

INVESTING IN WATER AND SANITATION: INCREASING ACCESS, REDUCING INEQUALITIES

UN-Water Global Analysis and Assessment of
Sanitation and Drinking-Water
GLAAS 2014 Report



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UN-WATER REPORTS

UN-Water is the United Nations (UN) inter-agency coordination mechanism for freshwater related issues, including sanitation. It was formally established in 2003 building on a long history of collaboration in the UN family. UN-Water is comprised of UN entities with a focus on, or interest in, water related issues as Members and other non-UN international organizations as Partners.

The work of UN-Water is organized around Thematic Priority Areas and Task Forces as well as awareness-raising campaigns such as World Water Day (22 March) and World Toilet Day (19 November).

The main purpose of UN-Water is to complement and add value to existing programmes and projects by facilitating synergies and joint efforts, so as to maximize system-wide coordinated action and coherence. By doing so, UN-Water seeks to increase the effectiveness of the support provided to Member States in their efforts towards achieving international agreements on water.

PERIODIC REPORTS

WORLD WATER DEVELOPMENT REPORT (WWDR)

is the reference publication of the UN system on the status of the global freshwater resource. The Report is the result of the strong collaboration among UN-Water Members and Partners and it represents the coherent and integrated response of the UN system to freshwater-related issues and emerging challenges. The report production coordinated by the World Water Assessment Programme and the theme is harmonized with the theme of World Water Day (22 March). From 2003 to 2012, the WWDR was released every three years and from 2014 the Report is released annually to provide the most up to date and factual information of how water-related challenges are addressed around the world.

- ✓ *Strategic outlook*
- ✓ *State, uses and management of water resources*
- ✓ *Global*
- ✓ *Regional assessments*
- ✓ *Triennial (2003–2012)*
- ✓ *Annual (from 2014)*
- ✓ *Links to the theme of World Water Day (22 March)*

UN-WATER GLOBAL ANALYSIS AND ASSESSMENT OF SANITATION AND DRINKING-WATER (GLAAS)

is produced by the World Health Organization (WHO) on behalf of UN-Water. It provides a global update on the policy frameworks, institutional arrangements, human resource base, and international and national finance streams in support of sanitation and drinking-water. It is a substantive input into the activities of Sanitation and Water for All (SWA).

- ✓ *Strategic outlook*
- ✓ *Water supply and sanitation*
- ✓ *Global*
- ✓ *Regional assessments*
- ✓ *Country assessments*
- ✓ *Biennial (since 2008)*

THE PROGRESS REPORT OF THE WHO/UNICEF JOINT MONITORING PROGRAMME FOR WATER SUPPLY AND SANITATION (JMP)

is affiliated with UN-Water and presents the results of the global monitoring of progress towards MDG 7 target C: to halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation. Monitoring draws on the findings of household surveys and censuses usually supported by national statistics bureaus in accordance with international criteria.

- ✓ *Status and trends*
- ✓ *Water supply and sanitation*
- ✓ *Global*
- ✓ *Regional and national assessments*
- ✓ *Biennial (1990–2014)*
- ✓ *Annual updates (since 2013)*

UN-WATER PLANNED PUBLICATIONS 2014–2015

- UN-Water Technical Advice on a Possible Post-2015 Global Goal for Water
- UN-Water Analytical Brief on Wastewater Management
- UN-Water Report on the International Year of Water Cooperation
- UN-Water Report on the International Decade for Action 'Water for Life' 2005–2015
- UN-Water Country Briefs
- UN-Water Policy Brief on Discrimination and the Right to Water and Sanitation
- UN-Water Policy Brief on Water Security

Foreword

Access to safe drinking-water and basic sanitation is essential to human health and survival. But for many people living in low-resource settings, these vital services remain out of reach.

AN ESTIMATED

748 MILLION
women, men and children
lack ready access to
an improved source of
drinking-water.

BILLIONS

LACK ACCESS
to safe water that is
reliably and continuously
delivered in sufficient
quantities.

SOME **2.5**

BILLION PEOPLE
—more than one third of
the global population—
live without basic
sanitation facilities.

HUNDREDS

OF MILLIONS OF PEOPLE
do not have clean soap
and water to wash their
hands, a simple practice
that prevents the spread
of diarrhoeal and
respiratory illness.

The urgent need for increased access to water, sanitation and hygiene (WASH) services is a key theme of this report. The UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS 2014) led by WHO on behalf of UN-Water, draws on data from 94 countries and 23 external support agencies. It is the most comprehensive report, to date, on country efforts and approaches to extend WASH services to all.

There are important achievements to note. Between 1990 and 2012, for example, 2.3 billion people around the world gained access to an improved drinking-water source. In that same time frame, the number of children who died from diarrhoeal diseases—strongly associated with poor water, sanitation and hygiene—fell from approximately 1.5 million to just over 600,000. However, key areas of concern remain. In many countries, for example, inadequate water and sanitation policies and practices are fuelling the spread of disease, not only in households and communities, but in schools and health centres. At the time of writing, poor WASH conditions in communities and institutional settings, especially health facilities, have been exacerbating the spread of Ebola in West Africa.

Other key challenges include:

- **Critical gaps in monitoring:** Reliable information is vital to identify gaps in access and to inform policy. Though many countries have WASH monitoring frameworks in place, most report inconsistent gathering of data and poor capacity for analysis.
- **Weak country capacity to implement plans:** Despite strong political support for universal access to water and sanitation, few countries surveyed have the capacity to fully implement their national WASH plans and conduct meaningful reviews.
- **Insufficient funding:** Though international aid for the WASH sector has increased, national funding needs continue to outweigh available resources. Most countries report that current funding levels are insufficient to meet their targets for drinking-water and sanitation.

These challenges, among others, are central to ongoing discussions around the proposed post-2015 Sustainable Development Goals. We hope the *GLAAS 2014* report will serve as a useful resource for leaders and policy-makers as they define priorities in WASH for the next decade and beyond.



A handwritten signature in black ink that reads "M. Chan".

Dr Margaret Chan
Director General
WHO



A handwritten signature in blue ink that reads "Michel Jarraud".

Michel Jarraud
Chair
UN-Water

Acknowledgements

UN-Water and WHO gratefully acknowledge the financial support provided by the Department for International Development, United Kingdom; the Swiss Agency for Development and Cooperation; the Directorate-General for International Cooperation, the Netherlands; and the Government of Kuwait.

The preparation of the report involved contributions from hundreds of individuals representing all regions of the world. UN-Water and WHO would like to extend their gratitude to all those individuals and organizations that contributed to the development of the results and report – especially those individuals who coordinated efforts and submitted information from 94 countries, 23 external support and partners agencies (Annex F).

Acronyms and abbreviations

ADB	Asian Development Bank
AFD	Agence Française de Développement, France
AfDB	African Development Bank
AfDF	African Development Fund, African Development Bank
AFESD	Arab Fund for Economic and Social Development
AMCOW	African Ministers' Council on Water
BMGF	Bill and Melinda Gates Foundation
CLTS	Community Led Total Sanitation
CRS	Creditor Reporting System
CSO	Country Status Overview (World Bank Water and Sanitation Program)
DFID	Department for International Development, United Kingdom
DFATD	Foreign Affairs, Trade and Development, Canada
DFAT	Department of Foreign Affairs and Trade, Australia
DGIS	Directorate-General for International Cooperation, the Netherlands
ESA	External Support Agency
EU	European Union
GDP	Gross Domestic Product
HEW	Health Extension Workers
HLOS	Higher Levels of Service
IDA	International Development Association, World Bank
IDB	Inter-American Development Bank
IFRC	International Federation of Red Cross and Red Crescent Societies
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
JSR	Joint Sector Review
MDG	Millennium Development Goal
MIG	Municipal Infrastructure Grant
NGO	Nongovernmental Organization
NRW	Non-revenue Water
NTD	Neglected Tropical Disease
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OECD-CRS	OECD Creditor Reporting System
OFID	OPEC Fund for International Development
O&M	Operation and Maintenance
OPEC	Organization of Petroleum Exporting Countries
PBS	Promoting Basic Services Program
SDC	Swiss Agency for Development and Cooperation, Switzerland
SF	Solidarity Fund
SWA HLM	Sanitation and Water for All High-Level Meeting
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development, USA
WASH	Water, sanitation and hygiene
WASH-BAT	Water, sanitation and hygiene – Bottleneck Analysis Tool
WHO	World Health Organization
WQ	Water Quality
WSA	Water and Sanitation for Africa
WSP	Water Safety Plans
WSSCC	Water Supply and Sanitation Collaborative Council

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Main findings

Ten key findings emerge from GLAAS 2014. The results show that to improve access and reduce inequalities beyond 2015, much needs to be done to effectively implement and monitor WASH policies at national level, including to:

- Secure, absorb and target sustained international and national financing;
- Renew focus on health facilities as a priority; to strengthen action in the crucial area of hygiene promotion;
- Support the operation and maintenance of existing infrastructure and services;
- Expand efforts in neglected rural areas where the need for improved services is greatest.

Addressing these issues, in line with achieving the goal of universal coverage in water, sanitation and hygiene, will require the collective efforts of national governments, local communities and international agencies alike.

1 Governments show strong support for universal access to drinking-water and sanitation

The findings of GLAAS 2014 show that global aspirations towards universal access to safe and affordable water and sanitation are supported by political processes in many countries. Two thirds of the 94 countries recognize both drinking-water and sanitation as a human right in national legislation (Figure 2.8). National policies for drinking-water and sanitation are largely in place with over 80% of countries reporting to have approved national policies (Figure 2.1).

2 Political aspirations, nonetheless, are impeded by weak capacity at country level to set targets, formulate plans, undertake implementation and conduct meaningful reviews

GLAAS 2014 indicates a large gap between aspirations and reality. Despite political support for universal access, less than one quarter of the 94 countries reported having universal access targets for sanitation and fewer than one third of countries had universal access targets for drinking-water (Annex D). Fewer than one quarter of countries reported in GLAAS 2014 that they have national plans in sanitation that are being fully implemented, funded and regularly reviewed (Figure 2.1).

3 Critical gaps in monitoring impede decision-making and progress for poorest

GLAAS 2014 results highlight that most sector decisions are not evidence-based due to the widespread lack of capacity for monitoring, inconsistent or fragmented gathering of data and limited use of information management systems and analysis. The vast majority of surveyed countries have no comprehensive process in place to track funding to water and sanitation. Consequently, countries are unable to confirm whether funding was directed to investment needs, nor credibly report back on whether they have met financial allocation targets, for example, related to the eThekweni declaration¹. More importantly, data are often not used to inform decision-making: less than one third of countries report having data available which is analyzed and used for a majority of decisions in allocating resources in the sanitation sector. If plans exist for reducing inequalities in access by targeting disadvantaged groups, the outcomes are commonly left unmonitored. Less than half of countries track progress in extending sanitation and drinking-water services to the poor (Table 2.2).

¹ The eThekweni Declaration was signed by over 30 African government ministers in Durban in 2008 at the Second African Conference on Sanitation and Hygiene organized under the auspices of the African Ministers' Council on Water (AMCOW). Recognising that more than half a billion African citizens currently do not have access to safe sanitation, the Ministers and Heads of Delegation responsible for sanitation from 32 African countries came together at the Second African conference on Sanitation and Hygiene (AfricaSan) to sign the eThekweni Declaration. Under this declaration, African governments pledged themselves to the eThekweni commitments on sanitation. Further information: <http://www.unwater.org/downloads/eThekweniAfricaSan.pdf>

4 Neglect for WASH in schools and health care facilities undermines country capacity to prevent and respond to disease outbreaks

GLAAS 2014 results indicate that less than one third of countries have a plan for drinking-water or sanitation in health care facilities and schools that is being fully implemented, funded and regularly reviewed. Health care facilities are high-risk settings where WASH services are a prerequisite for effective and safe care, especially during childbirth. WASH in schools lacks attention despite its impact on children's health, school attendance, particularly for girls, and its contribution to fostering lifelong healthy hygiene habits. Neglect of WASH, and the ensuing poor conditions and practices in communities and institutional settings like schools and especially health facilities, have exacerbated the current West African Ebola crisis. Ensuring essential services, including WASH, is one of five pillars of the global response strategy to the outbreak and will be key to recovery.

5 National financing for WASH is insufficient

One-third of countries report that sector financing plans are fully defined, agreed and consistently followed (Figure 4.6). Data suggest that government budgets and expenditures for WASH are increasing, along with improved spending of allocated national funds (Figure 4.10). Despite these improvements, there remains a huge financing gap between budget and plans, with 80% of countries indicating insufficient financing for the sector (Figure 4.1). One important gap in financing is operation and maintenance, key to ensuring sustainable and safe service provision. With 70% of countries reporting that tariffs do not cover the costs of operation and maintenance (Figure 4.14), the quality of services and coverage levels are at risk of decline.

6 International aid for WASH has increased and regional targeting has improved

Development aid commitments for water and sanitation have increased 30% to over US\$ 10.9 billion in 2012, from US\$ 8.3 billion in 2010 (Figures 5.1 and 5.3). Aid is increasingly directed towards low-income countries—Sub-Saharan Africa received 38% of water and sanitation ODA in 2012, compared to 27% in 2010 (Figure 5.7). Moreover, countries report improvement in their capacity to absorb donor commitments (Figure 4.12). Despite this, more needs to be done to change the aid paradigm from infrastructure provision to support sustainable service delivery.

7 Lack of human resources constrains the sector

Only one third of countries report having human resource (HR) strategies in water, sanitation and hygiene for urban and rural areas, despite the fact that insufficient staff has been recognized as constraining the sector, especially in rural areas (Figure 2.6, Annex D). Countries cite planning and monitoring, along with operation and maintenance as elements that would most benefit from additional human resource capacity.

8 Sanitation in rural areas – high needs, yet low expenditures

The vast majority of those without improved sanitation are poorer people living in rural areas. Progress on rural sanitation – where it has occurred – has primarily benefitted the non-poor, resulting in inequalities¹. Coupled with these high needs, expenditures for rural sanitation are estimated to comprise less than 10% of total WASH finance (Figure 4.7) and the proportion of external aid flows for basic services is declining (Figure 5.12). While low-cost approaches in rural areas may partly reflect these low expenditure levels, needs remain high and funding insufficient to reach targets (Figures 4.1 and 4.9).

9 Weak monitoring of the critical ‘H’ factor – hygiene promotion

Despite the proven benefits of handwashing with soap², GLAAS 2014 data show that hygiene promotion remains a neglected component of WASH. One fifth of countries indicate that hygiene plans are implemented, financed and regularly reviewed (Figure 2.1). Only eleven countries (12%) were able to separate hygiene promotion expenditures from general WASH and health budgets and of these, only seven countries reported either over US\$ 1 million expenditure, or greater than 1% of their WASH expenditure on hygiene promotion.

10 Efforts are being made to reach the poor, but few at scale

Several countries reported efforts to reduce inequalities by making services more affordable to the poor (e.g. increasing block tariffs, reduced connection fees, vouchers, free water tanks, free water allocations, microfinance loans) but only half of countries trying such schemes report that their use is wide-spread (Figure 4.15). Only 17% of countries consistently apply financial measures to reduce disparities in access to sanitation for the poor compared to 23% for drinking-water (Table 2.2).

¹ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

² Freeman et al (2014) Hygiene and health: systematic review of handwashing practices worldwide and update of health effects. *Trop Med Int Health*. 19 (8): 906-16.

Summary table of key indicators for WASH – GLAAS 2014

VALUE	INDICATOR	PAGE
CONTEXT		
2.5 billion	People lacking basic sanitation (JMP 2014)	1
1 out of 7	Proportion of world population practising open defecation (JMP 2014)	1
NATIONAL PLANNING AND COORDINATION		
29% / 23% / 20%	Percentage of countries reporting to have plans that are costed, funded, implemented and regularly reviewed for <i>drinking-water / sanitation / hygiene</i>	4–5
One third	Countries with a human resource strategy in sanitation, drinking-water and hygiene (covering urban and rural areas)	10
74% / 67%	Percentage of countries recognizing <i>water / sanitation</i> as a human right by law	14
79% / 41%	Percentage of countries with: a WASH policy which explicitly includes populations living in poverty / a monitoring system that tracks progress for populations living in poverty	15
MONITORING AND USE OF PERFORMANCE INDICATORS		
Approx. 50%	Countries reported having undertaken a national assessment for water and sanitation (e.g. Joint Sector Review) since 2012	17
>60% / <50%	Percentage of countries with formal service providers that report to regulatory authority and use results of their internal monitoring to trigger a corrective action for <i>urban / rural</i> drinking-water	19
Approx. 70% / Approx. 40%	Percentage of countries report carrying out independent surveillance of <i>urban / rural</i> drinking-water quality against national standards	20
31% / 45%	Percentage of countries report using indicators to track expenditure against established baseline data for sanitation / drinking-water	20–21
21% / 30%	Percentage of countries report to track functionality against established baseline data for sanitation / drinking-water	20–21
NATIONAL FINANCING		
35%	Percentage of countries able to provide detailed WASH expenditure	23
80%	Percentage of countries reporting insufficient financing	23–24
73%	Average percentage of WASH financing derived from households	25
57% / 43%	Breakdown between drinking-water and sanitation country expenditure	33
82% / 18%	Breakdown between urban and rural country expenditure	33
<1%	Average expenditure on hygiene promotion (as % of total WASH)	33
>50% / >35%	Percentage of countries with domestic / external absorption rates greater than 75%	36
>70%	Percentage of countries with less than 80% cost recovery for O&M	38
>60%	Percentage of countries indicating that affordability schemes exist	39
EXTERNAL SUPPORT^a		
US\$ 10.9 billion	Official development assistance commitments for water and sanitation	42
6.1%	Percentage of total ODA commitments for water and sanitation	43
US\$ 6.7 billion	Official development assistance disbursements for water and sanitation	43–44
73% / 27%	Breakdown between drinking-water and sanitation aid commitments	48
21%	Proportion of aid commitments directed to basic services	49
73% / 27%	Breakdown between urban and rural external aid disbursement	50
45%	Average proportion of external financing allocated for new services	51
59% / 41%	Breakdown between concessional ODA loans and ODA grants	51–52

^a Data year 2012, unless otherwise indicated.

