Regional state of hygiene – West Africa

WaterAid West Africa
February 2021

WaterAid

Introduction

Good hygiene practices are among the most effective ways to prevent the spread of common diseases – protecting lives and livelihoods, and saving billions of dollars in associated costs along the way. However, across West Africa, approaches to sustainable hygiene adoption are often weak or failing, leaving millions of people entrenched in unsafe hygiene behaviours and without access to lifesaving water and sanitation infrastructure.

Emergency measures are crucial in times of crisis, but the process of changing and sustaining good hygiene – both the facilities and hygiene behaviours – requires consistent government prioritisation, substantial investment and the mass scale-up of innovative approaches.

Sustainable Development Goal (SDG) 6.2:

'By 2030, 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.'

At the current rate of progress, this will not be achieved.

▲ Mary (R), 20, washes her hand using the tippy tap water point at Kayoro Junior High School, Kayoro Community, Kassena Nankana West District, Upper East Region, Ghana. February 2019.

▲ A teacher conducts a hygiene class at a school in Norandé, Tillabéri, Niger. February 2018.

▶ Lilian, 13, student outside the girls toilets at Trans Ekulu River Primary School, Trans Ekulu River Community, Enugu State, Nigeria. October 2018.

We have been encouraging handwashing with soap as part of our hygiene promotion work for decades. The West Africa Regional Team, with the support of the researchers – Professor Issa Wone, Associate University Professor, Consultant in Public Health, and Dr. Fatou Kiné Sylla, PhD, Consultant in Epidemiology and Nutrition – undertook this research study to enhance our understanding of the current state of hygiene across the region.

Whilst handwashing remains a top priority in hygiene behaviour to help prevent the spread of disease, we researched five key cross-cutting aspects of hygiene: **handwashing**, **food hygiene**, **menstrual hygiene**, **open defecation** and **excreta disposal**, to understand the interconnectedness between these important hygiene themes and to analyse some of the shared barriers and recommendations for improvement.

Specifically, the objectives of this research were to provide accurate and in-depth information on:

1) The **institutional arrangements** in each country for hygiene promotion and the provision of hygiene services.
2) The **availability and implementation** of national **hygiene and sanitation policies**, strategies and guidelines.
3) **Bottlenecks in key policies and programmes** for effective prioritisation of hygiene issues at national and regional levels.
4) **Coordination mechanisms** between ministerial departments in charge of hygiene and sanitation, as well as existing financing mechanisms.
5) Motivation factors for **governments to invest in hygiene** and for individuals to better understand what can change their practices and maintain or reinforce good practices.


WaterAid/Tom Saater

What were the key findings?

- The proportion of people with access to **adequate handwashing facilities** in West Africa remains very low, rarely reaching 40% of the population (in Ghana, Mauritania, Nigeria and Mali).
  - The **situation is worse** in **Liberia (just 1%)**, **The Gambia (8%)** and **Togo (10%)**.
- There is a **low political commitment** to support hygiene interventions.
  - **Policies are often obsolete and/or poorly implemented**, incorporating guidelines but remaining very general and not addressing the specific issues currently at stake.
- **Financing for hygiene programmes** is very low, with states contributing low levels of funding.
  - However, there **isn't enough accurate** data on funding – and what we do have is often incomplete.
- Hygiene **decision-making is coordinated differently** across the region, through federal, centralised, open and informal models.
  - These varying models make a substantial difference in the effectiveness of hygiene interventions.

Call to action

The importance of good hygiene is clearer now more than ever. More than a year into the COVID-19 pandemic, handwashing with soap remains the first line of defence against the virus and is at the core of public health advice from the World Health Organization (WHO),[1] alongside other public health measures. This crisis must be the turning point for hygiene prioritisation and investment.

▼ Felecia, 36, is a mother of three living in Guzape village in Asokoro Abuja, Nigeria, where lack of toilets are causing untold hardships to women and girls. September 2020.

WaterAid/Nelson Owoicho

Specifically, based on this report's findings, we call for governments in West Africa to:

1. Urgently and significantly increase their investment in hygiene infrastructure and promotion.

Governments must increase their allocation for hygiene through developing and implementing costed plans for hygiene scale-up. This must be supported by increased investment by international development banks, and international multilateral and bilateral organisations.

2. Increase political commitment to prioritise and implement hygiene policies.

In many countries, plans and policies are lacking entirely. Even where they exist, implementation and monitoring is weak. Governments must make and implement political commitments to accelerated scale-up to increased hygiene services and promotion, along with documenting best practices, and upholding standards and guidelines.

3. Scale-up sustainable and inclusive water supply and sanitation provision.

Governments must ensure sufficient quality and quantity of water for good hygiene practices – settings including households, healthcare facilities, schools, and other institutions – as a fundamental component of realising improved hygiene and to support communities' overall health and resilience.

4. Stronger monitoring and accountability processes to ensure that hygiene policies are:

a) Clearly prioritised;

b) Implemented effectively and sustainably;

c) Supported by clear national investment plans.

5. More efficient sector coordination mechanisms, including all key stakeholders and encouraging greater innovation.

Methodology

The study was conducted between March and September 2020, through a mixture of qualitative and quantitative research. The quantitative research came from sources including the Office for National Statistics, the World Bank World Development Indicators and the WHO/UNICEF Joint Monitoring Programme (JMP).

To develop appropriate tools for external questionnaires and engagement, the Global Senior WASH Manager and the Regional Director of WaterAid in West Africa were interviewed alongside representatives from WaterAid offices in the region (Sierra Leone, Niger, Ghana, Nigeria, Mali, Burkina Faso and Liberia). These meetings helped to inform:

- Four questionnaires addressed to various stakeholders:
    1) Heads of regional organisations (the West Africa Health Organization (WAHO), WHO-Afro (the Regional Office for Africa) and the Economic Community of West African States (ECOWAS));
    2) National officials in charge of hygiene policies and strategies;
    3) Provincial/regional hygiene officials;
    4) Non-governmental organisation (NGO) officials working in the countries targeted by the study.
- An in-depth interview guide developed secondarily from a primary analysis of the questionnaires.

WaterAid/Nelson Owoicho

▲ Juliette helping her son, Herman, wash his hands at their home in the informal settlement of Zongo in Burkina Faso's capital, Ouagadougou. February 2016.

The questionnaires were sent via the Google Form application. The stakeholders' appreciation of the different themes under review were measured on a Lickert scale rated from 1 (not satisfactory at all) to 5 (fully satisfactory).[i] The completed questionnaires were then uploaded to Excel for processing.

Due to COVID-19 regulations, the in-depth interviews were conducted and recorded via Zoom, and then later transcribed. Data analysis was carried out according to a common grid for documentary and interview data.

