donors and non-governmental organisations. This had a significant impact on sanitation coverage, with almost 1.5 million people gaining access between 1995 and 2000. This bold, collective action has laid the groundwork for Rwanda's impressive sanitation progress, and although it may not achieve the MDG sanitation target by 2015, it serves as an example for national governments and donors across the continent as to how well-planned, well-targeted investment can deliver real results on the ground[20].

Substantial, sustained public investment is crucial to achieving the step-change needed to end water and sanitation poverty.
Above: Justinea Nasanga and her family in Makere 3 slum, Kampala, Uganda, 2011. Bad drainage means their house floods regularly.

Conclusions and recommendations

Africa cannot afford to ignore the sanitation and water crisis. Addressing it requires action across many policy fronts, including governance, gender, energy and climate. It requires action from government at all levels, from business, civil society as well as from households. Nevertheless, sufficient and effective public funding to the sector is an essential component for progress. The five case studies point to specific areas that are likely to have major impact.

African leaders must keep their promises, especially those made in the context of eThekwini, Sharm-el-Sheikh and the SWA Partnership.
This political leadership needs to close the implementation gap between commitment and delivery. Major progress was made in Uganda on rural water provision and in Rwanda on sanitation when the Presidents of the two countries provided leadership that galvanised government, donors and the country at large.

Governments need to be more transparent on sanitation and hygiene financing.
Despite the 2008 eThekwini commitment to provide separate budget lines for water and sanitation, the quality and transparency of government reporting of sanitation financing still remains too low. Improving transparency of the financing of sanitation and hygiene is a necessary condition for policy-making, improved targeting of scarce resources, and effective monitoring and accountability. This is true for all ministries responsible for some element of water and sanitation service delivery, including health and education ministries.

There should be a major increase of resources to sanitation and hygiene.
Almost no Sub-Saharan African country has met the eThekwini commitment of 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 AICD, African countries should aim to spend at least 1% of GDP on sanitation and hygiene, and donors should 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 improving targeting need to go hand in hand with the increase in resources.
Human resource constraints, skills gaps, and stalled progress on decentralisation all contribute to reduce financial absorption in the sector. The decentralisation of funding has often not accompanied the transfer of policy and decision-making to local level. Related to these issues, the targeting of scarce resources is frequently inadequate, with neglect of the sanitation and hygiene sub-sector, and too low a priority allocated to rural areas, the urban poor, equity considerations and the long term sustainability of services. The much-needed increase in resourcing of the sector needs to go hand in hand with improved budget execution and targeting.

Donors must keep the promises they made in Paris, Accra and Busan on aid effectiveness.
Most of the case studies show a sector with a large number of donors, operating on terms and conditions specific to their own projects and priorities[21]. This makes transaction costs for national governments high, and unpredictability and late receipt of resources, coupled with cumbersome procurement procedures, can make donor funding less well absorbed than national allocations. Frequently donor funding is not on-budget, reducing the information available to policy-makers. Real progress on access levels, equity and sustainability is dependent on donors significantly improving the effectiveness of their aid to the sector.

Governments and donors must ensure that rigorous checks and balances are in place to tackle corruption and minimise waste.
The Ugandan Government and donors moved quickly to tackle the misappropriation of funds that occurred at the end of 2012. There is a continuing need to enhance the accountability of governments in delivering services and fulfilling their obligations as duty bearers. CSOs have an important role to play as watchdogs to ensure rights holders receive their entitlements.

National governments and donors should drive momentum in the SWA Partnership.
The SWA Partnership is the best opportunity in a generation to achieve the political prioritisation needed for the sector. Implementing the commitments made at the 2012 High Level Meeting will deliver access to sanitation for over 250 million people in Africa and access to water for over 180 million[22]. Ghana will make major progress on sanitation and hygiene if the Government delivers its SWA compact. The case study of Niger, in particular the high priority the new President has demonstrated for the sector, suggests it will benefit from the SWA National Planning for Results Initiative[23].

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 African leaders to account for the promises made at eThekwini, Sharm-el-Sheikh and the SWA High Level Meetings. The End Water Poverty campaign ‘Keep Your Promises’ can make a vital contribution during 2013[24].

Endnotes

1. J.E., Rudan, I., Campbell, H., Cibulskis, R., Mengying L., Mathers, C. & Black, R.E., for the Child Health Epidemiology Reference Group of WHO and UNICEF (2012) Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000. Lancet 379(9832): 2151-2161.
2. GLAAS (2012) UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water
3. "To halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation."
4. Ghana - water: 80%, sanitation: 85%; Niger - water: 85% (urban areas), 58% (rural), sanitation: 100% (urban areas), 25% (rural); Rwanda - water: 85%, sanitation: 65%.
5. Istanbul Programme of Action, UN Least Developed Countries conference (2011).
6. Rural water and sanitation, annually 2012-15: circa US$300 million; urban water and sanitation: circa US$21.5 million in 2012, circa US$25.4 million in 2013.
7. AICD (2011) Africa's Water and Sanitation Infrastructure.
8. Ibid.
9. Water and Sanitation Programme (WSP), World Bank (2012), Economics of Sanitation Initiative in Africa.
10. AICD benchmarks include funding from households, which between 2001 and 2005 represented almost half of total funding on water and sanitation. Yet, even at half (1.75% of GDP), all countries studied are below the benchmark.
11. WSP, World Bank (2012), as 9.
12. UGX 235 billion, GHc 132 million, and RWF 50 billion.
13. Uganda Government Strategic Investment Plan (2009); Ghana Ministry of Water Resources Works and Housing (MWRWH) WASH sector performance report (2009); Rwanda Government Strategies to meet 100% access by 2017; Sierra Leone Presidential Statement at SWA High Level Meeting in 2012.
14. In 2010 the ratio of urban to rural coverage was 87%:35% for water and 23%:6% for sanitation.
15. For example, the Rwanda post-genocide reconstruction and Uganda's progress in delivering rural water supply.
16. WaterAid (2008) Think Local, Act Local. Includes analysis of the decentralisation of finance in Ghana and Uganda.
17. World Bank (2011) More, Better, or Different Spending? Trends in Public Expenditure on Water and Sanitation in Sub-Saharan Africa.
18. UN Population Division projection.
19. World Bank (2011), as 17.
20. WSP (2011), Getting Africa to meet the sanitation MDG: lessons from Rwanda.
21. The Ghana case study identifies 12 bilateral and multilateral donors and at least six significant external commercial lenders, Niger has 22 active donors, and Sierra Leone 10.
22. SWA High Level Meeting (April 2012) country statements.
23. NPRI is a SWA mechanism to strengthen in-country planning capacity.
24. www.keepyourpromises.org

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