1 GLAAS Context

Introduction

Safe and sufficient drinking-water, along with adequate sanitation and hygiene have implications across all Millennium Development Goals (MDGs) – from eradicating poverty and hunger, reducing child mortality, improving maternal health, combating infectious diseases, to ensuring environmental sustainability. Much progress has been achieved over the past decade:

- 2.3 billion people gained access to improved drinking-water between 1990–2012¹.
- The number of children dying from diarrhoeal diseases, which are strongly associated with poor water, inadequate sanitation and hygiene, have steadily fallen over the two last decades from approximately 1.5 million deaths in 1990 to just above 600,000 in 2012.²

As the world turns its attention to the formulation of the post-2015 Sustainable Development Goals (SDGs) much remains to be done particularly to reduce inequalities across populations:

- 2.5 billion people lack access to improved sanitation.
- 1 billion people practice open defecation, nine out of ten in rural areas¹.
- 748 million people lack access to improved drinking-water and it is estimated that 1.8 billion people use a source of drinking-water that is faecally contaminated¹.
- Hundreds of millions of people have no access to soap and water to wash their hands, preventing a basic act that would empower them to block the spread of disease.

UN-Water GLAAS 2014

The UN-Water GLAAS 2014 Report, Investing in Water and Sanitation: Increasing Access, Reducing Inequalities is the third biennial GLAAS report. It presents data from 94 countries, covering all MDG regions. It also includes data from 23 external support agencies (ESAs)³, representing over 90% of official development assistance (ODA) for sanitation and drinking-water (Figure 1.1). Since the start of GLAAS in 2008, the number of participating countries, and the amount of information collected, has grown. More detailed information about the survey and GLAAS methodology can be found in Annex A.

COUNTRIES	EXTERNAL SUPPORT AGENCIES (ESAs)
Afghanistan, Angola, Argentina, Azerbaijan, Bangladesh, Belarus, Benin, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic (the), Chad, Chile, Colombia, Congo (the), Cook Islands, Costa Rica, Côte d'Ivoire, Cuba, Democratic Republic of the Congo (the), Timor-Leste, Dominican Republic (the), El Salvador, Eritrea, Estonia, Ethiopia, Fiji, Gabon, Gambia (the), Georgia, Ghana, Guinea, Guinea-Bissau, Haiti, Honduras, India, Indonesia, Iran (Islamic Republic of), Jordan, Kazakhstan, Kenya, Kyrgyzstan, Lao People's Democratic Republic (the), Lebanon, Lesotho, Liberia, Lithuania, Madagascar, Maldives, Mali, Mauritania, Mexico, Mongolia, Morocco, Mozambique, Myanmar, Nepal, Niger (the), Nigeria, Oman, Pakistan, Panama, Paraguay, Peru, Philippines (the), Republic of Moldova (the), Rwanda, Senegal, Serbia, Sierra Leone, South Africa, South Sudan, Sri Lanka, Sudan (the), Tajikistan, Thailand, The Former Yugoslav Republic of Macedonia, Togo, Tonga, Tunisia, Uganda, Ukraine, United Republic of Tanzania (the), Uruguay, Vanuatu, Viet Nam, Yemen, West Bank and Gaza Strip, Zimbabwe.	African Development Bank (AfDB), Asian Development Bank (ADB), Australia, Department of Foreign Affairs and Trade (DFAT), Bill & Melinda Gates Foundation (BMGF), BRAC, Canada, Foreign Affairs, Trade and Development (DFATD), Danish Ministry of Foreign Affairs (DANIDA), European Commission (EUROPAID), France, Agence française de développement (AFD), Germany, Federal Ministry for Economic Cooperation and Development (BMZ), Inter-american Development Bank (IDB), International Federation of Red Cross and Red Crescent Societies (IFRC), Japan, Global Environment Department (JICA), Portugal, Camões Cooperation and Language Institute, Swedish International Development Cooperation Agency (SIDA), Swiss Agency for Development and Co-operation SDC, The Netherlands, Ministry of Foreign Affairs (DGIS), United Kingdom, Department for International Development (DFID), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United States Agency for International Development (USAID), United States, Department of State (DOS), WaterAid, World Bank.

¹ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

² WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene. World Health Organization, Geneva.

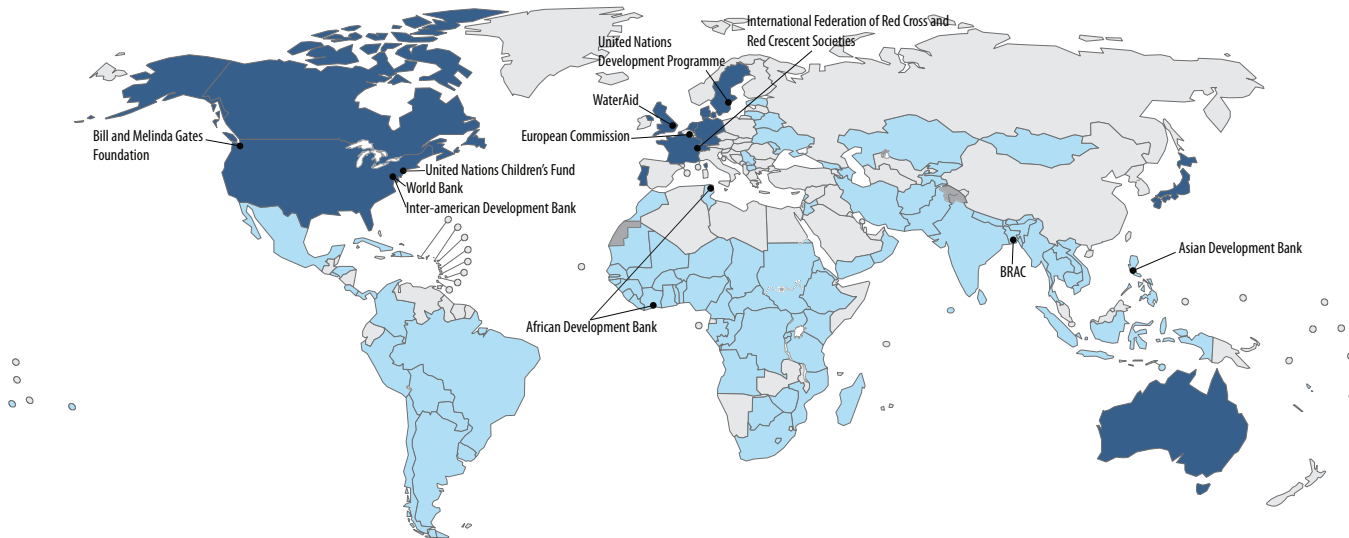
³ External Support Agencies (ESAs) comprise donors (governments) and other sources of funding/support (e.g. Nongovernmental organisations and foundations) that provide Official Development Assistance (ODA).

Figure 1.1

Country and external support agency (ESA) participation in GLAAS 2013/2014 surveys

PARTICIPATION IN 2013/2014 GLOBAL ANALYSIS AND ASSESSMENT OF SANITATION AND DRINKING-WATER (GLAAS)

- BI-LATERAL DONOR/EXTERNAL SUPPORT AGENCY
- NOT A PARTICIPANT
- AID RECIPIENT COUNTRY
- NOT APPLICABLE



Purpose of GLAAS

The objective of the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS), which is implemented by WHO, is to monitor the inputs (human resources and finance) and the enabling environment (laws, plans and policies, institutional arrangements, monitoring) required to extend and sustain WASH systems and services to all, and especially to the most disadvantaged population groups. GLAAS also analyses the factors associated with progress, in order to identify drivers and bottlenecks, highlight knowledge gaps and assess strengths and challenges within and across countries. GLAAS facilitates the creation of government-led platforms that bring together the many institutions and actors influencing WASH service delivery. In addition, the GLAAS findings are being used to:

- Promote country and external support agency (ESA) mutual accountability.
- Improve country planning and monitoring processes and support decision-makers target efforts and resources for more equitable WASH outcomes.
- Identify gaps in understanding and tracking of financing to the WASH sector, supported by the UN-Water GLAAS “TrackFin” initiative, which aims to strengthen national systems for the collection and analysis of financial information.
- Review and inform formulation of commitments that feed into the Sanitation and Water for All (SWA) processes.

This report presents charts and descriptive tabular summaries for numerous drinking-water and sanitation indicators and benchmarks reported by surveyed countries. Financial data presented in the tables or charts are, in a majority of cases, for 2012. For some key indicators, a dashboard of maps and figures is provided to present a geographical summary and global summary statistics. Charts and tabular summaries also generally indicate the number of responses that were considered in the analysis or particular question. This number does not necessarily equal the total number of respondents to the survey, as not every country or ESA answered all parts of the survey, and in many cases the data were collected from an already existing source (e.g. OECD-CRS).

Investing in water and sanitation yields benefits at many levels across sectors



HEALTH BENEFITS

include millions of children saved from premature death and illness related to malnutrition and preventable, water-borne diseases such as diarrhoea; better maternal health and care for newborns; adults in general living longer and healthier lives. The latest WHO WASH burden of disease report confirms the importance of enabling universal access to basic WASH. Raising service levels to safe and continuous water supply and connection to a sewerage system, protecting entire communities from faecal exposure, could significantly reduce diarrhoeal diseases up to 70%¹.



QUALITY OF LIFE BENEFITS

include time saved searching for and carrying water and using distant or unsafe facilities; improved school attendance and completion, especially for girls; fewer days lost in the home, at school or work due to preventable sickness; greater comfort, privacy and safety, especially for women, children, the elderly and people living with disabilities; a greater sense of dignity and well-being for all.



ECONOMIC BENEFITS

include an overall estimated gain of 1.5% of global GDP and a US\$ 4.3 return² for every dollar invested in water and sanitation services due to reduced health care costs for individuals and society; greater productivity and involvement in the workplace through better access to facilities, especially for women in the workforce; opportunity for growth of new industries, such as infrastructure, disposal and use of human waste and materials supply.



ENVIRONMENTAL BENEFITS

include reduction in pollution of water resources and land and positive impact on inland and coastal fisheries, water ecosystems more broadly, and land values; potential for nutrient reuse, e.g. faecal sludge for fertilizer or biogas generation; opportunities to expand tourism due to a cleaner environment and lower health risks.

1 WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene. World Health Organization, Geneva.

2 WHO (2012) Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. Geneva, World Health Organization. Available at: http://www.who.int/water_sanitation_health/publications/2012/globalcosts.pdf

National planning and coordination

Introduction

This chapter examines national policies and plans supporting the provision of sanitation, drinking-water and hygiene services, with a special focus on addressing inequalities. GLAAS 2013/2014 data indicates that national policies are largely in place. However, the question remains as to how these policies are being translated into action and how progress is being monitored.

Key highlights

- National policies for drinking-water and sanitation exist in the majority of countries but only a few are being fully implemented, funded and regularly reviewed.
- Full implementation of WASH plans and measures in health care facilities is generally low across countries.
- Human resource capacity in WASH is constrained by limited financial resources, as well as shortage of skilled graduates and reluctance of skilled workers to live and work in rural areas.
- Two-thirds of countries recognize the human right to water and sanitation in their constitution or other legislation.
- A majority of countries have national policies that include measures to reach disadvantaged groups but monitoring of progress in this area is a considerable challenge.

National policy and plan implementation in WASH

GLAAS data indicate that national policies for drinking-water and sanitation are largely in place. Over 80% of 93 countries report having approved national policies that have been communicated through formal public announcement.

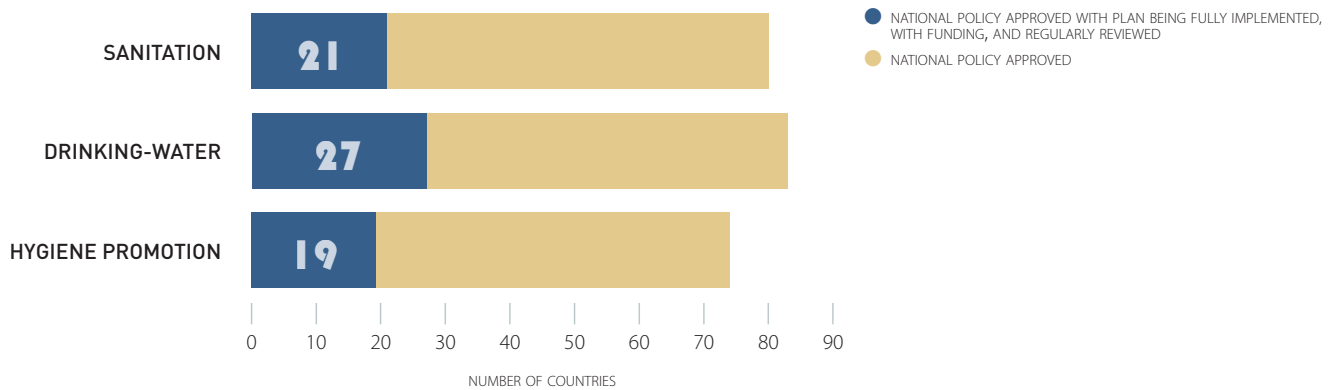
Most countries, however, report only partial implementation of national policies and plans¹. In the sanitation sector, only 23% of countries indicated that national plans were being fully implemented, with funding and regularly reviewed. The situation was slightly better for drinking-water with nearly 30% of countries reporting that national plans were being fully implemented, funded and regularly reviewed.

Countries are struggling to fully implement national WASH plans. Less than one third of countries report having plans that are costed, implemented and regularly reviewed.

¹ The levels of implementation in the GLAAS survey included a five-point scale: 1) no national policy or under development, 2) national policy formally approved and communicated through formal public announcement 3) implementation plan developed based on approved policy, 4) policy and plan costed and being partially implemented, 5) plan being fully implemented, with funding and regularly reviewed.

Figure 2.1

Number of countries with national policies for water, sanitation and hygiene promotion that have been approved and communicated through a public formal announcement (n=93)^a



^a The subset of countries in which national policies are approved with plans being fully implemented, funded and regularly reviewed is indicated. Responses for Dominican Republic were not included in analysis pending revised data. Responses for India were included in analysis but only rural results were available. Urban and rural responses were aggregated for sanitation and drinking-water. See Annex D for disaggregated data.

Source: GLAAS 2013/2014 country survey.

Fewer than 20% of countries reported having no policy, policy under development or declined to answer (non-response was 3% for sanitation and drinking-water and 5% for hygiene). Reasons cited for the lack of national policies included service provision falling under the responsibility of concessions (e.g. Argentina). Three countries (the Central African Republic, Costa Rica and the Gambia) commented that national policies have been developed in sanitation and were awaiting approval.

Country aspirations towards higher and sustained levels of service in 2015 and beyond

In the GLAAS survey countries were asked to provide a definition of the types of water and sanitation facilities that were considered in their target coverage in their national plans. Almost half of 93 countries report having a definition of drinking-water services in their national plans that goes beyond basic facilities, including additional specifications relating to distance to source, quantity or continuity of water supply, treatment of water and quality standards. Just over one third of countries participating in the GLAAS 2013/2014 country survey (33 out of 93) indicate that their definition of sanitation facilities includes connection to treatment facilities and/or the safe management of faecal sludge through hygienic collection and disposal of waste from on-site sanitation facilities. A further eight countries have a definition of basic services which includes ecosan facilities, which are “closed loop” systems that convert human excreta into nutrients to be returned to the soil, and water to be returned to the land¹.