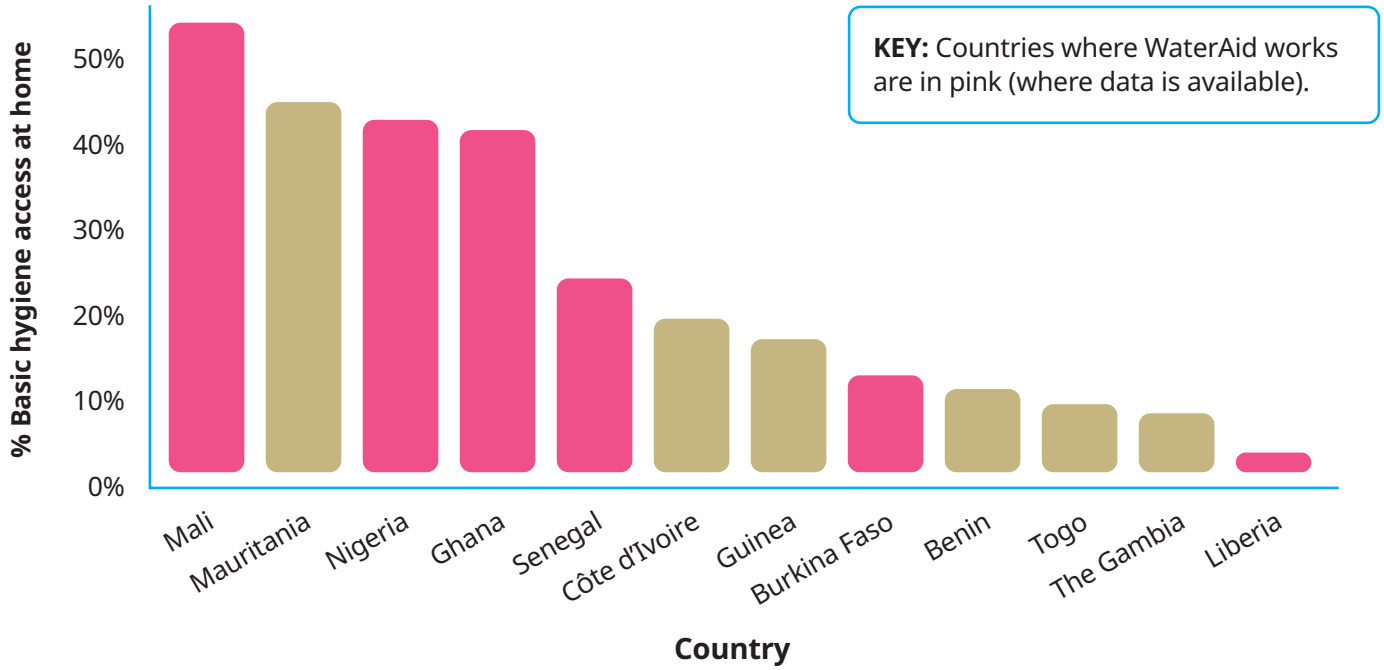
Depending on the country, information from international databases was more or less available, complete or up-to-date.

i. This enabled us to identify a satisfaction index specific to each country for each key variable, which reflects the cross-point of view of the various stakeholders on the issue. A satisfaction index of less than 60% is considered problematic.

Key findings

Access to handwashing facilities is exceptionally low

Figure 1: People with access to basic handwashing facilities at home in West Africa in 2017 (JMP).



▼ WaterAid Sierra Leone delivering hygiene and sanitation kits to three healthcare facilities and 15 communities in Pujehun district' – as part of our COVID-19 response efforts, Sierra Leone. July 2020.

Basic hygiene at home

The availability of a handwashing facility on premises, with soap and water (JMP 2017).[2]

Key findings

The proportion of people with access to adequate handwashing facilities in West Africa remains very low, rarely reaching 40% of the population (Ghana, Mauritania, Nigeria and Mali). The situation is more serious in Liberia, where just 1% of the population have access to basic hygiene (soap and clean water) at home. The contrast is noticeable in the countries where WaterAid operates, with an above-average trend in Ghana, Nigeria and Mali, but particularly the poorest areas in Liberia and Burkina Faso. A comparison (using available 2017 statistics) between countries where WaterAid operates and others in the region is presented in the table below:

Table 1: A comparison on the availability of basic hygiene facilities in households in WaterAid countries vs. other countries in the region countries (JMP).[2]

Regional total: 35%
(where data is available)

WaterAid countries		Neighbouring countries	
Country	**% Basic hygiene access at home**	**Country**	**% Basic hygiene access at home**
Mali	52	Mauritania	43
Nigeria	42	Côte d'Ivoire	19
Ghana	41	Guinea	17
Senegal	24	Benin	11
Burkina Faso	12	Togo	10
Liberia	1	The Gambia	8

Why is this important?

Handwashing with soap is one of the important and cost-effective measures to prevent and control the spread of disease. Lack of good hand hygiene practices enables disease transmission and outbreaks, causing missed work days, preventing children from attending school and increasing hospital admissions. It is integrated and cross-cutting to all other areas of hygiene: open defecation, food hygiene, menstrual hygiene and excreta disposal.

Amongst other benefits, the simple act of handwashing with soap is linked with:

- Up to 30% reduction in risk of diarrhoea;
- Up to 20% reduction in all respiratory infections;[3]
- Up to 50% reduction in pneumonia;[4]
- Substantial reduction in neonatal infections;[5]
- 43% (fewer days) reduced school absenteeism.[6]

"Hand washing with soap, especially at critical times, is one of the main things we promote in our hygiene activities, even though handwashing cuts across all the domains of hygiene promotion."

NGO Manager, Nigeria

COVID-19 and handwashing

Handwashing with soap is the first line of defence against COVID-19. The current pandemic has highlighted on a global scale the critical role this intervention can play in reducing and preventing the spread of disease. This has resulted in some innovative responses to the crisis from governments and NGOs:

> "The promotion of handwashing has increased with the COVID-19 pandemic thanks to the involvement of various actors and the use of several channels (radio, TV)." NGO Manager, Burkina Faso

> "Effective hand washing is practised in few communities where there are interventions, and occasionally when there are outbreaks of diseases like Ebola, COVID-19." NGO Manager, Nigeria

However, despite the recent increase in awareness, certain limitations were identified by the stakeholders relating to the dissemination of policies and programmes:

> "Hygiene promotion activities are only carried out on the World Water day, Toilet day, etc. days." NGO Manager, Burkina Faso

> "The CLTS Guidelines and ODF Policy do not stress on critical timing for washing hands with soap and clean water." NGO Hygiene Manager, Liberia

> "Students are not encouraged by their parent to practise at home." Education Manager, Liberia

Stakeholders are still dissatisfied with the integration of this specific aspect into their policies and strategies at country level, particularly in Burkina Faso, Liberia and Sierra Leone. The practise of handwashing is constrained by inadequate equipment, irregular soap supply, unavailability of running water, and a lack of monitoring of initiatives. Furthermore, handwashing is routine in some public services, but still insufficient within the community:

> "But for the COVID-19 measures, there are no handwashing facilities at critical points. Even during this COVID-19 pandemic, most of the handwashing points do not have soap." NGO Manager, Nigeria

COVID-19 is a stark reminder that the simple act of handwashing with soap can save lives and prevent future pandemics. It has also shed light on inequalities in access to basic services and the barriers people face to practise this lifesaving behaviour. With an unprecedented focus on handwashing and high uptake in handwashing with soap, governments must take this opportunity to change, and increase handwashing infrastructure and behaviours for an entire generation – making hand hygiene possible for all.

Case study: Mali

Aminata, 11, a student in the 5th grade and a member of the hygiene club at the school in Dankoumani: "If there is no cleanliness at school, it has consequences on the students. They can get sick and it will disrupt their education.

When the WASH project started in our school, they asked for volunteers to join the hygiene club and I accepted. I like everything that is clean, and I pay great attention to hygiene. That's why I volunteered. Even if it's more work it doesn't bother me. It is very important to have cleanliness and hygiene.