GLAAS responses indicate a diverse number of activities constituting hygiene promotion, with the most common, in 61 out of 80 respondent countries, being training and education activities targeted at households, communities, schools and health facilities. The most common messages included in hygiene-specific promotion activities were handwashing with soap, handwashing at critical times, food safety and hygiene, personal hygiene, and safe disposal of faeces.

Countries highlight ambition beyond the MDGs through national goals and targets for improved access, including safe and sustained service delivery.

¹ More information: <http://www.ecosanres.org/index.htm>

Policy and plan coverage targets

Universal access targets in sanitation and drinking-water provide one indication of a country's commitment to reducing disparity and working towards the realization of the human right to sanitation and drinking-water. Table 2.1 highlights the number of countries reporting universal coverage targets in sanitation and drinking-water.

Table 2.1

Number of countries with universal coverage targets by sector disaggregated by urban and rural areas (n=93 urban, 94 rural)^a

UNIVERSAL COVERAGE TARGETS			
	SANITATION	WATER	
	Number of countries	Number of countries	
URBAN	21	35	
RURAL	19	23	

Few countries report having universal coverage targets in rural areas for drinking-water and sanitation.

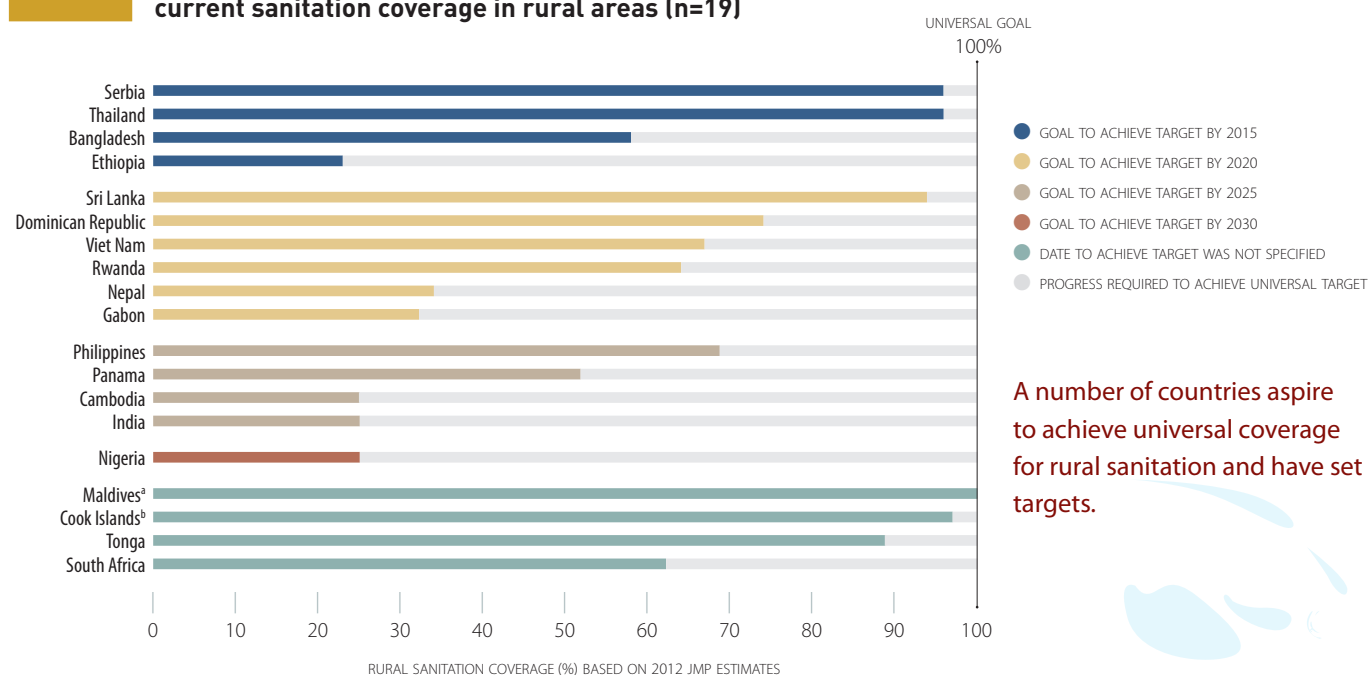
^a Results for India represent only rural areas. Thus, the total number of respondent countries in urban areas is 93 and the total number of respondent countries in rural areas is 94. Note, countries that have already achieved universal coverage 100% (based on JMP 2012 estimates) have been included in the totals.

Source: GLAAS 2013/2014 country survey.

Countries were asked to report the year that coverage targets will be attained, as specified in the relevant policy or plan. A focus on rural sanitation, currently not on track to meet the MDG sanitation target¹, is provided. Responses for the 19 countries with universal access targets in rural sanitation show that half the countries aim to have universal coverage by 2020. Figure 2.2 illustrates the amount of progress required for countries to achieve universal coverage targets based on the year they have committed to reach this goal² and their current rural sanitation coverage¹. For a number of countries, achieving universal coverage in rural sanitation, within these timeframes, poses a challenge, given the current low rates of access to sanitation. Currently, in 6 out of 19 countries with targets for universal coverage of rural sanitation, over half of the rural population does not have access to improved sanitation facilities¹.

Figure 2.2

Progress required by countries to achieve universal coverage targets in rural sanitation based on the year by which they have committed to reach this goal of universal sanitation coverage and their current sanitation coverage in rural areas (n=19)



A number of countries aspire to achieve universal coverage for rural sanitation and have set targets.

^a Maldives has already achieved universal coverage based on JMP estimates for 2012.

^b JMP estimate for Cook Islands is not disaggregated for urban and rural and only provided at a national level.

Source: GLAAS 2013/2014 country survey and WHO/UNICEF Progress on drinking-water and sanitation – 2014 update.

¹ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

² Countries have been grouped into categories of five-year increments based on the dates they have specified.

National policies, plans and coverage targets in health care facilities and schools

WASH in health care facilities

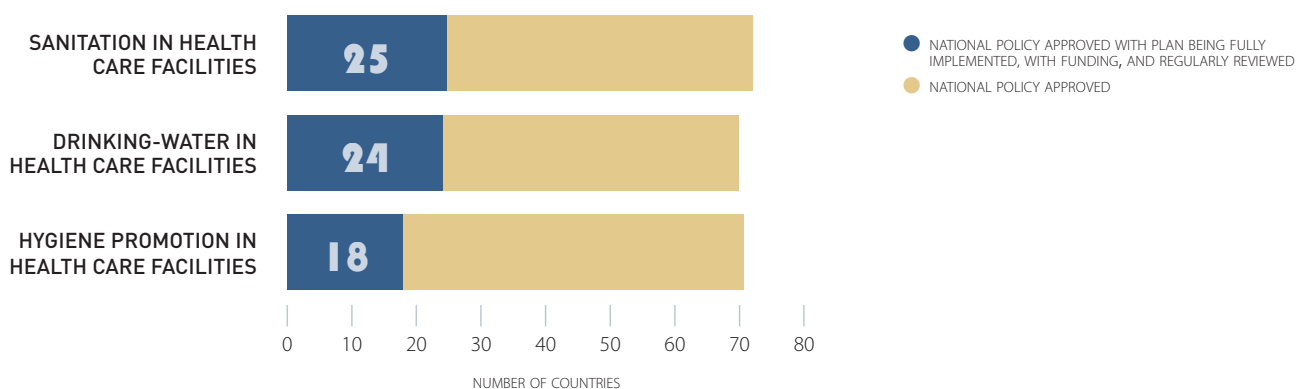
Health care facilities are high risk settings where basic WASH services are vital for effective treatment and infection prevention. In addition, WASH in health care facilities play a key role in ensuring health facilities are used, in particular to ensure the safety of mothers during delivery. Despite the importance of WASH, estimated coverage for water and sanitation in health care facilities is often lower than in household setting¹. GLAAS responses indicate that implementation of measures in WASH plans in health care facilities is generally low. Less than 30% of countries have a plan for drinking-water or sanitation in health care facilities that is being fully implemented, funded and regularly reviewed, this figure drops to only 19% for hygiene promotion activities.

Neglect for WASH in health care facilities undermines country capacity to prevent and respond to disease outbreaks.

Additionally, a greater number of countries have coverage targets for sanitation in health care facilities (59 out of 94 countries) than drinking-water in health care facilities (50 out of 94 countries). Similarly, 41% of countries reported having targets for universal coverage for sanitation in health care facilities compared to 38% with targets for universal coverage for drinking-water in health care facilities.

Figure 2.3

Number of countries with national policies for WASH in health care facilities approved and communicated through a public formal announcement (n=93)^a



^a The subset of countries in which national policies are approved with plans being fully implemented, with funding and regularly reviewed is indicated. Responses for the Dominican Republic were not included in analysis pending revised data. Responses for India were included in analysis but only rural results were available.

Source: GLAAS 2013/2014 country survey.

WASH in schools

Based on GLAAS 2014 results, there is clear political recognition of the importance of WASH in schools and commitment to increasing coverage. The Ministry of Education plays a key role in sanitation and drinking-water in more than half of countries. Over three-quarters of countries have nationally approved policies for sanitation and drinking-water in schools. Implementation remains an issue however with just over one-fifth² (22%) of measures in national plans being fully implemented, funded and regularly reviewed. Over one-third of 94 countries surveyed include specific targets to reach universal access for water and sanitation in schools with most countries aiming to reach this goal by 2025. Nearly 30% of respondent countries aspire to universal coverage for hygiene promotion in schools, most within the next decade. WASH in schools lacks attention despite its impact on children's health, school attendance, particularly for girls, and its contribution to fostering lifelong healthy hygiene habits.

¹ WHO (2014) Water, sanitation, hygiene and environmental conditions in health care facilities in low-resource settings. Geneva, World Health Organization.

² This value represents an aggregate of sanitation and drinking-water results. Disaggregated values can be found in Figure 2.4.

Several countries of the European region have set school-related targets under the Protocol on Water and Health. For example, in 2010 the Republic of Moldova set specific targets to achieve compliance with all existing drinking-water quality standards in schools, as well as increasing access of children in schools and pre-school institutions to improved water supply and sanitation systems by 2020. The government has planned measures to reach the set targets, including installation of water filtration systems and support projects to rehabilitate sanitation facilities¹.

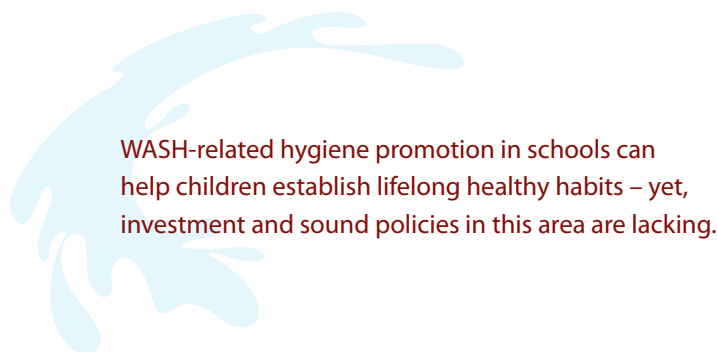
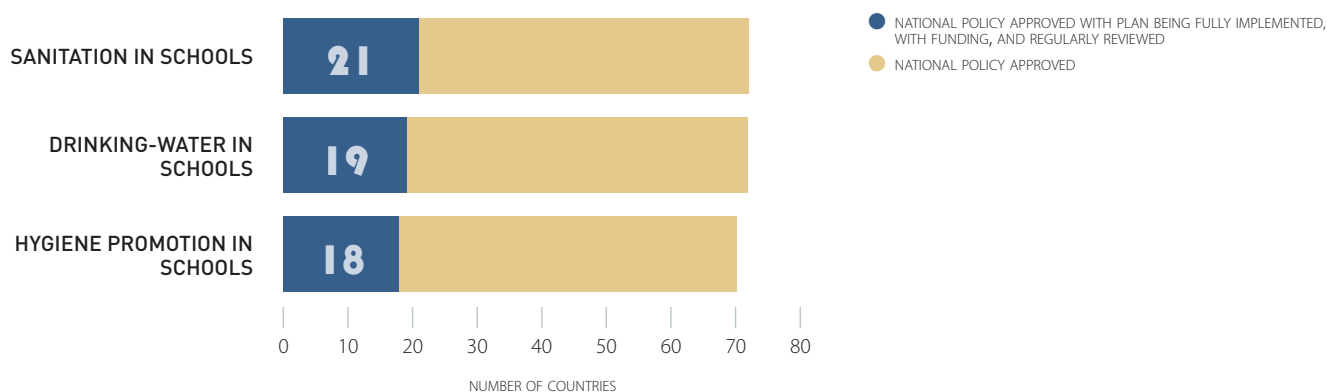


Figure 2.4 Number of countries with national policies for WASH in schools approved and communicated through a public formal announcement (n=93)^a



^a The subset of countries in which national policies are approved with plans being fully implemented, funded and regularly reviewed is indicated. Responses for the Dominican Republic were not included in analysis pending revised data. Responses for India were included in analysis but only rural results were available.

Source: GLAAS 2013/2014 country survey.

Service provision by institutional type

Responses from the GLAAS 2013/2014 highlight the importance played by community-based, self-supply and informal service providers in delivering WASH services, particularly in rural areas.

Surveyed countries provided an estimate of the population served by formal² and other service provider types (e.g. community-based, self-supply and informal, including private operators or NGOs, and in some cases bottled water supplies). A median of 71% of the populations in urban areas are reported to be served by formal drinking-water service providers compared to only 11% of the populations in rural areas.

WASH authorities and stakeholders, therefore, may need to engage more substantively with “non-formal” service providers, taking into account their unique needs. Rural water supplies, for example, may be managed by ordinary community members, untrained and unpaid, and would benefit from provision of training, resources, and assistance rather than regulatory enforcement³.

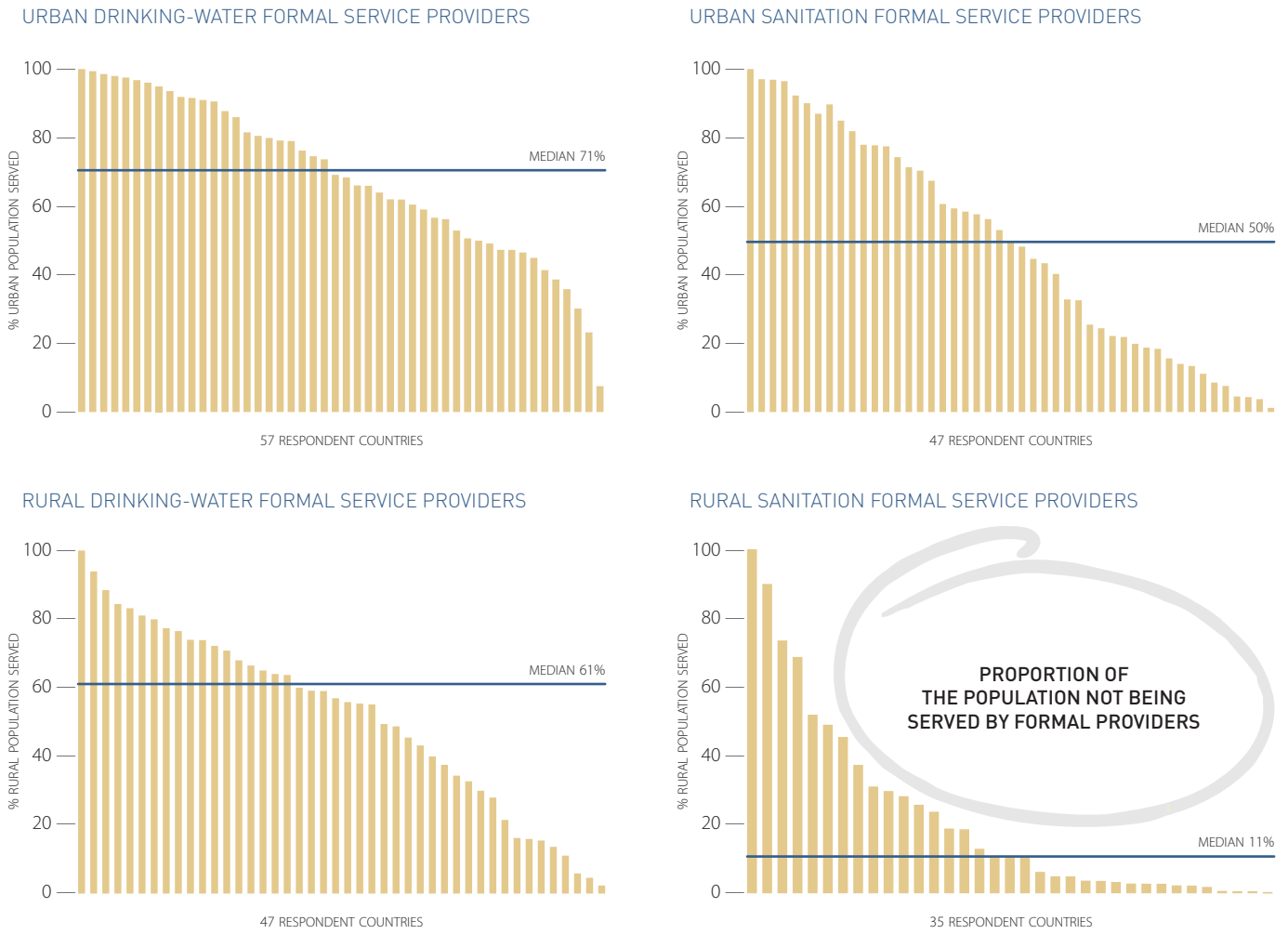
¹ UNECE/SDC (2011) Setting targets and target dates under the Protocol on Water and Health in the Republic of Moldova. United Nations Economic Commission for Europe and Swiss Agency for Development and Cooperation (SDC).