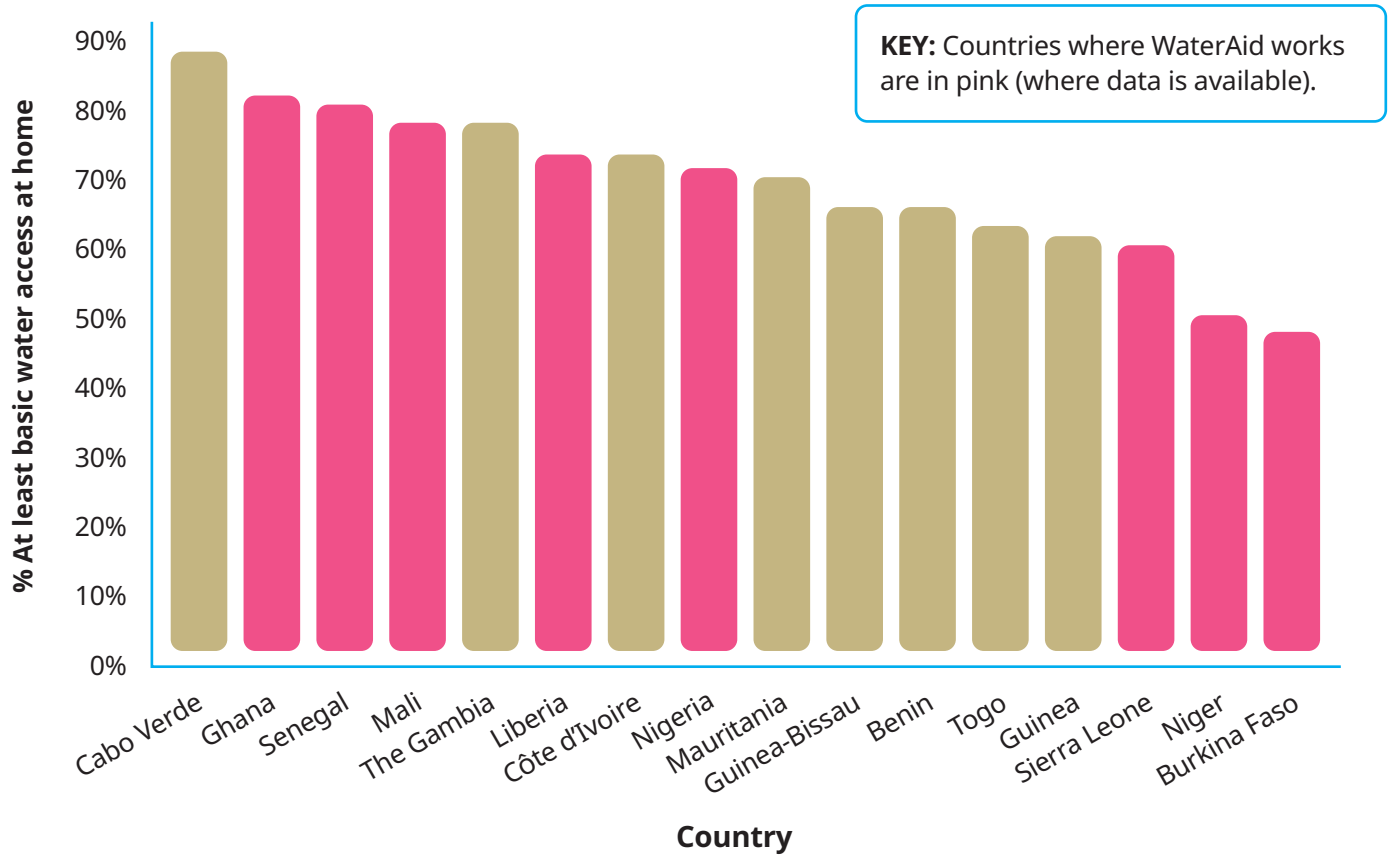
Even at home with my parents and brothers, I talk about hygiene. I tell them to wash their hands with soap after leaving the toilet, after playing in the dust, before eating. If you touch something that yourself know is bad, you have to wash your hands to avoid getting sick."

▼ Aminata demonstrating handwashing to the children in her family in the village of Dankoumani, Bla district, Segou region, Mali. October 2019.

WaterAid/Basile Ouedraogo

Lack of access to safe water is a central barrier

Figure 2: People with access to basic drinking water at home in West Africa in 2017 (JMP).[2]



Basic drinking water access

Drinking water[ii] from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing (JMP 2017).[2]


WaterAid/Basile Ouedraogo

▶ Aminata, serving herself some clean water to drink inside a classroom at Dankoumani school, Bla district, Segou region, Mali. October 2019.

ii. Drinking water services refers to the accessibility, availability and quality of the main source used by households for drinking, cooking, personal hygiene and other domestic uses.

Supply of safe water remains a severe challenge across West Africa, with almost 30% of the population still without **access to at least basic drinking water**, forcing millions to drink untreated, unsafe and contaminated water, significantly increasing the risk of disease.

The situation is widespread in some countries, affecting all segments of the population (see table). However, a further breakdown in data shows the rural areas being hit the hardest. In Togo, the consumption of surface water is four times higher in rural areas (32% compared to 8%); the percentages are respectively 53% and 6% in Liberia, and 37% and 12% in Sierra Leone.

The lack of access to safe drinking water at household level is reflected by the proportion of people consuming unsafe surface water, shown in Figure 3 by wealth quintile, at the national level in 12 of the West African countries under review.

Country	% At least basic water access at home (where data is available)
Cabo Verde	87%
Ghana	81%
Senegal	81%
Mali	78%
The Gambia	78%
Liberia	73%
Côte d'Ivoire	73%
Nigeria	71%
Mauritania	71%
Guinea-Bissau	67%
Benin	66%
Togo	65%
Guinea	62%
Sierra Leone	61%
Niger	50%
Burkina Faso	48%
Regional total	**70%**


WaterAid/Nyani Quarmyne/Panos

◀ Bienvenue, 4, having her face washed by her mother, Catherine, at their home in the informal settlement of Zongo in Burkina Faso's capital, Ouagadougou. February 2016.

How is drinking water managed across the region?

Several sectors and ministerial departments are responsible for drinking water infrastructures across the region. The stakeholders view this management model as highly problematic – with the situation in The Gambia, Sierra Leone and Burkina Faso particularly criticised. In these countries, there is poor access to drinking water for individuals, especially in disadvantaged rural areas. Households are often forced to use the unsafe water that is most accessible to them:

> "(...) Household water treatment and storage is challenging for several communities in the country especially in rural and slum communities." National Hygiene Manager, Sierra Leone

At domestic level, due to the lack of adequate mechanisms and the low impact of educational activities, the situation is considered unsatisfactory:

> "More is required to promote the subject: Safe storage and management of drinking water." National Hygiene Manager, Nigeria


WaterAid/Guilhem Alandry

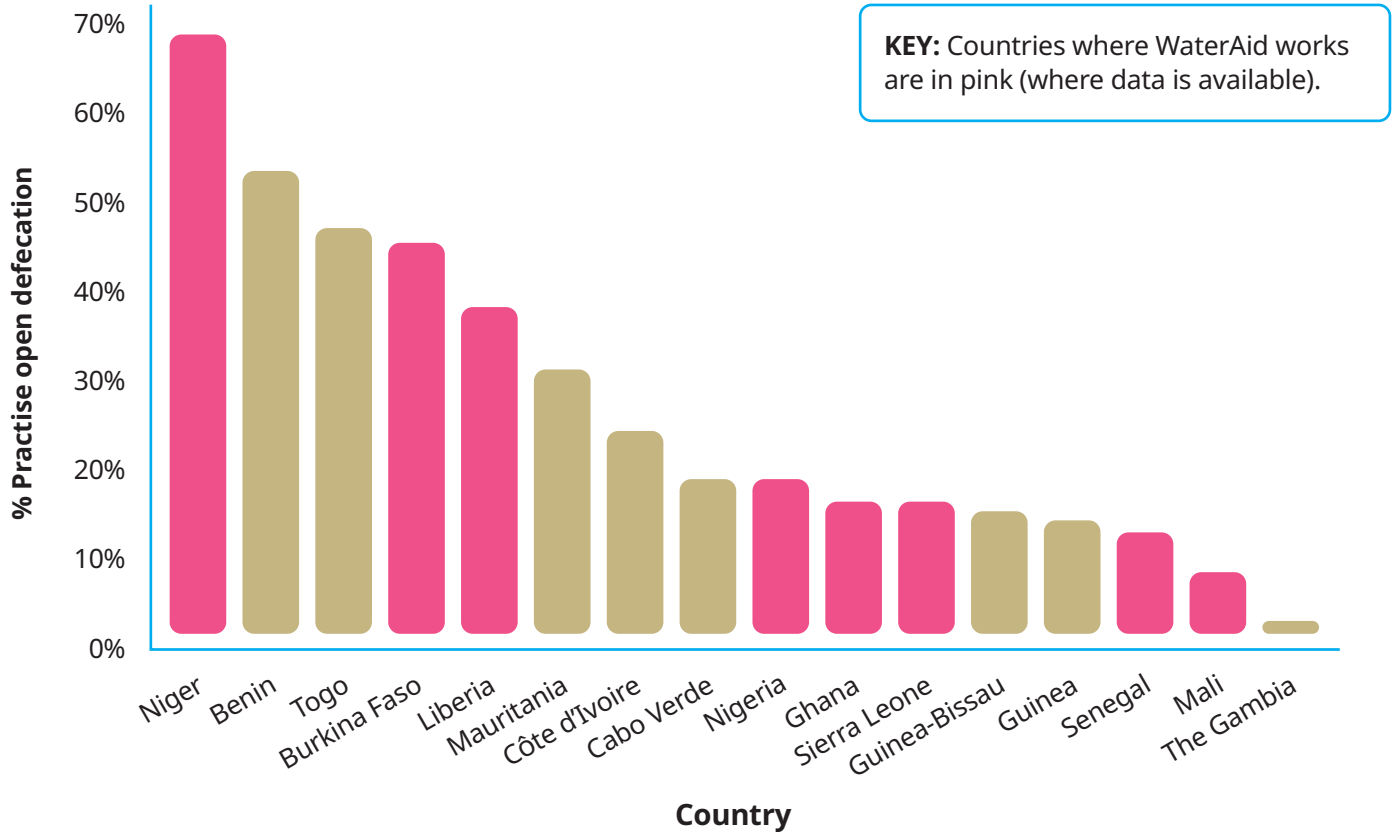
"Safe water, sanitation and hygiene at home should not be a privilege of only those who are rich or live in urban centres. These are some of the most basic requirements for human health, and all countries have a responsibility to ensure that everyone can access them."

Dr. Tedros Adhanom Ghebreyesus, the Director-General of WHO[7]

Figure 3: Surface water consumption per wealth quintile (JMP 2017).[2]

Open defecation and poor waste disposal are still prevalent

Figure 4: Countries practising open defection (JMP 2017).



Open defecation

The practise of defecating in fields, forests, bushes, bodies of water or other open spaces (JMP).

▶ Rose, 42, hopes for a better life for her children, where they will have access to clean water and good toilet facilities. Guzape, Nigeria. September 2020.

Monica, 17, walks across the wooden plank from the over-hanging latrine in West Point, Monrovia, Liberia. September 2016.

Key findings

The elimination of open defecation improves dignity, reduces risks to children's nutrition, and leads to improved health and productivity of affected communities. In West Africa, open defecation is more common in areas of economic disadvantage and rural areas. Open defecation is common among the poorest, affecting the populations of Niger and Togo, whose gross national products (GNPs) are among the lowest in West Africa. The situation is no different in the countries where WaterAid operates, compared with neighbours: Niger (68%), Burkina Faso (47%), Liberia (40%), Ghana (18%), Nigeria (20%), Sierra Leone (18%) and Mali (7%).

The situation of excreta disposal is unsatisfactory in almost all West African countries. It is particularly criticised by stakeholders in Burkina Faso, Liberia, Niger and Sierra Leone. Moreover, latrinisation and the installation of adequate excreta disposal facilities is implemented unevenly, depending on the region or province, in the different countries. The maintenance of equipment is also a problem:

> "There are five provinces in the region, which are not all aligned with each other. Some Community-Led Total Sanitation (CLTS) projects involve or have involved certain provinces. The practise of open defecation is still widespread even in urban areas. In general, latrines are not well maintained at the household, public (markets, places of worship, etc.) and institutional (schools, health centres) levels. It is common to see schools with latrines, but students defecate next to them because they are poorly maintained." NGO Manager, Burkina Faso

Country	% Practise open defecation (where data is available)
Niger	68%
Benin	54%
Togo	48%
Burkina Faso	47%
Liberia	40%
Mauritania	32%
Côte d'Ivoire	26%
Cabo Verde	20%
Nigeria	20%
Ghana	18%
Sierra Leone	18%
Guinea-Bissau	17%
Guinea	14%
Senegal	14%
Mali	7%
The Gambia	1%
Regional total	**25%**

Latrinisation programmes, particularly in rural areas, have been implemented for a long time in various West African countries, with varying degrees of success. Nowadays, water, sanitation and hygiene (WASH) infrastructures and CLTS initiatives are integrating excreta management. Insufficient consideration of the school environment and inadequate monitoring of interventions remain the main factors hampering these strategies.

> "These factors are taken into account in policies and strategic documents; however, the adoption of these practises is affected by inadequate infrastructure, poor coordination of interventions and insufficient monitoring." National Hygiene Manager, Mali

The institutional arrangements in place for proper excreta disposal need to be adapted and updated:

> "The only policy document I know that covers safe and hygienic disposal of human excreta is the Sierra Leone Public Health Ordinance 1960, which is very old and is currently under review." National Hygiene Manager, Sierra Leone

The results of the actions undertaken to end open defecation are closely linked to those for access to sanitation. Hygiene officials in West Africa are fully aware of the problems surrounding the disposal of excreta disposal and proposed solutions to improve latrinisation programmes, especially in rural areas. However, the effects of these programmes are limited due to the poor monitoring and maintenance of the infrastructure.

Case study: Ghana

Akamo Primary School in Kassena Nankana, Akamo Community, is made up of 10 teachers and 252 students, aged from two to 17 years old. The borehole is a 15-minute walk away from the school and shared with the local community, and there are no toilets for the students or the teachers at the school.

We go to the bush when we need the toilet; it's very dirty. Boys and girls go to the same place, which isn't good. We avoid the boys and sometimes wait until they have left before we remove our clothes as we feel shy and don't want the boys to see us.

We sometimes see snakes when going for open defecation, which is scary, so we have to run away." Gifty, 16.

▼ Rosina and Gifty, 16, walk to the area where they defecate near Akamo Primary School, Akamo Community, Kassena Nankana West District, Upper East Region, Ghana. February 2019.

WaterAid/Eliza Powell

Taboos and barriers are blocking progress on menstrual hygiene

Key findings

Menstruation is a reality for billions of women and girls each month. However, research suggests that every month, more than 500 million women globally[9] lack the right support they need to manage their periods effectively.

Menstrual hygiene management (MHM) remains a neglected issue in West African countries. Nevertheless, many initiatives, in partnership with UNICEF and certain NGOs (such as UN Women and the Water Supply and Sanitation Collaborative Council (WSSCC)), are emerging in these countries. There is still considerable room for improvement in this area, particularly in terms of training, equipment and the supply of sanitary products.

JMP defines good MHM as when: 'Women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials.'[8]

Effective MHM must include women and girls understanding the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear. However, menstruation remains a taboo subject across many societies in the region and is often regarded as a disease or a form of uncleanliness. These taboos prevent many young girls from having access to the information that would allow them to adopt healthy hygiene practises,[10] including in education.

This situation is even more serious as most schools are overcrowded. As a result, and according to some actors, national policies and strategies in the field of hygiene are still far from integrating the issue of menstrual hygiene as a priority.

WaterAid/Basile Ouedraogo

▲ A sample of the protection kit distributed by WaterAid to schools for the schoolgirls as part of our MHM projects in rural areas, in collaboration with some local associations. Burkina Faso, August 2018.

Menstrual hygiene management

The management of hygiene associated with the menstrual process.[8]

"(...) a lot of barriers exist in this aspect, especially cultural and religious beliefs, including some myths. More needs to be done to break those barriers and salvage our women and girls from the scourge of poor MHM issues." NGO Manager, Nigeria

"This is a new theme, and it is still taboo. Studies by UNICEF in particular revealed a negative impact of poor menstrual management among girls in school: absence from school, dropping out." NGO Manager, Burkina Faso

As a result, **national policies and strategies** in the field of hygiene are still **far from integrating the issue of menstrual hygiene** as a priority.