² Examples of formal service providers are government and private sector utilities.

³ WHO (2012) Water Safety Planning for Small Community Water Supplies. Step-by-step risk management guidance for drinking-water supplies in small communities. Geneva, World Health Organization.

Figure 2.5

Population served by formal service providers



Source: GLAAS 2013/2014 country survey.

Large proportions of the populations not being served by formal providers face unique challenges, for example, not falling under formal regulatory models or receiving less resources than larger formal providers.

Human resources strategies for WASH

One-third of 94 countries surveyed have comprehensive¹ human resource strategies in place for drinking-water, sanitation and hygiene². Of the countries with human resource strategies in place, 45% reported that the human resource strategy outlines actions to fill all identified human resource gaps. Regular review of human resource strategies was indicated as a challenge, however, with less than 15% of countries citing that strategies are reviewed at least every two years.

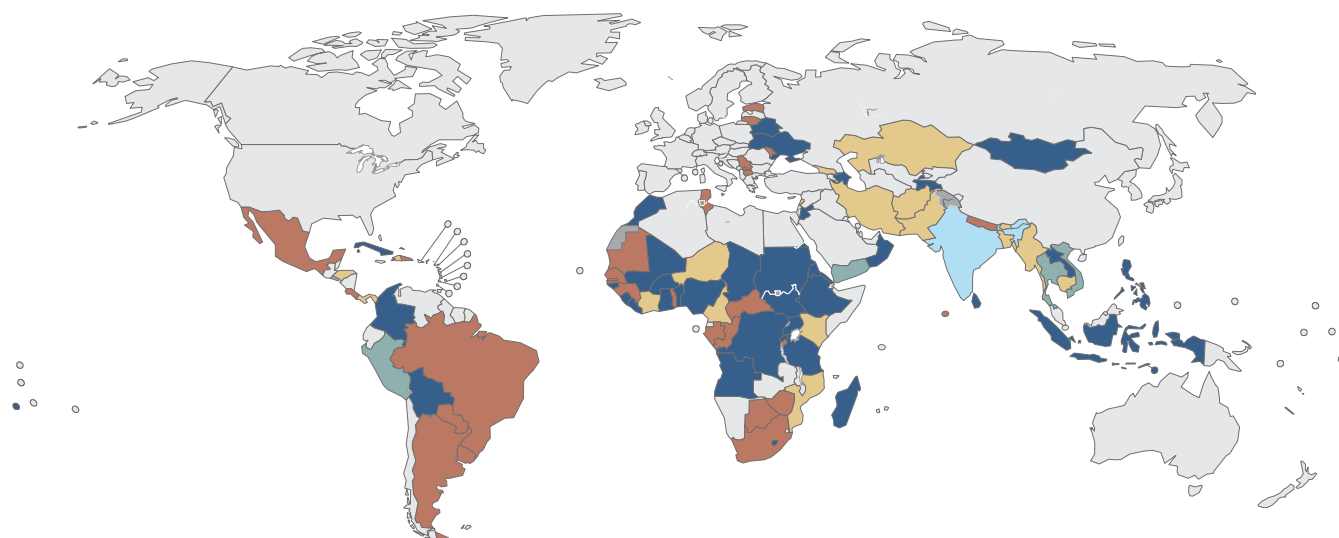
Countries that have lagged behind are making efforts in establishing human resource strategies, particularly in Africa.

Figure 2.6

Map indicating the existence of human resource strategies in sanitation – information is disaggregated for urban and rural areas (n=94)^a

DOES AN OVERALL HUMAN RESOURCE STRATEGY EXIST TO DEVELOP AND MANAGE HUMAN RESOURCES IN SANITATION?

● YES, FOR BOTH URBAN AND RURAL SANITATION
 ● YES, FOR RURAL SANITATION ONLY
 ● NO
 ● NOT APPLICABLE
● YES, FOR URBAN SANITATION ONLY
 ● UNDER DEVELOPMENT
 ● DATA NOT AVAILABLE



^a There are several reasons for the absence of a national human resource strategy for WASH in South American countries. Many are due to the transfer of responsibility of service provision to utilities (e.g. Argentina) or municipalities (e.g. Brazil). Results for India are for rural areas only.

Source: GLAAS 2013/2014 country survey.

Respondent countries were asked to consider a list of seven possible factors constraining³ human resource capacity in the sanitation, drinking-water and hygiene sector (Annex D). The three factors most noted by countries as causing a severe constraint on human resources were:

- A. **Financial resources** available for staff (salaries and benefits)
- B. **Skilled workers not wanting to live and work in rural areas**
- C. **Lack of skilled graduates** from training and education institutes for sanitation and drinking-water services

Monitoring and evaluation, national and local planning, and operation and maintenance were the tasks most frequently cited by countries as being likely to benefit from additional human resources for WASH.

¹ Comprehensive in this context refers to strategies which cover both urban and rural areas.

² Results for India are for rural areas only.

³ The list of constraints provided in the GLAAS 2013-2014 survey are: financial resources available for staff; insufficient education/training organisations or courses to meet demand by potential students; lack of skilled graduates from training and education institutes; preference by skilled graduates to work in other (non-WASH) sectors; emigration (temporary or permanent) of skilled workers to work abroad; skilled workers do not want to live and work in rural areas of the country; and recruitment practices

Additional human resources for health promotion and community participation are also cited as being likely to bring major benefits to the improvement of hygiene practices.

Countries provided examples in their GLAAS 2014 responses of how they were addressing human resource gaps in the water, sanitation and hygiene sector. Two examples are given below:

Belarus indicates it has developed a human resources strategy for various sectors including WASH to provide ‘target training of specialists, workers and clerks’. Moreover, it reports there is a link between public WASH agencies and education and training providers that helps to ensure that WASH workers have the appropriate skill sets.

Rwanda reports having taken action to fill identified gaps in the human resource sector. The country’s capacity building programme for the water and sanitation sector has been developed and is expected to be completed by 2018. This programme includes building capacity to manage water and sanitation infrastructure, resources and systems. It was reported that eight hundred technicians and 235 senior professionals will be trained by 2018.

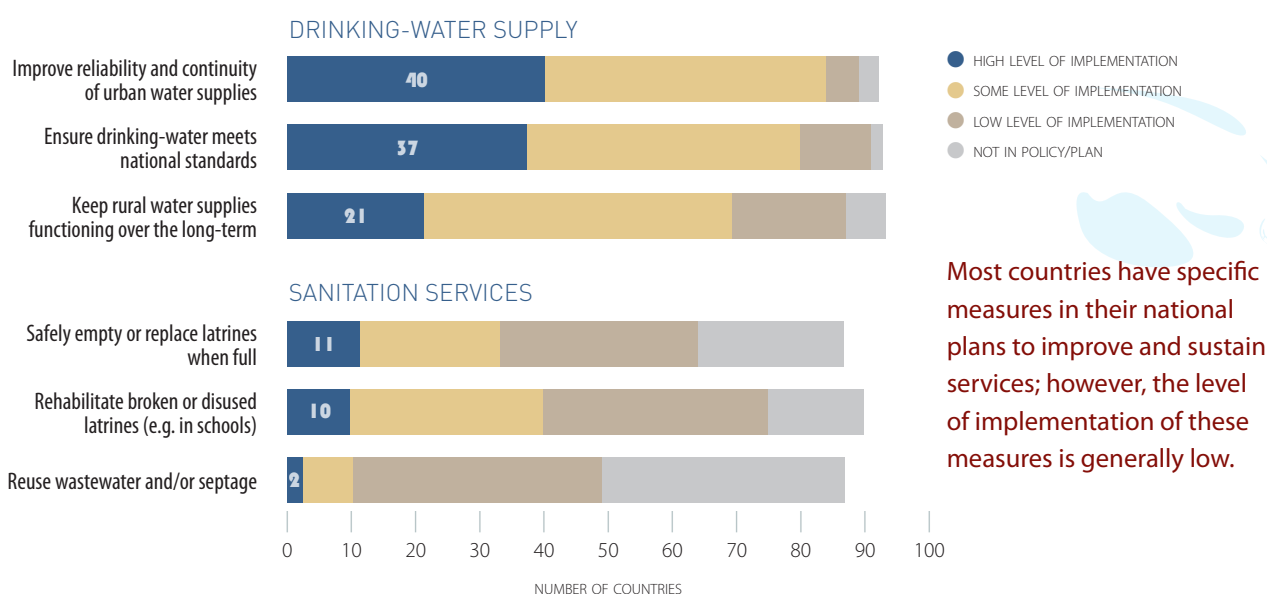
Commitments made at the Sanitation and Water for All High Level Meeting in April 2014 also indicate that countries are addressing human resource shortages. One example is Benin, which outlined that the Ministry for Decentralization will cooperate with the Ministry of Health to produce, by 2015, a capacity building plan aimed at local authorities. Simultaneously, it will implement the roadmap to operationalise municipal-level skills, for basic hygiene and sanitation, which was produced in 2012.

Measures for improving and sustaining water and sanitation services

According to GLAAS 2014 results, a majority of countries report having specific measures in their national plans to improve the functioning and sustainability of urban (89 out of 92 countries¹) and rural water supplies (87 out of 93 countries²). If countries had specific measures to address improving and sustaining services, they were asked to rate, based on a three-point scale (low, medium, high) the level of implementation of these measures. Only 23% of 93 surveyed countries² reported a high level of implementation of measures to keep rural water supplies functioning over the long-term. Measures to improve the reliability and continuity of urban water supplies (Figure 2.7) were reported to have a high level of implementation by 43% of 92 countries surveyed².

Figure 2.7

Country data on the level of implementation of measures in WASH plans for sustaining and improving water and sanitation services (n=92 urban, 93 rural)^a



Most countries have specific measures in their national plans to improve and sustain services; however, the level of implementation of these measures is generally low.

^a The Dominican Republic is not included in analysis pending revised data. Results for India are for rural areas only.

Source: GLAAS 2013/2014 country survey.

¹ The Dominican Republic is not included in the analysis pending revised data. Results for India are only for rural areas and thus India has not been included in urban results.

² The Dominican Republic is not included in the analysis pending revised data. Results for India are included in analysis.

Improving equity in water supply in Uganda

Uganda reported efforts to improve the functionality of water sources and the reduction of response time in cases of breakdown by using mobile phones to monitor system status. Other measures included:

1. Working group established to coordinate and harmonize performance information from various WASH stakeholders;
2. Appropriate technologies utilized to address disparities in certain geographical locations and improve equity e.g. solar-powered water supplies and water harvesting;
3. Users actively involved in project planning, implementation and maintenance through water user committees/water board, also taking gender into account, and decentralization of some functions of the ministry of water and environment to the regions.

A limitation of the GLAAS 2014 survey is that it produces data related primarily to formal or public sector provision. Current information provided by countries does not allow issues, such as the safe emptying or replacement of latrines at a household or self-supply level.

Of the measures to sustain and improve services, sanitation measures were reported to have the lowest level of implementation. In terms of sustaining sanitation services in institutional settings, the survey requested countries to indicate the existence of measures to rehabilitate broken or disused public latrines (e.g. in schools). Eighty per cent of 93 countries surveyed¹ reported measures are in place to rehabilitate broken or disused public latrines (e.g. in schools). However, only 11% of these countries report a high level of implementation of these measures (Figure 2.7).

Measures for the reuse of wastewater and/or septage appear to be missing from many national plans with just over 50% of countries reporting to have specific measures included in national plans and only 2% of countries reaching a high level of implementation of these measures.

Other significant measures for improving and maintaining services include the implementation of water safety plans (WSPs) and sanitation safety plans. Water safety plans are a proactive management approach encompassing the whole water supply chain. The key components include system assessment, operational monitoring, management and communication. Countries are increasingly developing national strategies to scale-up implementation of water safety plans but preliminary results of the 2013 Global and Regional Survey on Water Safety Plans² reveal that regional differences exist in the GLAAS 2014 respondent countries³. The Asian region is outpacing other regions in terms of developing strategies to scale-up the implementation of water safety plans. Just over 65% of GLAAS 2014 participating countries in Southern Asia, South-eastern Asia, Eastern Asia and the Oceania Regions have a national water safety plan implementation strategy in place compared to just 13% in Latin America and the Caribbean Region.

WHO has developed a sanitation safety planning approach which helps to assess and manage health risks along the sanitation chain. This approach also provides a monitoring framework to track whether the system is operating as planned. The scale-up of sanitation safety planning can be used as a tool to ensure the sanitation business models identify and address real and perceived health risks associated with the products made from human waste.

Coordination of WASH stakeholders

Coordination of WASH services can involve a high number of stakeholders including government institutions and non-governmental organizations. The majority of the 93 countries⁴ reported having between six to nine ministries and/or national institutions with responsibilities in sanitation. In addition, nongovernmental organization activities in the WASH sector can play a critical role at national level. Information on such activity was provided by sixty countries. Of these reporting countries, the median number of NGOs implementing sanitation and drinking-water projects was 12, with a range from one to 261 NGOs⁵. The

¹ The Dominican Republic is not included in the analysis pending revised data. Results for India are for rural areas only.

² Global and Regional Survey on Water Safety Plans – in preparation. More information available at: http://www.who.int/water_sanitation_health/dwq/en/

³ These findings are based on an analysis of a subset of GLAAS 2013/2014 participating countries that were also surveyed in the preliminary data of the 2013 Global and Regional Survey on Water Safety Plans (n=63).

⁴ The Dominican Republic was not included in the analysis pending revised data. Results for India represent only rural areas.

⁵ Results for Nepal and Kyrgyzstan are not included in the analysis pending verification of data.

median number of NGOs participating in central government-led sector coordination frameworks in sanitation and drinking-water was eight. The high number of actors has implications for sector coordination, monitoring and financing. GLAAS 2014 responses indicate that 51 out of 94 countries surveyed¹ (54%) report having a formal coordination mechanism to oversee WASH activities, which is based on an agreed framework², involves government and non-government stakeholders, applies evidence-based decision-making and is documented.

Strong coordination, planning and implementation – Ethiopia’s successful ingredients

Access to improved drinking-water supply in Ethiopia increased from 13% to 52% from 1990 to 2012 (JMP 2014) and from 2% to 24% in sanitation. Ethiopia is on track to achieve MDG 7 target for drinking-water but not on track for sanitation. Nonetheless, Ethiopia has made considerable progress in ending open defecation. From 1990 to 2012, open defecation in Ethiopia fell by 55 percentage points, from 92% to 37%³.

Key elements of Ethiopia’s success include:

First, Ethiopia has **strong political will** for improving access to water and sanitation. According to the Ministry of Health, *“The government has shown demonstrable, high level political commitment to enhanced sanitation coverage over the past few years. This goal is reflected in the national Health Extension Program, the National Hygiene and Sanitation Strategy and a national step-by-step protocol and Sanitation Action Plan (SAP) for achieving universal access by 2015. There has been significant improvement in access to safe sanitation and hygiene in Ethiopia since the Health Extension Program began in 2002/2003.”*⁴ These actions were followed by the publication in 2011 of the National WASH Implementation Framework and the launch⁵, in September 2013, of the One Wash National Program (OWNP)⁶.

Second, Ethiopia has the **human resources and education institutions** needed to implement programmes aimed at ending open defecation. As part of the Health Extension Workers (HEW) programme, 39,000 HEWs educate communities about sanitation and are helping to create a culture where toilets are seen as acceptable.

Additionally, the government is providing university level education from undergraduate up to PhD level qualifications in the area of water, sanitation and hygiene and also on public health and water. Human resources in Ethiopia have also benefitted greatly from capacity building and technical support from the Promoting Basic Services Program (PBS)⁷. The Program is ongoing and now in phase three with funds of nearly US\$ 4.9 billion by 2018 being directed towards adequate staffing and operations in education, health, agriculture, water supply and sanitation and rural roads.

Financing has also played a role in Ethiopia’s success. Ethiopia OWP has a financing plan/budget that is agreed and consistently followed for rural and urban WASH and institutional WASH. With Community Led Total Sanitation (CLTS) and Hygiene, the government does not provide subsidies for household sanitation. For rural water supply, the government expects users to cover operation and maintenance costs but not the cost of investments while for urban water supply full cost recovery is expected but on a ‘stepped approach’. While this approach helps to create a market for sanitation and can lead to more sustainable solutions, operations and maintenance costs remain an issue in urban areas due to low tariffs, low operational efficiency and lack of skilled manpower.

¹ Results for India are for rural areas only.

² Framework in this context refers to a sectoral framework or a national plan.

³ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

⁴ http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Verification_Certification_Protocol_Ethiopia.pdf, pg.

⁵ <http://cmpethiopia.lles.wordpress.com/2011/11/full-wif.pdf>

⁶ One WASH National Program. Federal Democratic Republic of Ethiopia. August 2013. Available at: <http://www.cmpethiopia.org/>

⁷ The PBS program involves six donors – the African Development Bank, Austrian Development Agency, the European Union, the UK Department for International Development (DFID), Italian Development Cooperation and the World Bank with a strong partnership across the PBS donors and between the donors and the Government of Ethiopia.

Measures to address inequalities in WASH

Human right to water and sanitation

GLAAS 2014 results indicate that nearly three-quarters of countries (70 out of 94 respondents) recognize the human right to water in their constitution or other legislation and over two-thirds of countries (63 out of 94 respondents) recognize the human right to sanitation¹. Results indicate that progress on the recognition of the human right to water and sanitation in legislation has been seen in recent years. Seventeen of the 63 countries that have adopted the human right to sanitation have passed legislation recognizing this right between 2010 and 2013.

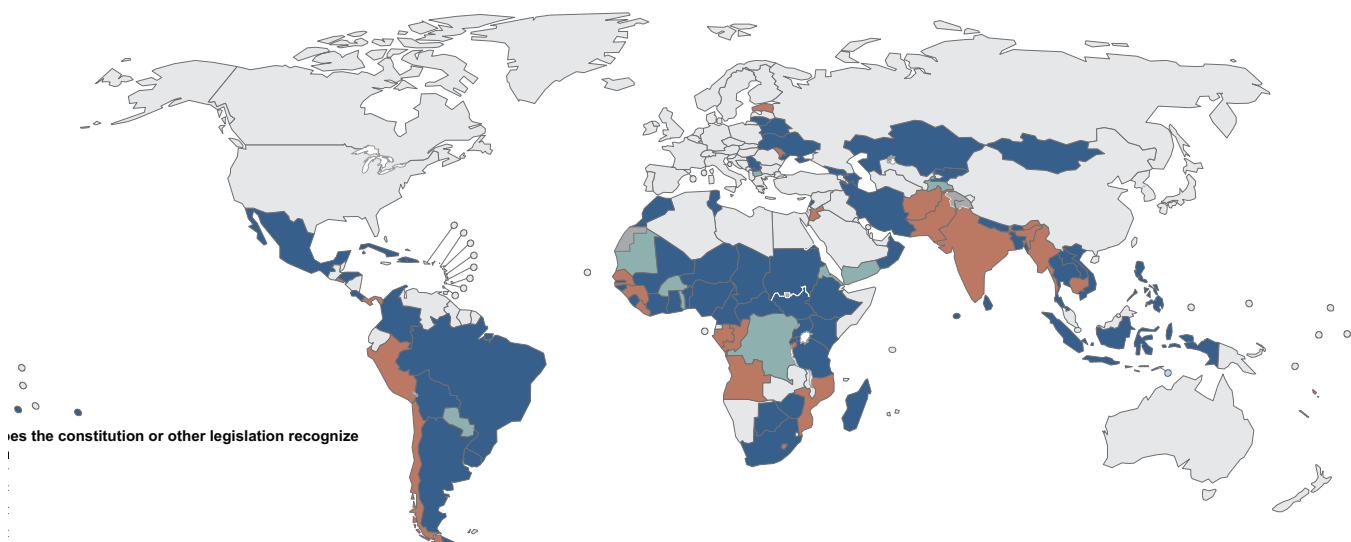
Two-thirds of countries recognize the right to both water and sanitation in their constitution or legislation.

Figure 2.8

Countries recognizing human right to water and sanitation in constitution or law (n=94)

DOES THE CONSTITUTION OR OTHER LEGISLATION RECOGNIZE WATER AND SANITATION AS A HUMAN RIGHT?

● YES, FOR BOTH WATER AND SANITATION
 ● YES, SANITATION ONLY
 ● DATA NOT AVAILABLE
● YES, WATER ONLY
 ● NO
 ● NOT APPLICABLE



Source: GLAAS 2013/2014 country survey.

UN Resolution on the Human Right to Water and Sanitation

In July 2010, a UN Resolution² formally recognized the right to water and sanitation and acknowledged that clean drinking-water and sanitation are essential to the realization of all human rights. *“The human right to water and sanitation entitles everyone to **sufficient, safe, accessible, culturally acceptable and affordable** water and sanitation services for personal and domestic uses, and which are delivered in a **participatory, accountable and non-discriminatory manner**. Governments are obliged to ensure that everybody gains access to these services over a considered timeframe, through creating an enabling environment, namely by adopting appropriate legislation, policies, programmes and ensuring that these are adequately resourced and monitored.”³*

¹ Results for India are for rural areas only.

² UN General Assembly (2010) Resolution adopted by the General Assembly 64/292: The human right to water and sanitation. United Nations General Assembly (A/RES/62/292)

³ <http://www.waterlex.org/waterlex-toolkit/what-is-the-human-right-to-safe-drinking-water-and-sanitation/>

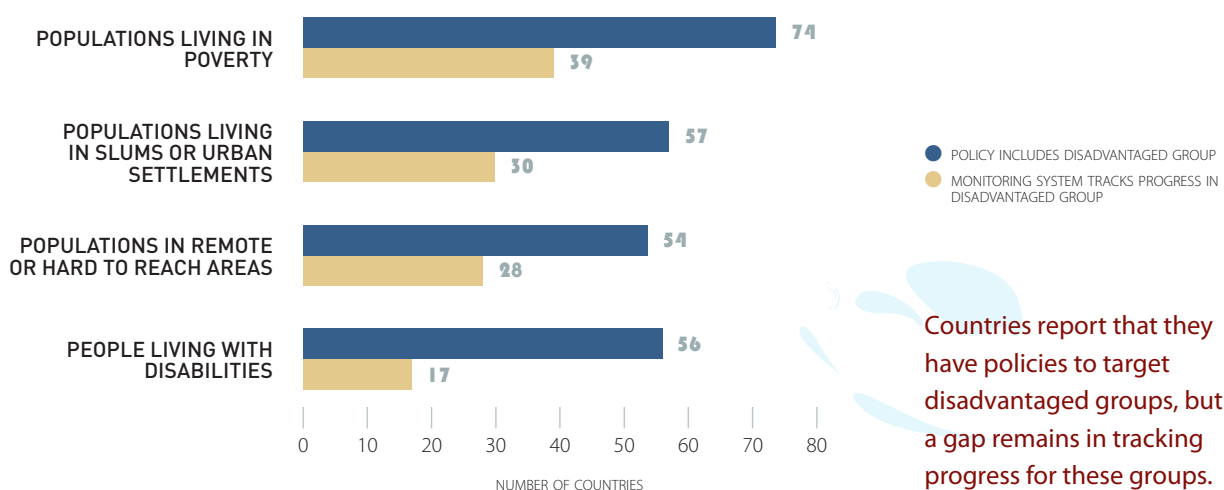
Role of monitoring and evaluation in addressing inequalities in WASH

As countries move towards universal access, monitoring and evaluation of actions to reach underserved and disadvantaged groups is required. Findings from GLAAS 2014 indicate that a majority of countries have national policies which specifically include measures to reach disadvantaged groups (e.g. population groups that are poor, live in slums or in remote areas or live with disabilities). However, monitoring progress in addressing inequities within populations remains a challenge.

One of the largest gaps concerns people living with disabilities: 60% of 94 countries reported having measures in their national plans to reach this population group but only 18% of countries had monitoring systems which were tracking progress in service provision.

Figure 2.9

Number of countries with a policy or plan for universal access which explicitly includes measures to reach disadvantaged population groups compared to the number of countries which have monitoring systems that track and report progress in extending service provision to those population groups (n=94)^a



Countries report that they have policies to target disadvantaged groups, but a gap remains in tracking progress for these groups.

^a Results for monitoring systems that track and report progress in extending service provision to disadvantaged groups represent an aggregation of drinking-water and sanitation findings. For disaggregated results see Annex D.

Source: GLAAS 2013/2014 country survey.

Measures to reach the poor

GLAAS 2014 results indicate that over 75% of low and middle income countries (70 out of 88 respondents) report having specific measures in their national plans to target poor populations. However, less than half of countries reportedly monitor progress in extending service provision to the poor. Moreover, targeting of finance and measures to reduce disparities between the rich and poor are not being consistently applied.

Only 17% of low and middle income countries (88 respondent countries) have established and consistently apply financial measures that are targeted towards reducing inequalities in access to sanitation for the poor, and only 23% for drinking-water.

Table 2.2

Measures of inequality for those living in poverty

		GOVERNANCE	MONITORING	FINANCE	
		Universal access policy specifically includes measures for the poor ^b	Monitoring system tracks progress in extending services for the poor ^b	Finance measures to reduce disparity between the rich and poor are consistently applied ^b	PERCENTAGE OF COUNTRIES IN THE CATEGORY WITH EQUITY MEASURE IN PLACE
					<ul style="list-style-type: none"> ● 80–100% ● 60–79% ● 40–59% ● 0–39%
SANITATION	World Bank country income category ^a	Number of countries			
	Low income	32	81%	38%	12%
	Lower middle income	30	83%	53%	13%
	Upper middle income	26	73%	35%	27%
WATER	Low income	32	81%	41%	22%
	Lower middle income	30	83%	57%	20%
	Upper middle income	26	73%	42%	27%

^a Due to the small sample size no data are reported for high income countries, including Chile, Estonia, Lithuania, Oman and Uruguay. The Dominican Republic is not included in analysis pending revised data. Results for India, included in the analysis, represent rural areas only.

^b This percentage reflects the number of countries in this income category for which a positive response was reported compared to all countries in the income category.

Source: GLAAS 2013/2014 country survey.

Prioritizing basic services in Rwanda has helped to increase access to improved sanitation, especially for the poor

The Rwandan National Water Supply and Sanitation Policy and Strategic Plan¹, published in 2010, set ambitious targets of 85% of the population having access to drinking-water and 65% to improved sanitation by 2015, with universal coverage to be achieved by 2020. The timeframe for universal coverage was brought forward to 2017 in a policy update in 2012. The policy also promotes prioritization of basic services ('some for all' rather than 'all for some'), decentralization of service provision, participation by communities, cost recovery and financial sustainability, preferential treatment of vulnerable groups, and a strong framework for monitoring results including the development of a WASH Management Information System. At over 4% of the national budget (and almost 1% of GDP), allocations to WASH were relatively high in 2008, but they have since declined. The result of the policies and actions of the Government of Rwanda and other stakeholders in the sector have been relatively successful for sanitation, with open defecation almost eliminated and access to improved sanitation increased for all wealth quintiles for both urban and rural populations. There has been a general decline in access to improved drinking-water since 2005 with 81% of urban populations having access in 2012.² Increasing coverage for drinking-water is a major challenge, given the relatively high cost of operating water systems in both urban and rural environments due to the poor quality of the raw water and the mountainous terrain that increases the cost of treatment and pumping.

¹ Republic of Rwanda (2010) National Policy and Strategy for Water Supply and Sanitation Services. Ministry of Infrastructure, Kigali, Republic of Rwanda. Available at: http://www.rura.rw/fileadmin/docs/Board_Decisions/WATSAN_Policy_Strategy.pdf [accessed 31 March 2014].

² WHO/UNICEF (2014) Progress on sanitation and drinking-water – 2014 update. Geneva, World Health Organization.

3 Monitoring

Introduction

This chapter explores the findings of GLAAS 2014 related to country monitoring and evaluation. For the first time at global level, information on country monitoring practices was collected, including information on the use of data for decision-making, use of selected performance indicators to track progress and definitions used for indicators and impact.

Key highlights

- WASH decision makers are, generally, not in a position to plan and implement programmes based on good, accessible data. There are critical gaps in data collection, availability, quality and use of data for informed decision-making despite most countries indicating that they have an established monitoring framework in place.
- Countries report that monitoring and surveillance systems that should be tracking the quality and performance of services, as well as financial and human resources, are usually insufficient.
- With countries increasingly committed to strengthening efforts to improve access and reduce inequalities among the most disadvantaged population groups, improvements to monitoring systems are desperately needed.
- In sanitation, for which there is clear political will and ambitious regional targets in place, as well as dedicated government structures, monitoring is weak and, in many cases, almost non-existent for regulatory surveillance, particularly in rural areas.

National assessments for water and sanitation

Approximately half of countries reported in their GLAAS 2014 responses having conducted a national assessment for drinking-water and sanitation, ranging from household surveys to a Joint Sector Review (JSR), since 2012 (Table 3.1).

Table 3.1

Date of latest national assessment for sanitation and number of national actors by country (n=93)^a

DATE OF LAST NATIONAL ASSESSMENT, E.G. JOINT SECTOR REVIEW (FROM JANUARY 2014)

NUMBER OF MINISTRIES OR NATIONAL INSTITUTIONS	<1 YEAR	1 –<2 YEARS	2–4 YEARS	>4 YEARS/ UNSPECIFIED/ NO NATIONAL ASSESSMENT
≤5	Chad, Estonia, Guinea, India*, Indonesia*, Iran (Islamic Republic of), Kenya, Maldives, Mozambique, Senegal, TFYR Macedonia, United Republic of Tanzania, Vanuatu	Afghanistan*, Colombia, Lithuania, Pakistan*, Republic of Moldova	Argentina, Madagascar, Nepal, Sri Lanka*, Sudan, Tajikistan, Viet Nam, Zimbabwe	Central African Republic, Chile, Haiti, Oman, Paraguay
6–9	Azerbaijan, Belarus, Benin, Burkina Faso, Burundi, El Salvador, Gabon, Lesotho, Liberia, Mali, Mongolia, Panama, Serbia, South Sudan, Tonga, Uganda, Ukraine	Bangladesh, Bolivia (Plurinational State of), Cambodia*, Eritrea*, Jordan, Kazakhstan, Mexico, Niger, South Africa, Thailand, West Bank and Gaza Strip	Bhutan, Brazil, Cuba, Ethiopia, Ghana*, Lao People's Democratic Republic*, Myanmar*, Philippines, Timor-Leste*	Angola*, Botswana, Cook Islands, Gambia, Georgia, Lebanon, Peru, Yemen
≥10	Congo, Costa Rica, Fiji, Sierra Leone, Uruguay	Côte d'Ivoire, Democratic Republic of the Congo, Mauritania, Rwanda*	Cameroon, Honduras, Kyrgyzstan, Togo	Guinea-Bissau, Morocco, Nigeria, Tunisia

^a Results for Dominican Republic are not included in analysis pending revised data.

* Examples of national assessments cited in GLAAS responses range from comprehensive joint sector reviews, through to national assessments, GLAAS multi-stakeholder dialogues, WASHBATS, Sustainability Checks, situational analysis, plans and reports for the sector or household surveys. Countries that have responded based on nation-wide household surveys have been indicated with an asterisk (*).

Source: GLAAS 2013/2014 country survey.

External technical and financial support plays a substantive role in supporting and participating in the reviews. Of the 94 countries responding to the GLAAS 2013/2014 survey, almost 65% (59 countries) indicated receiving external assistance for reviews, whether technical or financial.

National assessments typically consist of situational analysis of the WASH sector. Cited examples of assessments range from a comprehensive JSR, through to national assessments, GLAAS multi-stakeholder dialogues, WASHBATs, Sustainability Checks, situational analysis, plans and reports for the sector or household survey. A JSR involves internal and external stakeholders including representatives from government, NGOs, UN agencies, development partners, CSOs and media. As highlighted in the Ethiopia case study (Chapter 2), progress achieved between 1990 and 2012 was largely attributable to strong political and government leadership, planning and coordination, combined with support from development partners, financial actors and technical partners.

Impact of Joint Sector Reviews – Country insights

Surveyed countries were asked to give examples in their GLAAS 2013/2014 responses of a time when regular performance review or JSR resulted in a substantial change to policy, strategy or programming. Seventy-nine countries participating in GLAAS 2014 indicated that reviews did result in positive change. Two examples are summarized below.

Shortcomings identified in Lesotho's 2011 annual sector review resulted in changes to monitoring indicators. This also provided the opportunity for the Bureau of Statistics to properly institutionalize the Continuous Multi-Purpose Survey procedures and budgets and collect data through the Water and Sanitation Module.