Case study: Burkina Faso

"In Burkina Faso, many people consider the menstruating woman as being in a state of 'impurity'. This social perception is very widespread, with most girls and women feeling embarrassed to approach the subject.

Women and girls manage their periods in different ways. They use different types of materials that are kept in secret and are not all well-known by the general public. These materials used by women during menstruation are not always adequate and sometimes have harmful consequences on their personal hygiene, personal comfort and health.

These are still considered as 'women's secrets' not to be exposed. During their periods, girls and women do everything they can to prevent people from knowing that they are menstruating. Also, the material is often kept in secret in the houses, at the bottom of suitcases or handbags." WaterAid Communications Officer, Burkina Faso

▼ A group of students from Trans Ekulu River Primary School, which has clean and safe toilets for students and teachers to use, Trans Ekulu River Community, Enugu State, Nigeria. October 2018.

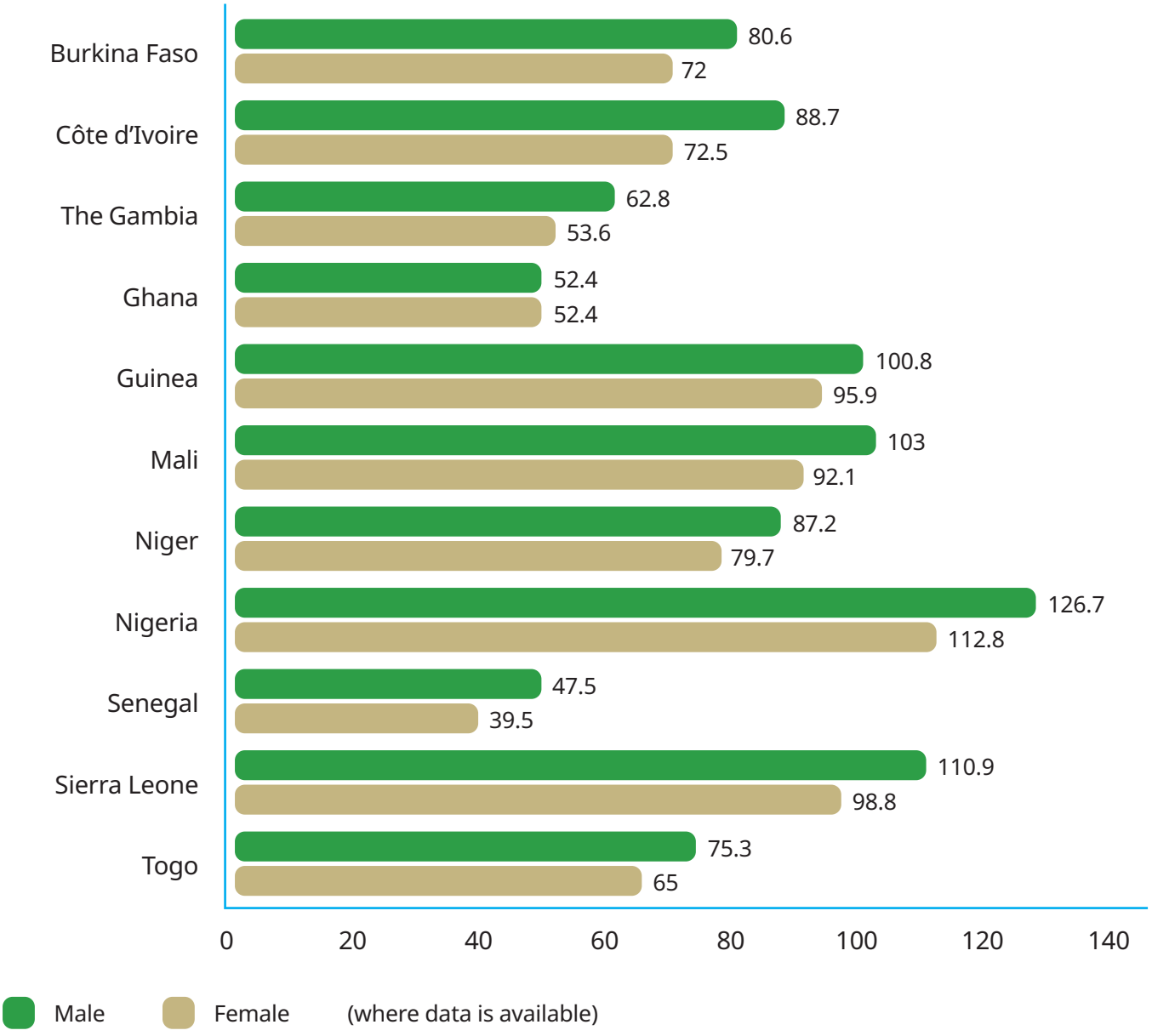
WaterAid/Tom Saater

Food hygiene efforts are ineffective

Key findings

Poor food hygiene can contribute to stunting, diarrhoea, malnutrition and poor health. In the absence of specific data, stunting and mortality among children can often indirectly reflect the food hygiene situation in a country. Stunting is a low height/age ratio and is the result of chronic or recurrent undernutrition – that is usually associated with several factors: poor socioeconomic conditions, poor maternal health and nutrition, frequent illness, and/or inadequate of infants and young children feeding and care. Stunting prevents children from reaching their physical and cognitive potential[11] and levels are particularly high in West Africa, with the latest data showing the prevalence of stunting is 27.7%, which is higher than the global average of 21.3%.[12]

Figure 5: Mortality in children under five years of age (per 1000 infants) (2018, WDI).[13]



▶ Fati, 17, runs a fast-food stall selling noodles and egg. Nima, Accra, Ghana. September 2016.

At an institutional level, food hygiene in West Africa has been under the responsibility of two main bodies since the colonial period and following the post-colonial laws and regulations:

- **Health and hygiene:** The ministries in charge of health and hygiene are responsible for controlling food hygiene and the ability to handle and sell foodstuffs.
- **Trade:** The economic control services are in charge of controlling the quality of foodstuffs.

These arrangements are more or less the same in all West African countries. However, they are **obsolete and are no longer sufficient to deal with the demographic growth and changing food consumption patterns**. Similarly, food control systems are proving ineffective, in part due to their lack of integration with WASH initiatives:

> "Food hygiene is unsatisfactory. It is reflected in the inspections and control of foodstuffs carried out by the hygiene services. They are aimed at protecting the consumer from the risks of collective food poisoning and focus on three major principles: food quality, safety and innocuousness." Regional Hygiene Manager, Mali

The situation regarding food hygiene is particularly worrying in schools:

> "In schools, most of the food sold to the students are not monitored and the handling is very poor." Ministry of Education Official, Liberia

Despite certain efforts, **food hygiene policies and strategies still need to be revised, popularised, implemented and, above all, monitored**. The training of agents should be a key priority:

> "Despite the increased number of restaurants and fast food outlets, a lot of efforts have to be made to eliminate street food, make markets cleaner, and review the quality of the consumed food." Regional Hygiene Manager, Senegal

Current food hygiene policies and strategies are more related to control and repression, carried out by hygiene services and economic control services. Food hygiene is also poorly addressed in WASH and other integrative strategies, despite the active involvement of several NGOs.

Key bottlenecks

Hygiene policies are absent, or weak

Only four countries out of the 12 surveyed reported having specific hygiene policies, covering the three expected levels (communities, schools, health services): Ghana, Guinea, Liberia and Mali. Policies are incomplete in Nigeria and Senegal, Togo and Burkina Faso, and significantly incomplete in Niger and Côte d'Ivoire.

Hygiene policy guidance is given in national cross-cutting documents. In Niger, for example, the Economic and Social Development Plan (PDES) emphasises the 'effective operationalisation of the national hygiene and sanitation policy as part of the priority areas of the urbanisation plan and the land-use planning policy.'