Rwanda's Joint Sector Review report showed that the existing strategies for water supply, sanitation and hygiene were not in line with new targets in the second phase of the Economic Development and Poverty Reduction Strategy. The existing strategies were reviewed and aligned with the new targets.

At the GLAAS evaluation meeting in Bern, Switzerland in October 2012 with participation from 45 experts in water and sanitation and related fields from a range of countries and organizations, there was agreement that assessments were a valuable component of external WASH assistance, but there would be value in harmonizing the various instruments used by external agencies while transitioning to national reviews that were truly "country-led". To this end, SWA has established a Task Team to address the global monitoring landscape with the objective of encouraging standardization, harmonization of institutional analyses, and approaches that use existing country processes and strengthen government leadership. For many countries, undertaking the GLAAS exercise is seen as a means to inform national planning and policy development in a structured way; it was also seen as a catalyst to strengthen identified weaknesses in WASH monitoring and planning systems.

Exploring more comprehensive data – Implementing monitoring tools in Madagascar

WASH assessments in Madagascar in 2013 and 2014 include WASH-BATs¹, Sustainability Checks², co-led by UNICEF and WaterAid, and GLAAS/WHO. The data collected through the Sustainability Check and GLAAS complemented the WASH-BAT analysis of the enabling environment, resulting in a more comprehensive and detailed picture of sector status. The combination and complementarity of the tools led to more detailed and accurate information being collected, particularly in terms of financial data.

Key findings that emerge with respect to monitoring practices in Madagascar:

1. For drinking-water, most service providers do not report the results of their internal monitoring to the regulatory authority.
2. No information was given for sanitation service provider reporting.
3. For drinking-water quality, independent surveillance in both urban and rural areas is either not carried out, or is insufficiently performed.
4. Neither performance reviews nor customer satisfaction are made public. There are insufficient human resources and funding for WASH monitoring activities, which are considered low priority.

The implementation of complementary monitoring tools has sparked discussion among key stakeholders in Madagascar on monitoring and evaluation practices, planning, financial budgeting, control and coordination of the WASH sector at country level. Wider assessment required by these tools is leading to improved data quality, accessibility and better information. In addition, this has led to better ownership of results by local actors.

¹ The WASH Bottleneck Analysis Tool (WASH-BAT) is a tool that facilitates a detailed and comprehensive assessment of the enabling environment in the water, sanitation and hygiene sub-sectors. It enables the user, principally sector line ministries, to develop costed and prioritized plans to remove the bottlenecks that constrain progress. The overall aim of the WASH-BAT is to increase sector resources and efficiency to achieve more sustainable and equitable outcomes. The WASH-BAT was developed by UNICEF in 2013 and has been rolled out in 14 countries across three regions.

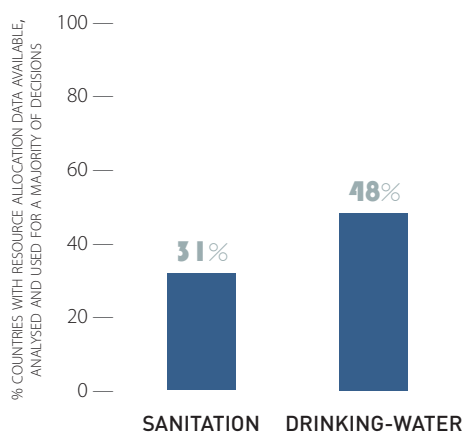
² A Sustainability Check is designed to be used by independent auditors to assess the sustainability of the country's WASH facilities and make recommendations to programme managers.

Availability of data for decision-making

Countries reported that data is generally not used to inform decision-making. The responses did not indicate whether this was due to data being unavailable or inaccessible due to weaknesses in monitoring, or for other reasons. The majority of resource allocation decisions for sanitation appear to be made without the use of data: only 31% of countries report sanitation data being available, analysed and used. In the health sector, however, two-thirds of countries report using evidence when responding to water- and sanitation-related disease outbreaks.

Figure 3.1

Percentage of countries with data available, analysed and used for resource allocation for drinking-water and sanitation (n=93)



Few countries use available data to make funding decisions on sanitation.

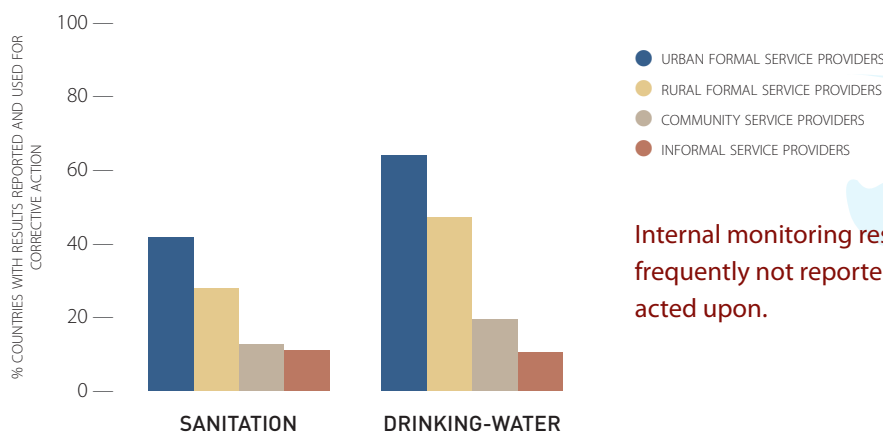
Source: GLAAS 2013/2014 country survey.

Communicating monitoring results for corrective action

Formal sanitation service providers, whether urban or rural, typically do not report data to regulatory authorities (Figure 3.2). In addition, as discussed in Chapter 2, population groups in many countries are served by community and informal service providers, which rarely report internal monitoring results to authorities. Less than half of countries report a functioning process whereby formal rural drinking-water service providers report both the results of their internal monitoring to regulatory authorities and use the results to trigger corrective action.

Figure 3.2

Countries in which service providers report the results of internal monitoring against required service standards to the regulatory authority and whether internal monitoring triggers timely corrective action (n=94)



Internal monitoring results are frequently not reported nor acted upon.

Source: GLAAS 2013/2014 country survey.

Performance results are also not typically made public for a majority¹ of service providers. Only for urban formal service providers were performance results made public for over 60% of respondent countries. Less than 50% of countries reported that performance results were made public for all seven other types of service provision considered in the GLAAS survey (including formal rural drinking-water service and all sanitation service providers).

Drinking-water quality surveillance

Countries responding to the GLAAS 2013/2014 country survey indicated that the extent of independent surveillance of water quality is far greater in urban areas: nearly 70% of countries report surveillance in urban areas compared to only 40% in rural areas.

Service provision indicators

GLAAS 2014 collected data on the extent of implementation of indicators covering a range of performance areas for water, sanitation and hygiene, including indicators measuring financial performance, such as expenditure and cost effectiveness, as well as equity type indicators, such as affordability and equitable service coverage.

The status of implementation of indicators was based on a five point scale² ranging from “none” to “being used”, i.e. having indicators that were both agreed and tracked against a baseline. The main indicators defined and monitored in respondent countries were also collected as well as results of one commonly used indicator for both water and sanitation.

Responses from countries in the GLAAS 2013/2014 survey indicate that the extent to which performance indicators are defined and used is considerably greater for drinking-water than for sanitation. In the case of measuring affordability and service quality, the use of corresponding indicators for drinking-water was more than twice that for sanitation.

There were also considerable differences reported between indicators defined, and the extent to which these indicators were actually used. For example, 70% of countries indicate having agreed indicators measuring the functionality of systems yet only 40% reported using these indicators.

Sanitation indicators

Few countries reported using standard performance indicators to guide sanitation-decision making, from financial, through service performance, to equity. For example, 31% of countries report using expenditure indicators and 26% report using service quality indicators. Countries do appear to be using some agreed indicators with approximately one half reporting to have defined and agreed key metrics. A summary of reported use of agreed indicators is found in Table 3.2.

Table 3.2

Percentage of countries reporting use of standard performance indicators for sanitation^a; and most commonly cited indicators^a; (n=91)^b

INDICATOR CATEGORY TYPE	COUNTRIES REPORTING USE OF STANDARD INDICATORS* [%]	MOST COMMONLY CITED INDICATORS
FINANCIAL		
Expenditure	31	Funds spent against funds allocated
Cost effectiveness	20	Costs for levels of service, cost of maintenance
Cost recovery	20	Cost recovery, % service provider costs
EQUITY		
Equitable service coverage	40	% access for urban and rural areas, % access by geographical area (e.g. regions)
Affordability	21	% household spends on service, affordability by poorest 10%
SERVICE PERFORMANCE		
Service quality	26	Treated effluent quality, response time to complaints
Functionality of systems	21	Working against non-working systems, number of failures
Institutional effectiveness	24	Staff for every 1000 connections, % treated wastewater
Wastewater/septage reuse	14	% septage/wastewater reuse, quality of wastewater

* Defined standards or agreed performance indicators tracked against a baseline.

^a Responses to “Are there clearly-defined national standards or agreed upon performance indicators that are used in the following categories for sanitation?”

^b Congo (the), Maldives, Dominican Republic responses not included in the analysis.

Source: GLAAS 2013/2014 survey.

¹ In the GLAAS 2013/2014 country survey a majority was considered to be over 75%

² The levels of implementation included in the five-point scale were: 1) none, 2) being developed or in progress, 3) agreed but not yet implemented, 4) agreed and baseline data established, 5) agreed, tracked against established baseline data.

Indicators for drinking-water

As for sanitation indicators, the extent of use of indicators is low; the most commonly used indicators relate to expenditure and service quality (used by 45% of countries). A summary of indicator category types and reported use, as well as the main indicators defined is provided in Table 3.3.

Table 3.3

Percentage of countries reporting use of standard performance indicators for drinking-water^a; and the most commonly cited indicators^a; (n=91)^b

INDICATOR CATEGORY TYPE	COUNTRIES REPORTING USE OF STANDARD INDICATORS* (%)	MOST COMMONLY CITED INDICATORS
FINANCIAL		
Expenditure	45	% or ratio spent/allocated
Cost recovery	34	Coverage of costs, recovery of billing
Cost effectiveness	32	Operation and maintenance costs, cost per unit volume produced
EQUITY		
Equitable service coverage	44	Urban/rural access coverage, access coverage by geographical area
Affordability	40	Ability of poor to pay for service
SERVICE PERFORMANCE		
Service quality	45	Quality of water, service time
Institutional effectiveness	35	Non-revenue water, total staff per 1000 connections
Functionality of systems	30	Working/non-working infrastructure, working/non-working hours

* Defined standards or agreed performance indicators tracked against a baseline.

^a Responses to "Are there clearly defined national standards or agreed upon performance indicators that are used in the following categories for drinking-water?"

^b Congo (the), Maldives, Dominican Republic responses not included in the analysis.

Source: GLAAS 2013/2014 survey.

Financial indicators

Even though 80% of countries report that current levels of financing are insufficient to meet targets established for drinking-water and sanitation, few actually track financial performance indicators against baseline data. Less than half of countries report using indicators to track expenditure against established baseline data for water and less than a third for sanitation. Tracking expenditure can be used at service provider level but also nationally to track against international commitments. An example of feedback from Ghana indicated that it tracked funds spent against GDP, in line with the eThekweni declaration.

Efficiency indicators

The most commonly used indicator of institutional efficiency, both in GLAAS responses and by service providers reporting to the International Benchmarking Network for Water and Sanitation Utilities (IBNET), is the number of staff per 1000 connections. GLAAS 2014 responses indicate that 24 out of 92 countries are using this indicator as a main indicator of institutional effectiveness.

The number of personnel needed to provide services varies greatly among service providers, depending on the technology used and level of external support contracted out. However, limiting staff to an optimum number can be cost effective. IBNET¹ indicates that numbers of staff reported by utilities show that numbers range from 0.8 to 20 staff for every 1000 connections with reductions in staff costs having a considerable effect on operational costs.²

Other, most-frequently cited efficiency indicators in GLAAS 2014 responses, include the *percentage of septage or wastewater reuse* (for sanitation) and the *percentage non-revenue water* (for drinking-water). Estimates for these two indicators were also collected as a proxy indicator of efficiency of service provision, both nationally and at global level.

Monitored indicator for sanitation: urban wastewater treated

GLAAS 2014 collected responses on the estimated percentage of urban wastewater treated in order to better understand the extent of treatment in countries as well as reveal the availability of data at national level. The extent and availability of data on treatment is still limited even though the need for comprehensive wastewater treatment is becoming an increasing concern in

¹ Berg, Caroline van den; Danilenko, Alexander. 2010. *The IBNET water supply and sanitation performance blue book*. Washington, DC: World Bank. <http://documents.worldbank.org/curated/en/2011/01/13359327/ibnet-water-supply-sanitation-performance-blue-book>

² Danilenko, Alexander, Caroline van den Berg, Berta Macheve, and L. Joe Moffitt. 2014. *The IBNET Water Supply and Sanitation Blue Book 2014*. Washington, DC: World Bank. <http://elibrary.worldbank.org/doi/pdf/10.1596/978-1-4648-0276-8>

many countries. The median proportion of urban wastewater treated for the 37 responding countries is just over 30%. Furthermore, wastewater treatment almost exclusively refer to centralized sewer services. Treatment and management for on-site or small scale facilities which collectively represents the majority of sanitation in developing countries is not captured in the responses.

Monitored indicator for drinking-water: average nonrevenue water (NRW)

Data was also collected for nonrevenue water (NRW), capturing estimates of physical and commercial water losses for the top three water suppliers in countries. Data was obtained from 47 countries with estimated NRW values ranging from 16% to 50% and a median value of 35%.

Hygiene indicators

The GLAAS 2013/2014 survey collected data on the use of indicators of coverage of hygiene promotion and the cost effectiveness of hygiene promotion programmes. Few countries reported having indicators for hygiene promotion. Of those that had hygiene indicators, there were few common indicators. As discussed in Chapter 2, the definition of hygiene varies greatly between countries, which in turn contribute to differences in indicators used.

Two defined hygiene indicators that look beyond the concept of hand washing include an indicator for access to safe sanitation services (reported as being used by three countries) and the percentage of households consuming disinfected water (reported by one country).

Indicators developed as part of the Environment and Health Information System (ENHIS) coordinated by WHO (EURO) were also highlighted in one country. These indicators include the proportion of children who follow adequate hygienic practices while in school or kindergarten.¹

Establishing baselines for improved hygiene monitoring in Bangladesh

In order to improve the monitoring of hygiene initiatives, the International Centre for Diarrheal Diseases Research, Bangladesh, conducted a National Hygiene Baseline Survey in 2013 with support from WaterAid, Bangladesh and the Policy Support Unit of Local Government Division. Although the government of Bangladesh has been committed to ensuring a safe environment through hygiene promotion, there was a lack of a national baseline on hygiene practices against which to monitor progress in hygiene behavior change. Now Bangladesh has a “nationally representative baseline status of the hygiene situation related to knowledge, facilities and practices in the areas of WASH.

Additional data sets on hygiene practices

At least 51 countries can report on household level hygiene practices, including the presence of a hand washing station, through surveys such as the Demographic Health Survey (DHS) and the Multiple Cluster Indicator Survey (MICS). For those countries that have these data, there is often a large discrepancy in the practice of hand washing with soap between the lowest and highest wealth quintiles as well as rural and urban areas². The difference between wealth quintiles is, in general, even greater than with improved water and sanitation, highlighting the need for monitoring of hygiene promotion coverage to measure equity of programme implementation and uptake.

¹ Tools for the monitoring of Parma Conference commitments. WHO 2010 http://www.euro.who.int/__data/assets/pdf_file/0019/134380/e94788.pdf

² WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

Financing: national and external support

Introduction

Extending and sustaining water and sanitation programmes, and infrastructure, especially in the context of reducing inequalities, requires adequate funds and effective financial management. Key management actions include short- and long-term investment planning, securing funds for proposed budgets, making efficient and targeted disbursements, financial reporting and monitoring of outcomes.

Key highlights

- Despite increasing allocations to WASH, countries generally report that national funding continues to lag behind identified programme needs and is a major obstacle to progress.
- Sixteen more countries were able to report on detailed WASH financial information compared to the GLAAS 2012 cycle totalling 33 countries reporting in the current GLAAS cycle.
- At the Sanitation and Water for All High-Level Meeting in 2014, 39 countries made commitments to increase sector financing.
- Substantially more WASH funding is directed to water provision, despite sanitation needs being greater (Figure 4.8)
- The vast majority of people without access to drinking-water and sanitation live in rural areas, yet the bulk of expenditures are currently allocated to improving services in urban areas (Figure 4.9).
- Overall, hygiene promotion made up less than 1% of total WASH expenditure based on data reported by 11 countries.
- GLAAS is strengthening country capacity to track funding to WASH through its TrackFin initiative (Annex B).

Sufficiency of WASH financing

Funding for water and sanitation is required for new capital investment; recurrent expenses of operations; large capital maintenance (long-term renewals and rehabilitation, usually recovered as an annual “depreciation” charge); and costs of capital (interest payments on loans and any required dividend returns to equity providers).

Eighty per cent (80%) of countries report that current finance is insufficient to meet targets established for drinking-water and sanitation¹. Nonetheless, several countries report an increase in domestic budget allocations for sanitation and drinking-water due to the development of investment plans and stronger political commitment. While financial resources for sanitation and drinking-water have increased in some countries, total funding is reported to remain inadequate.

Moreover, budget execution rates frequently fall short of spending agreed in investment plans. For example, Sudan reported budget execution rates for WASH at 13% and 7% for 2011 and 2012, respectively, while Uganda reported a release of 60% of budget funds in 2012/13. Maximizing financial disbursements to the sector will thus not only depend on continued political support and prioritization, but continuing efforts to improve financial absorption capacity through more efficient financial management processes and increased public and private sector implementation capacity.

Despite increasing government investments to WASH, there remains a huge financing gap between budgets and plans, with 80% of countries indicating insufficient financing.

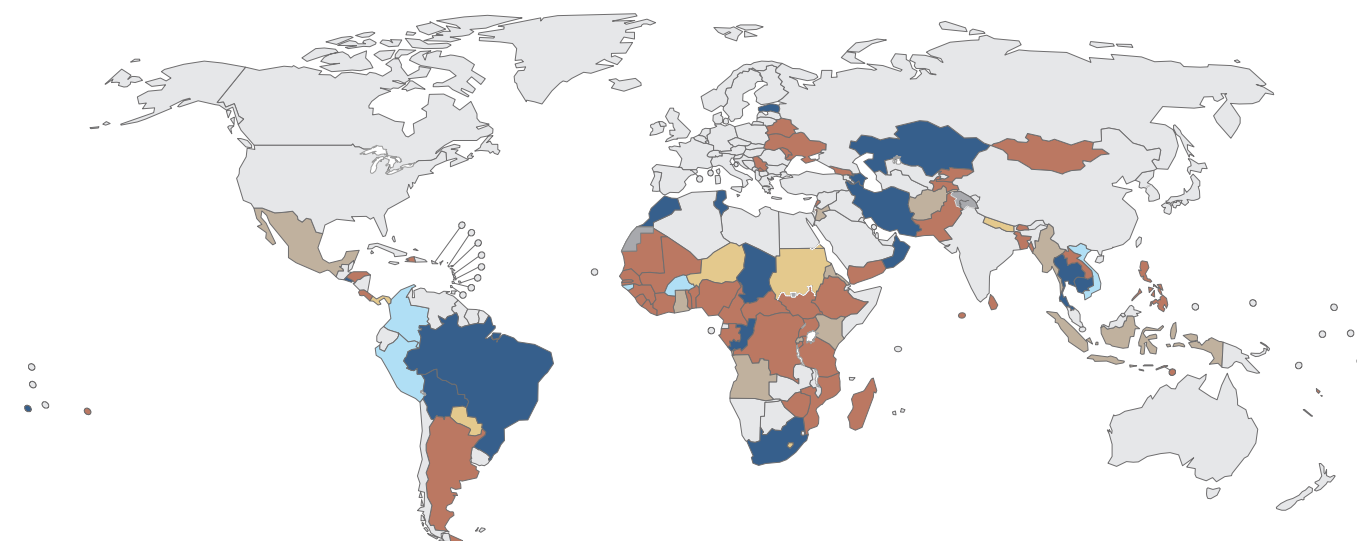
¹ While some countries have already met the MDG targets, reported insufficiency of WASH finance may be based on other criteria such as: 1) national targets that go beyond MDG goals; 2) capital maintenance needs to sustain services, or 3) additional needs due to population growth. Specifically, 16 out of 84 countries were reported to have more than 75% of the financing needed for both urban and rural sanitation (Figure 4.1), while 20 countries reported adequate funds for both urban and rural drinking-water.

Figure 4.1

Sufficiency of financial resources allocated to WASH to meet MDG targets (n=84)

IS FINANCING ALLOCATED TO SANITATION IMPROVEMENTS SUFFICIENT TO MEET MDG TARGETS?

- MORE THAN 75% OF WHAT IS NEEDED IN BOTH URBAN AND RURAL
- LESS THAN 50% NEEDED FOR URBAN OR RURAL
- DATA NOT AVAILABLE
- MORE THAN 75% OF WHAT IS NEEDED IN URBAN OR RURAL
- LESS THAN 50% NEEDED FOR BOTH URBAN AND RURAL
- NOT APPLICABLE
- BETWEEN 50% AND 75% OF WHAT IS NEEDED



Source: GLAAS 2013/2014 country survey.

Tracking financing to WASH at country level – the TrackFin initiative

One of the fundamental gaps highlighted by previous GLAAS results is the lack of understanding, coordination and tracking of financial flows in the WASH sector. Building on the experience of the health sector, WHO developed TrackFin, an approach aimed at institutions involved in monitoring and financing the WASH sector. TrackFin aims to track financing to WASH at national level and conducted in its pilot phase in-depth assessments in three countries – Brazil, Ghana and Morocco – to better understand what financial information is available, the challenges in obtaining these data and how to overcome these challenges.

The initial results of the assessment enabled countries to track financing to the sector based on standard classifications and develop a set of WASH-Accounts and indicators presented in a comparable format to help answer four basic questions (Annex B):

- What is the total expenditure in the sector?
- How are funds distributed between the different WASH services and expenditure types, such as capital expenditure, operating and maintenance expenditure and cost of capital?
- Who pays for WASH services?
- Which entities are the main channels of funding for WASH and what is their share of total spending?

Responses to the question on the distribution of WASH expenditures by sub-sector indicate that drinking-water receives the largest share of WASH sector financing in all three countries, with 59% of expenditures on drinking-water in Brazil, 83% in Ghana, and 61% in Morocco. In addition, data show that most funding is directed to the urban sector: 95% in Brazil, 85% in Ghana and 89% in Morocco.

The GLAAS 2013/2014 country survey requested similar information on WASH expenditures as for the TrackFin assessments. Expenditure estimates provided by countries through GLAAS were based on financial documents and information available to respondents, however, significant information gaps were noted. Most countries were unable to comprehensively track expenditure data to each WASH sector, nor track expenditure data originating from all sources, such as households, NGOs and repayable finance. Thus, GLAAS data, where presented, should be viewed as first estimates of WASH expenditures, and as means to highlight areas where data is missing.

The TrackFin assessments in the three countries show that with additional resources and time, more detailed data collection and analysis of WASH financial data can be achieved. They also demonstrate that the establishment of WASH national accounts is a progressive process, and help clearly identify steps to improve data collection, as has been done in the development of national health accounts. All three pilot countries, have identified the next steps to improve their national WASH accounts and to institutionalize the process. Future exercises should provide a more detailed picture of the financing of the WASH sector.

The methodology will gradually be extended to more countries and offers the potential to provide useful data to help inform decisions relating to access and equity.

Sources of funds

The three sources of funding for water and sanitation services coordinated by governments are:

1. Tariffs – funds contributed by users of WASH services (and also including the monetary labour and material investments of households managing their own water supply).
2. Taxes – funds originating from domestic taxes that are channelled to the sector by the central, regional and local governments.
3. Transfers – funds from international donors and charitable foundations. Transfers include grants and concessional loans, which include a grant element in the form of a subsidized interest rate or a grace period.

In addition, households fund other expenditures for complementary access to water supply and for use of drinking-water.

Experience has shown that it is difficult to assess the relative funding levels of different sources at a global level, because aggregated data on tariffs and out-of-pocket household expenditures for WASH are not readily available in most countries. Moreover, financial data for utilities and sub-national governments can also be difficult to obtain due to the lack of centralized information, and lack of disaggregation among different sub-sectors.

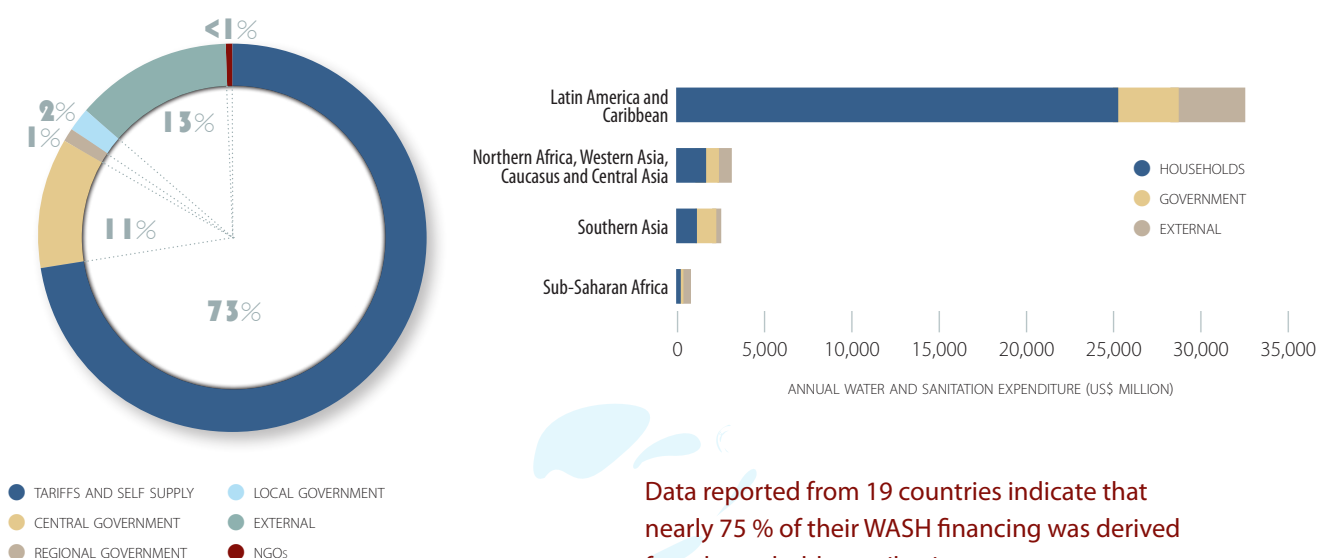
“There has not been any data collected on households’ expenditure on water and sanitation...”

GLAAS 2013/2014 country survey response – Gabon

In the GLAAS 2013/2014 country survey, 33 out of 94 participating countries provided expenditure data disaggregated between taxes and transfers, while only 19 countries¹ provided expenditure data disaggregated among tariffs, taxes, and transfers (Figure 4.2). Data reported by these 19 countries indicate that nearly 75% of their WASH financing is derived from household tariffs for services provided and household expenditures for self-supply². More detailed results show that the sources of WASH finance can vary widely by country: some countries reporting major contributions from households (e.g. Brazil, Tunisia), others reporting more reliance on external aid (e.g. Panama, Lesotho), and a few countries reporting that national finance supports the majority of WASH expenditures, e.g. Iran (Islamic Republic of). Figure 4.2 provides a breakdown of reported funding sources aggregated by MDG regions.

Figure 4.2

Sources of financing (aggregated for 19 countries, US\$ 39 billion)



Source: GLAAS 2013/2014 country survey.

Data reported from 19 countries indicate that nearly 75% of their WASH financing was derived from household contributions.

¹ Bangladesh, Brazil, Burkina Faso, Colombia, the Congo, El Salvador, Estonia, Iran, Jordan, Kyrgyzstan, Lesotho, Madagascar, Morocco, Nepal, Pakistan, Panama, Togo, Tunisia, and Uruguay.

² As noted in Figure 4.2, Latin America and Caribbean respondents heavily influence the aggregate results due to their relatively high gross expenditures on WASH compared to other regions.

Household expenditures

Household expenditure for access and use of WASH services in the form of tariffs (i.e. payments to service providers) and self-supply (out-of-pocket expenses) has previously been recognized as a knowledge gap in WASH financing. Through the GLAAS survey, 19 countries provided estimates of household contributions, many of which were derived from living standards measurement surveys, service provider reports, or extrapolated data from tariff reviews and demographic surveys. It is acknowledged that some of the 19 countries are likely under-reporting household contributions, especially in rural areas that may not be served by a formal service provider, and where households may make significant non-monetary investments.

Estimating household expenditure – Pakistan

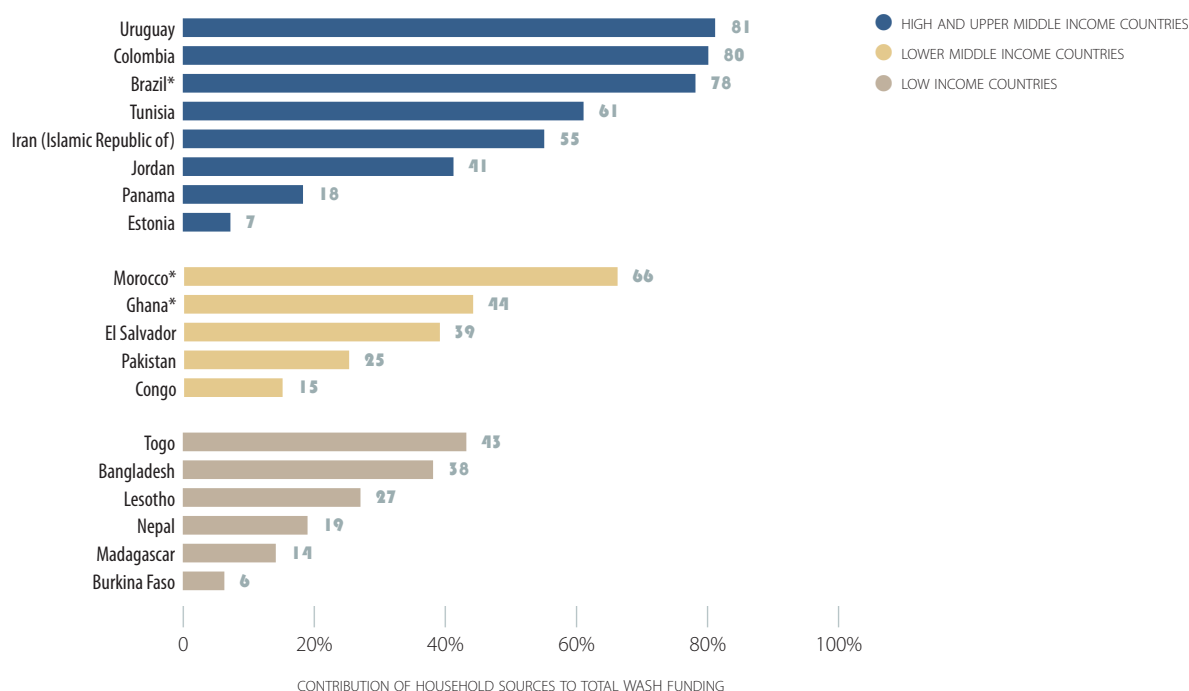
“The elements of household-level information have been extrapolated from the Pakistan Social and Living Standards Measurement Survey (PLSM) 2011–2012. According to PLSM 2011–2012, 22% of households (46% in urban areas and 10% in rural areas) in Pakistan pay for water at an average rate of Pakistan Rupees 193 (US\$ 1.97) per month. PLSM 2011–2012 is a national representative sample of 80,000 households.”

GLAAS 2013/2014 country survey – Pakistan.

The Islamic Republic of Iran, Bangladesh, and Lesotho reported a 61%, 36%, and 30% contribution from households respectively in GLAAS 2012, and report a 55%, 38%, and 27% contribution respectively in GLAAS 2014. Overall, GLAAS 2014 data show a wide range in household contributions from 6% to 87% of total finance (Figure 4.3), though 12 out of the 18 countries report that government finance and external aid comprise the majority of WASH expenditure.

Figure 4.3

Comparison of household contributions (organized by country income category)



Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *).

While household contributions overall are significant, two-thirds of countries indicate that government and external finance comprise a majority (i.e. greater than 50%) of WASH expenditure.

While some countries provided data on both tariffs paid to service providers, and out-of-pocket expenses (i.e. self-supply), most countries could only estimate household contributions in the form of tariffs. In less developed areas without a formal service provider, tariffs may comprise only a small percentage of total households contributions

Table 4.1 Tariffs versus out-of-pocket expenses for self-supply (US\$ million)

COUNTRY	TARIFFS	OUT-OF-POCKET EXPENSE
Bangladesh	45	133
Morocco*	1,086	67
Pakistan	94	44
Tunisia	302	20

Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment (indicated by asterisk *).

Very few countries were able to provide expenditure data for out-of-pocket expenses for self-supply, which include funding provided by households to invest in or provide the service themselves.

Government budgets and expenditures

Both government budget and expenditure trends can be indicators of priority in national policy and action. Line ministry WASH budgets for water, sanitation and hygiene disaggregated for urban and rural areas were requested in the GLAAS 2013/2014 country survey. Most countries, however, could only report ministry budgets either in an aggregated format, only for a few ministries, or only collectively for all of WASH. Government expenditure at central, regional, and local levels was also requested, as in previous GLAAS cycles. Thirty-two countries reported on central government expenditures and ten countries were able to report some expenditures for sub-national governments.