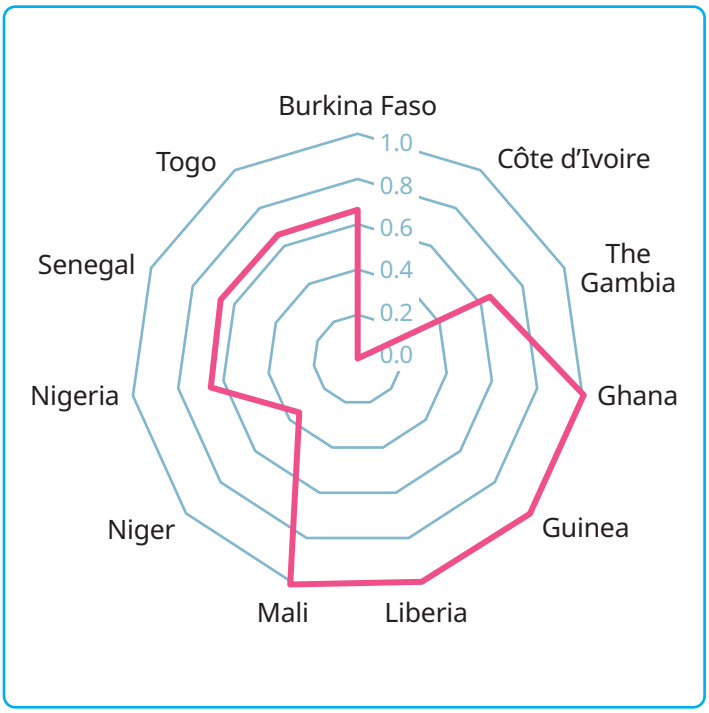
However, these policies are often obsolete and/or poorly implemented; they incorporate guidelines but remain very general and do not address the specific issues currently at stake:

> "Hygiene policies are usually buried in the main policies, as a result they are not perceived are top priority."
> NGO Manager, Nigeria

Moreover, according to the actors, the policy orientations are not specific and are mixed up with WASH:

> "No, we do not have a stand-alone policy on hygiene. We have a WASH policy."
> National Hygiene Manager, Sierra Leone

Figure 6: Existence of national hygiene policies (GLAAS 2020).[14]



WaterAid/Mohamed Kamara

▶ WaterAid Sierra Leone deployed town criers to spread the message of good hygiene in their fight against COVID-19, Sierra Leone. October 2020.

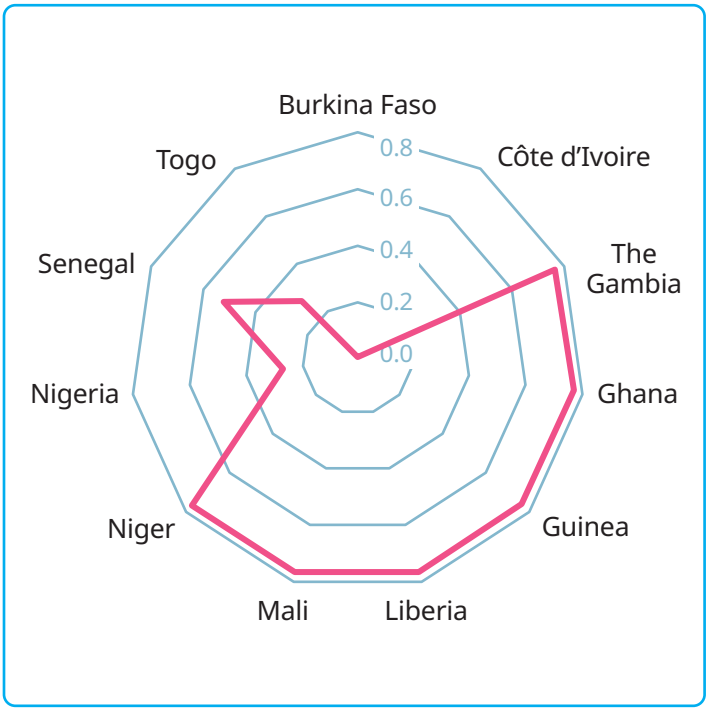
Policy adoption is not followed by clear implementation

In order for policies to succeed and to achieve the desired outcomes, they must be implemented through fully costed plans. There are implementation plans in place in some countries (The Gambia, Ghana, Guinea, Liberia, Mali and Niger), while in others the plans are incomplete (Senegal and Nigeria) or even non-existent (Burkina Faso and Côte d'Ivoire).

In reality, there are several 'peripheral' plans in the countries, which are not specifically dedicated to hygiene, but take into account certain aspects of it. In Mali, there is talk of strategic plans gravitating around the hygiene sector, without any real evidence of action. Ghana has a strategic investment plan for environmental sanitation, but progress towards their sanitation goals is still lagging behind.

There is also evidence across countries of documents on technical management guidelines, created by varying ministries and partners, but these are very fragmented. Each document covers a specific aspect of hygiene: drinking water management, solid waste management, prevention of infections in healthcare facilities, vector control, restoration, management of mortuaries, biomedical waste, food, etc.

Figure 7: Existence of Hygiene policies implementation plans (GLAAS 2020).[14]



Many technical partners, financial partners and NGOs are involved in the implementation of sanitation-related actions. This is a result of bilateral and multilateral cooperation agreements. However, not all NGOs are listed by the state services, which has several consequences:

- The willingness of an NGO to recognise the role of government departments and to involve them (whether at the national or regional level) often depends on its size.
- Smaller NGOs have limited relations with other actors and participate less frequently in the consultation frameworks.


WaterAid/Aisha Augie-Kuta

◀ Issaka, a student, gives a handwashing demonstration at a school in Norandé, Tillabéri, Niger. February 2018.

Key actions:

- **Increase political commitment to prioritise and implement hygiene policies.** Governments must make and implement political commitments to accelerate scale-up to increase hygiene services and promotion, along with documenting best practices, and upholding standards and guidelines.

There is a large financing gap

A recent report by Sanitation and Water for All identifies large financing gap as one of the greatest barriers to achieving hygiene, and linked water and sanitation-related targets of the SDGs.[15] Even within limited WASH budgets, hygiene comprises a global average of just 4%.[14]

Money is needed not only for the construction of WASH and waste infrastructure, but also for the people and the institutions that maintain and expand services to a growing population.
The World Bank has estimated that to meet SDG targets 6.1 and 6.2 globally, capital financing would need to triple to US$ 114 billion per annum, and operating and maintenance costs need to be considered in addition.[16]

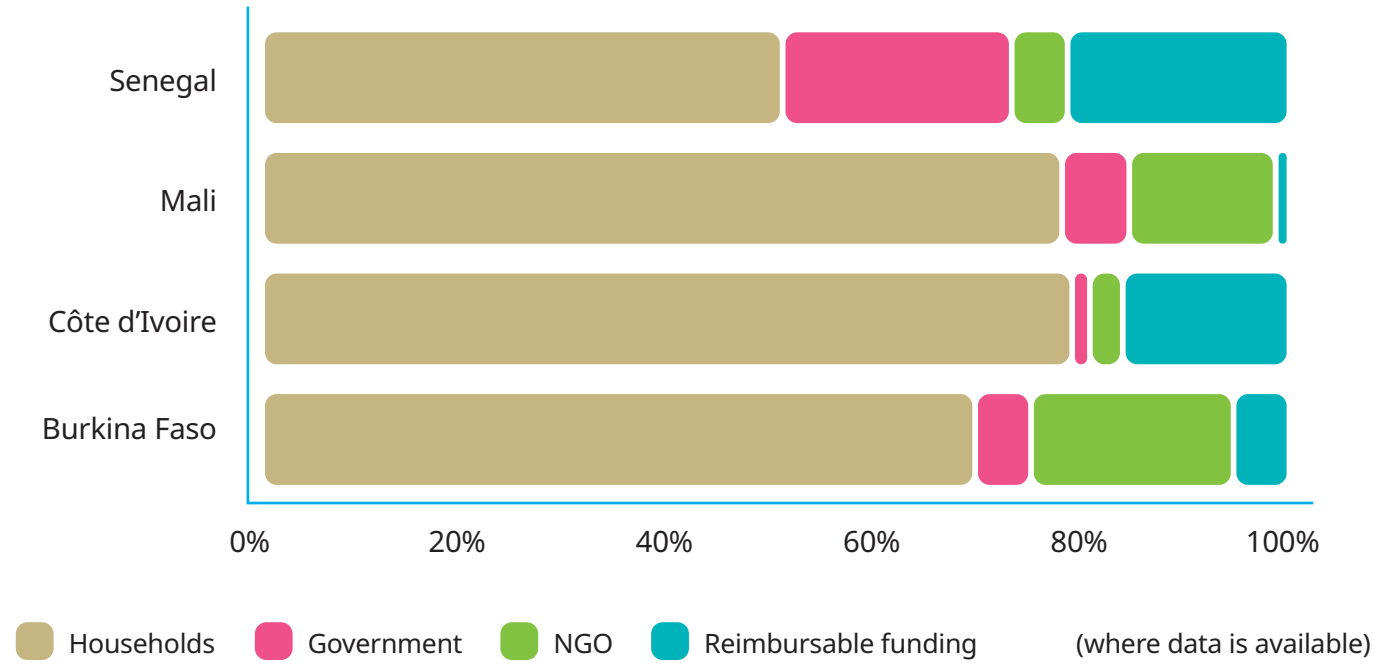
There are large variations in financing needs from country to country, financing strategies need to be based on evidence and realistic proposals for how to fill the gaps. In West Africa, **accessible data on funding is often minimal and incomplete**, making it difficult to get a clear and accurate picture across the region.[iii]

However, based on the data that we have, the share of financing borne by the states is very limited, if not insignificant. Instead, **financing of WASH activities is essentially borne by households, in proportions exceeding 40%**. In Senegal, where the financing is the largest, it represents 23% of total WASH expenditures, compared to 1% in Côte d'Ivoire, 5% in Burkina Faso and 7% in Mali (Figure 8).

Considering current expenditures and financing needs (estimated from existing plans with their quantified targets) to achieve national WASH targets, the gap analysis shows the following situation in some West African countries (see Table 2). The GLAAS survey also revealed the share of various sources (government, households, NGOs and reimbursable financing) in the financing of WASH activities in some African countries.

Given the huge needs, and generally insufficient national funding, the gaps to be filled are equally as great, ranging from 97% for Côte d'Ivoire to 0% for Guinea. In this case, situations such as Guinea's should be analysed in depth to ensure that there is enough funding, and that this does not reflect gaps in planning and budgeting.

Figure 8: Distribution of funding for WASH activities by source (GLAAS, 2019).[14]



iii. Information for other countries (especially English-speaking countries) was not available in the database.

Table 2: Analysis of funding gaps for WASH programmes in some West African countries (where data is available) (GLAAS, 2019).[14]

Country	Amount of annual budget allocated to WASH (2017) (million USD)	Estimated needs (2017) (million USD)	Gap (%)
Burkina Faso	122.1	229.9	47%
Côte d'Ivoire	0.9	27.4	97%
Ghana	303.5	1 202.7	75%
Guinea	62.3	41.2	0%
Senegal	278.4	818.1	66%
Togo	146.7	9.4	94%

In any case, **financing is seen by sector stakeholders as an important bottleneck in advancing hygiene issues**. For example, in Togo, stakeholders believe that funding for the hygiene sector is very limited. Togo does not have the means to implement its policy on hygiene and basic sanitation.

The development of the sanitation sub-sector depends largely on the financing and/or participation of NGOs/associations and other development partners. However, it should be noted that the intervention of these partners is more oriented towards the drinking water and sanitation sub-sector than towards the hygiene sub-sector.

In Sierra Leone, there is no national investment plan for hygiene activities, and no budget dedicated to hygiene. However, like most West African countries, NGOs are very supportive in financing hygiene-related activities. These include technical and financial partners such as UNICEF, WHO, Action Contre la Faim (ACF), GOAL, Oxfam, WaterAid and Concern Worldwide. The financing of the hygiene sector is therefore considered to be inefficient and unsustainable. One of the reasons mentioned by one state respondent is that:

> "Hygiene activities are not stand-alone activities; they are part of general WASH activities and most resources are spent on water supply and sanitation (toilets)."

Key actions:

- **Maximise existing public funding** through better planning, management and subsidy targeting.
- **Improve monitoring and reporting on hygiene** in order to support learning and planning. Without a clear understanding of the current hygiene expenditure, it is challenging to provide additional funding and difficult to use the funding that is available in the best way.

Case study: Niger

In Niger, the financing of the sector from the national budget is considered insignificant by most of the actors involved in the hygiene sector. Local authorities are facing difficulties in mobilising the financial resources needed to meet the challenges. Also in Niger, hygiene financing is essentially based on subsidies.

The involvement of banking structures in supporting the hygiene and sanitation sector is rare and is limited to isolated cases, such as the partnership between the NGO RAIL and the Crédit Mutuel du Niger in the framework of credits for the construction of latrines in the Commune of Dogondoutchi. Whilst there is a national investment plan for WASH activities in general, the budget line for hygiene is almost non-existent.

WaterAid/Basile Ouedraogo

▶ Amadou, caregiver, removing gloves to throw them in a bin inside the treatment room at Bogoni Health Centre, Bla district, Segou region, Mali. October 2019.

There is a lack of incentives to promote and attract investment

The factors that motivate governments to invest, and seek investment in hygiene, need to be carefully explored. The COVID-19 pandemic has led to unprecedented financial mobilisation in West African countries. Indeed, given the urgency and the current and expected impacts of the pandemic on society, some governments in the region have announced COVID-19 response plans with exceptional amounts.

The swiftness of the response, with the development of costed plans, is therefore a clear indication of the governments' sensitivity to crisis situations. However, hygiene measures are still significantly under-prioritised and under-budgeted.

At the regional and national levels, international organisations can also support or even encourage the achievement of political commitments through conventions and protocols aimed at promoting hygiene and sanitation. They can also facilitate a strong political movement in favour of hygiene and sanitation, particularly through meetings and direct discussions between the various stakeholders.

Key actions:

- This political will shown in a period of crisis must lead to a sustainable focus on hygiene. In terms of WASH policies and strategies, access to drinking water remains at the top of the investment agenda (GLAAS survey) and the involvement of local governments (in countries such as Nigeria), local authorities and community organisations.
- The private sector (companies in particular) must work with the government to obtain concessions to provide hygiene and sanitation services where these services do not exist. These companies should provide favourable conditions for people to make investments in hygiene and to report back to the government.
- International development banks, international multilateral and bilateral cooperation organisations should help translate political will into action by increasing their investments in hygiene and sanitation, documenting and disseminating good and best practices, and participating in the definition of standards and guidelines.

Hygiene coordination models

Hygiene coordination mechanisms vary, so actions must be suitably adapted in each country.

Generally speaking, several ministerial departments are involved in hygiene management, including the ministry in charge of health, on an on-going basis. The main ministerial departments involved in hygiene issues include health, hydraulics, education, environment, territorial administration, information, finance and decentralisation, among others.

This fragmentation has been criticised by the actors and is considered a source of inefficiency. Terms of reference are not clearly defined to avoid overlap; when, for example, a Ministry of Water is responsible for 'developing a comprehensive framework for the development of sanitation services within an effective legal and institutional framework' (Sierra Leone) – this leaves a very wide field in which several other ministerial departments could be involved. The same assignment can be seen in another country (Niger), for the Ministry in charge of health, is also 'in charge of sanitation, public and individual hygiene and school health.'

With regard to the coordination of hygiene activities, several models emerged from the analysis:

1) **A centralised model, based on the administration and its components.** This model is found in countries such as Mali, Senegal and Niger. The coordinating bodies follow the administrative divisions and are headed by the administrative authority (governor, prefect). In Mali, similar coordination bodies with the branches of the various ministries are chaired by

▲ L-R George Yorke, Head of Policy, Advocacy and Campaigns; Afua Rida; Abdul Nashiru Mohammed, Country Director; Okyeame Kwame; Anita Erskine; Jesse Danku, Head of Sustainable Services; and David Aidoo, Grants Manager. WaterAid Ghana are working with national celebrities on a hygiene promotion initiative to encourage people to practise life-saving hygiene behaviours, Ghana. July 2020.

the governors, prefects and mayors respectively.

The Public Hygiene and Sanitation Division of the National Directorate of Health of the Ministry of Health is steered at the regional level by the regional health directorates, most of whose hygiene programmes are carried out at the health district level. However, it should be noted that Mali has a coordinating body called 'Task Force WASH', whose role is still weak.

2) **A management model which is more 'open' to civil society and NGOs**, particularly in The Gambia and Liberia. In Liberia, the National WASH Commission is the coordinating body at national level. At the regional and local levels, these stakeholders also form sub-committees for the implementation of the strategic plans on hygiene.

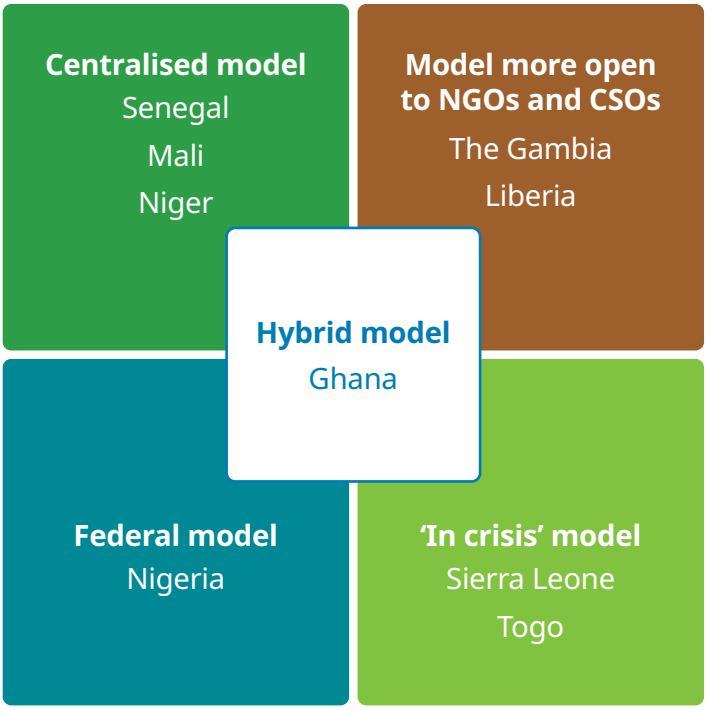
3) **A federal management model**, as in Nigeria, where there is a coordination mechanism for these different bodies through the National Task Group for Sanitation (NTGS). At the state level, State Task Groups for Sanitation (STGS) coordinate hygiene activities.

4) **An 'in crisis' model**, as in Togo or Sierra Leone. In Sierra Leone, there is a lack of coordination between the NGOs, and between the NGOs and the Government. The problem is that NGOs and other implementing partners do not always cooperate and coordinate their interventions, or fail to seek permission from government stakeholders (Ministry of Health). In addition, standards and guidelines, where they exist, are not followed because they are unknown to stakeholders or do not fit into plans.

5) **The Ghanaian model could be described as hybrid.** In order to manage hygiene, public and environmental health at the decentralised level, 16 municipal councils, also called metropolitan, municipal and district units (MMDA), were created in addition to ten regional health and sanitation units. These regional health and sanitation units are branches of the Ministry of Local Government and Rural Development (MLGRD). They provide leadership and supervision of staff in the metropolitan, municipal and district units (MMDAs).

Ghana offers an interesting example on the integration of hygiene actions involving local authorities, health services, education and environmental management for the management of hygiene issues – while everywhere else, different skills seem to be exercised in a rather vertical approach.

Figure 9: Hygiene coordination models.



Key action:

- Regardless of the country mechanism, these need to be revised to ensure greater efficiency and innovation, alongside greater inclusion of all key stakeholders.

Conclusion

This study highlights that progress towards everyone, everywhere in West Africa having good hygiene is severely lacking across the region. Data shows that only:

- **35% have access to basic handwashing facilities at home.**
- **70% have access to basic water at home.**
- **33% have access to basic sanitation.**
- **25% practise open defecation.**

The main bottlenecks for effective prioritisation of hygiene issues are:

- Low political commitment (despite the existence of national policies approved by deliberative bodies in several countries, which is an asset) to support hygiene interventions, demonstrated by the existence of overly general and sometimes obsolete provisions.
- This weak political will is also reflected in the absence of consistent budget lines for hygiene issues. The financing of interventions in the area of hygiene is mainly borne by households. The portion of state budgets allocated to the hygiene sub-sector is drowned out in the more global budget for health services, where it occupies a small share. Most of the financial resources of the hygiene sub-sector are extra-budgetary and come from NGOs and TFPs. The financing gaps for the achievement of national hygiene objectives are considerable.
- The poor monitoring and coordination of the programmes in place; the stakeholders emphasised this aspect, arguing that it is a factor of vulnerability for the sustainability of the gains made in terms of hygiene.
- The weakness of national information systems in the field of hygiene, which is an obstacle to good knowledge of the situation, and therefore also to the formulation of relevant and efficient interventions.
- The management of menstrual hygiene, but also food hygiene, have an even smaller place on national agendas. There is little objective data to measure the extent of a phenomenon that is still very timidly addressed in West African countries.
- Various ministerial departments (health, sanitation, hydraulics and water, education, literacy, etc.) are in charge of designing policies and implementing them in the area of hygiene, with a definition of roles that sometimes remains imprecise.
- There are many policy implementation plans (strategic plans, programmes), but they lack implementation and monitoring, due to a lack of sustainable financing. There is a real risk that the achievements of hygiene and sanitation programmes (the example of open defecation is often mentioned) will be compromised.
- As a general rule, the mechanisms for coordinating hygiene interventions are based on the classic administrative organisation of countries: central umbrella coordination, divided into regional, provincial and departmental committees. This system leaves little room for innovation and, in the opinion of the actors, is inefficient. The coordination systems in some countries (Nigeria, The Gambia, Liberia, Ghana) are more open to Civil Society Organisations (CSOs) and NGOs. From this point of view, the example of the National Task Group for Sanitation (NTGS) in Nigeria is interesting. The stakeholders reported its transversal and operational character.
- While national policies and strategies are generally in place, operational guidelines and procedures are not available in a

single document. For example, in Togo, the stakeholders report the existence of several operational documents, with no evidence of their complementarity.

The importance of good hygiene is clearer now more than ever. Handwashing with soap remains the first line of defence against COVID-19 and is at the core of public health advice from the WHO, alongside other public health measures. This crisis must be the turning point for sustainable hygiene prioritisation and investment.

▶ Handwashing facilities outside of Diaramana Health Centre, Cercle de Bla, Segou Region, Mali. April 2018.

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◀ L-R: Djenebou, Seydou and Alimatou, students and members of the hygiene club at the village school in Dio-Ba, standing with brooms next to a block of school latrines, Kati district, Koulikoro region, Mali. October 2019.

To find out more go to:
washmatters.wateraid.org/hygiene

Hygiene Hub:
hygienehub.info/en/covid-19

Front top: Kadiatou, 6, diagnosed with malaria, washes her hands as she and her mother leave Niala Health Centre, Cercle de Bla, Segou Region, Mali. April 2018.

Front middle: Students wash their hands outside school in Samabogo, Cercle de Bla, Segou Region, Mali. April 2018.

Front bottom: A handwashing station at Diaramana Health Centre, Cercle de Bla, Segou Region, Mali. April 2018.

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