The data available on national budgets and expenditure, though limited, indicate that government spending for water and sanitation is increasing. Several countries report increased WASH budgets or expenditure, including: ¹

- Chad reported an increase in its WASH budget from 4 to 23 billion CFA Francs from 2012 to 2013;
- Lesotho reported WASH expenditure increasing from US\$ 33 to US\$ 181 million from 2008 to 2012;
- Mozambique reported that the budget for WASH nearly tripled from 2007 to 2012;
- Nepal reported WASH expenditure nearly doubled from 2008 to 2012;
- Pakistan reported a more than two-fold increase in water and sanitation expenditure from 2004 to 2012.

A total of 49 countries provided a listing of WASH ministry budgets (i.e. inclusive of one or more ministries working on WASH service provision) or a comprehensive national budget for WASH. These 49 countries represent 1.8 billion people and report US\$ 28.1 billion in annual budgets for WASH (most recent budget year).

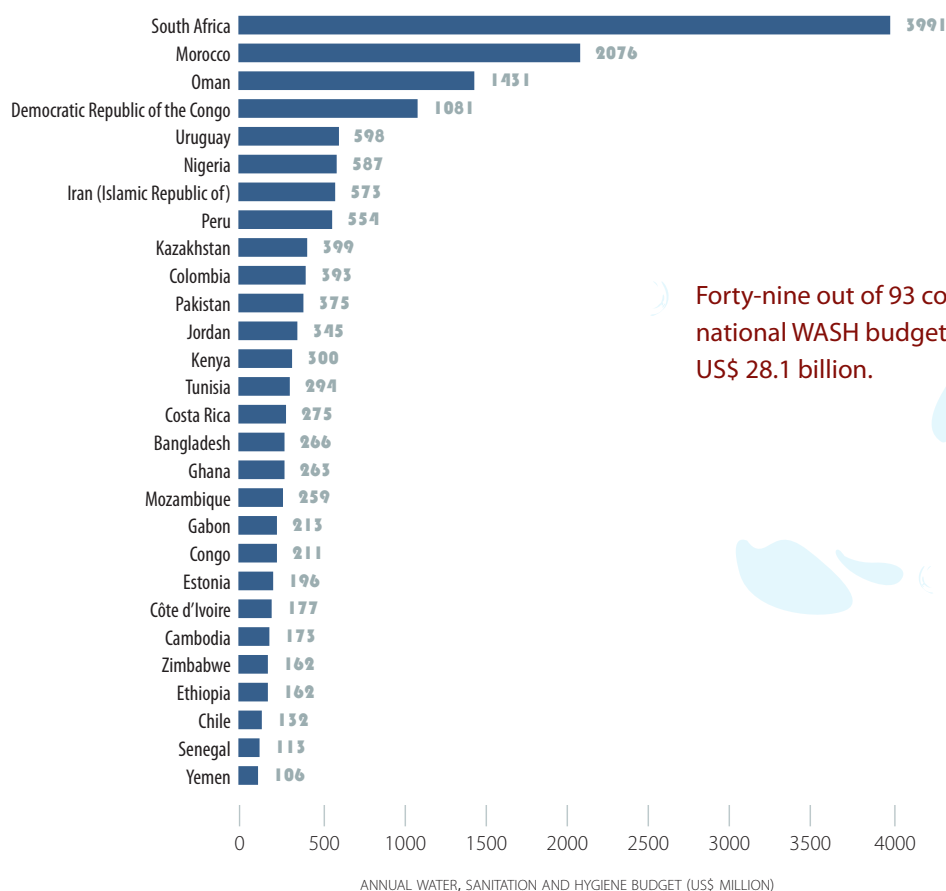
High Level Meetings encourage increase in national water and sanitation budget allocations

The biennial HLMs of the SWA partnership have proven a successful mechanism for governments to commit to increase their national budgets allocated to water and sanitation. In 2012, 23 countries made commitments to increase national allocations to the WASH sector, and over half (13) reported good progress a year later. In 2014, 39 countries made commitments to increase sector financing.

¹ Budget refers to a planning document that reflects priorities, spending plan, and anticipated revenues for an upcoming fiscal period. Expenditure refers to actual spending (i.e. purchases) on infrastructure or services and is a more significant indicator of spending priority than budget.

Figure 4.4

Annual national budgets for WASH (as reported by 49 countries^a)



Forty-nine out of 93 countries provided national WASH budgets totalling US\$ 28.1 billion.

^a Brazil (not shown in chart) reported a US\$ 11.7 billion WASH budget for 2012 inclusive of water, sanitation, drainage, solid waste management, water resource management, and hygiene/health promotion. Additional countries with less than US\$ 100 million WASH budget: United Republic of Tanzania (86), Uganda (84), TFYR Macedonia (83), Mali (79), Niger (69), Fiji (68), Lebanon (54), Burkina Faso (52), Viet Nam (49), Chad (47), Honduras (46), Afghanistan (42), Sudan (41), Rwanda (36), South Sudan (33), Serbia (28), Lesotho (26), Republic of Moldova (19), Panama (11), Bhutan (10), Myanmar (7).

Source: GLAAS 2013/2014 country survey.

Brazil reported the largest national WASH budget, equivalent to US\$ 11.7 billion, not represented in Figure 4.4 since its budget also included items not usually considered WASH such as drainage, solid waste management and water resource management. South Africa reported a WASH budget equivalent to US\$ 4.0 billion with 50% being allocated for the operation and maintenance of water and sanitation schemes and also to subsidize free basic water and sanitation services for the poor, as mandated by law. It is acknowledged that WASH budget data may be under-reported due to the lack of disaggregated budgets for certain ministries, and may also show some variability among countries depending on whether countries included activities beyond drinking-water, sanitation service provision and hygiene promotion, such as water resources and waste management.

Budgets for WASH-related hygiene

Many countries indicate that it is difficult to disaggregate hygiene promotion budgets from a combined national WASH budget, or between urban/rural areas, and/or among multiple Ministries responsible for hygiene promotion activities. For example, in Afghanistan both the Ministry of Urban Development and the Ministry of Education have responsibility for these activities, though the Ministry of Health is the most commonly reported ministry with responsibilities for the hygiene promotion budget.

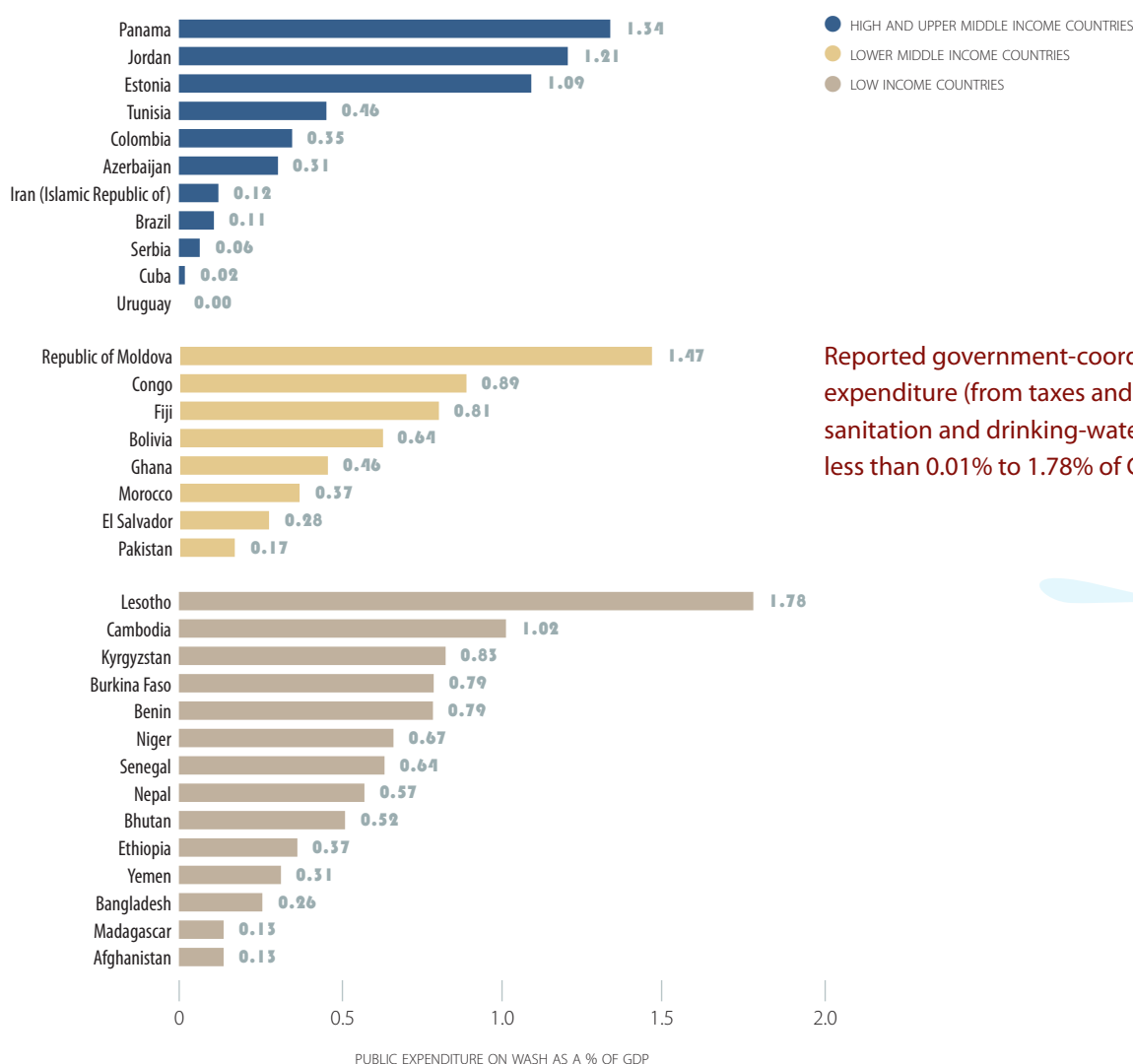
National public expenditures

In the GLAAS 2013/2014 country survey, 33 out of 94 countries reported total WASH expenditures from government and external funding sources (multilateral and bilateral donors and commercial lenders). These 33 countries represent 1.1 billion people and reported over US\$ 6.0 billion in public annual expenditures (government and external aid) for WASH, in the most recent year for which expenditure data was available).

These reported public expenditures for WASH ranged from nearly zero to 1.8 per cent of a country's gross domestic product (GDP) (Figure 4.5), and are often significantly less than other social sectors such as health where public expenditure can reach ten per cent of GDP¹. It is acknowledged that for some countries, the public expenditure on WASH is under-reported due to difficulties in obtaining information (e.g. missing data for one or more WASH sub-sectors, incomplete data from sub-national governments, the lack of disaggregated WASH expenditure data at some national ministries, etc.).

Figure 4.5

Comparison of public expenditures (classified by World Bank country income group, July 2013)



Reported government-coordinated expenditure (from taxes and transfers) on sanitation and drinking-water ranged from less than 0.01% to 1.78% of GDP.

Source: GLAAS 2013/2014 country survey.

¹ World Health Statistics, WHO, 2014.

Support from external sources

Globally, over US\$ 15.0 billion¹ in external support, including official development assistance (US\$ 10.5 billion), non-concessional loans (US\$ 4.2 billion), and other funds (over US\$ 340 million) from developed countries (bilateral aid), international banking institutions (multilateral aid), NGOs and private foundations were committed to water and sanitation in 2012. Data show that external aid commitments for water and sanitation have increased nearly 30 per cent from 2010 to 2012 (OECD-CRS). For some countries, the amount of aid received from external sources is significant, and may even comprise the largest proportion of financing for WASH from all sources (e.g. Burkina Faso).

A majority of countries receive aid from several donors. The multiplicity of donors working in countries can add greater financing, but also greater complexity in financial management and coordination of programmes. To make the best use of both internal and external resources, 55 out of 94 (59%) countries have partially or fully implemented a financing plan and perform sector-wide coordination based on a sectoral framework.

In many respondent countries, external development aid remains a major source of financing for sanitation and drinking-water (Table 4.2), most likely for capital investment. In these cases, strong coordination among donors and alignment with sector investment priorities are essential.

The contribution of French local authorities and water basin organizations to meeting drinking-water and sanitation targets

Local authorities and water organizations in France have mobilized funding and technical support to help developing countries to meet the MDG targets for water and sanitation. In 2013, €28.3 million was raised mainly through the 1% 'Solidarity Fund' (SF)² that helps to supplement the support provided by the French government.

Currently no specific indicators have been developed to measure the impact of the funds raised by all the different SF organizations, although indicators have been used by some authorities to enable them to report their results. For example, the Zorgh'EAU Project is supported by the 3 cities of Bousbecque, Couëron and Verrières-le-Buisson (with contributions from the Ministry of foreign affairs, three water basin organizations, the Région Pays de la Loire and Nantes Métropole) who have raised €680,000 to provide first time access to drinking-water for 10,000 people and latrines for 4,000 people for the town of Zorgho in Burkina Faso. This funding has allowed not only to finance the construction and rehabilitation of infrastructures, but has also contributed to strengthening the capacity of local actors to ensure sustainability.

Table 4.2

External support agency finance compared to implementation of financing plans and sector-wide coordination (eight countries receiving 20 per cent more WASH financing from external sources)

COUNTRY	DONOR FINANCE (AS % OF WASH FINANCE)	NUMBER OF DONORS (OVER US\$ 100 000 PER YEAR)	SECTOR-WIDE COORDINATION THAT IS BASED ON SECTORAL FRAMEWORK IMPLEMENTED	FINANCING PLAN	PLAN IMPLEMENTATION STATUS
Bangladesh	36	17	Yes	Agreed	Partial
Burkina Faso	55	12	Yes	Agreed	Full
Ghana*	Between 22–52%	17	Yes	Agreed	Partial
Lesotho	45	8	Yes	In development	—
Madagascar	23	12	Yes	Agreed	Partial
				<i>Except for financial plan for rural sanitation in development</i>	
Nepal	26	10	Yes	Agreed	—
				<i>Except for urban sanitation which is not fully implemented</i>	
Panama	72	3	Yes	Agreed	Full (urban) Partial (rural)
Tunisia	24	10	No	Agreed	Full

Source: OECD-CRS, 2014 and GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment where indicated with an asterisk *.

¹ Sources: OECD (2014), Foundation Center (updated 2014), psEau (2014), and 2013 GLAAS external support agency survey.

² The Oudin-Santini law passed by the French government in 2005 allows local authorities to allocate up to 1% of their water and sanitation services revenue to international solidarity actions in this sector.

As discussed further in Chapter 5, over US\$ 10.9 billion in development aid was directed to sanitation and drinking-water in 2012. Major recipient countries in terms of aid amounts include India, Viet Nam, China, Morocco, the United Republic of Tanzania, Indonesia, Bangladesh and Ethiopia, comprising US\$ 2.0 billion in annual sanitation and water aid (2011–2012 average).

ODA to middle-income countries such as China¹, India and Morocco is primarily composed of loans that have a grant element of at least 25 per cent.

Table 4.3 Top aid recipients for sanitation and water aid in 2011–2012

COUNTRY	AVERAGE DONOR DISBURSEMENT FOR SANITATION AND DRINKING-WATER, 2011–2012 (US\$ MILLION)	DONOR FINANCING FOR WASH (AS % OF GDP)
India	442	0.02
Viet Nam	354	0.24
China	246	<0.01
Morocco	207	0.22
United Republic of Tanzania	196	0.75
Indonesia	194	0.02
Bangladesh	182	0.16
Ethiopia	171	0.48

Sources: World Bank (2014); OECD (2014).

Many developing countries remain dependent on external aid for WASH.

Financial plans and investment programmes for WASH

Investment programmes help to define and prioritize capital needs, match expected resources with costs of infrastructure and programmes and improve intergovernmental coordination, predictability and transparency of budgeting and expenditure. Many countries cite the development or implementation of investment programmes as significant achievements in recent years. These programmes can also be linked to a strategic financial planning process that answers questions such as who (e.g. users, taxpayers, donors) should pay for what (i.e. operating/capital expenses, water/sanitation, rural/urban/periurban areas) and what should be the future service level. The strategic financial planning process determines how much money is needed and where it would come from².

Seventy-five per cent of countries surveyed indicated the existence of a financing plan/budget for water and sanitation (See Chapter 2). Yet, only one-third of countries report that a financial plan has been defined, agreed, and consistently followed with respect to urban sanitation. Examples of referenced plans range from (WASH-related) ministry budgets (e.g. Mauritania, Ukraine) to more extensive WASH programme documents including Ethiopia's ONE WASH national plan, Ghana's Strategic Environmental Sanitation Sector Investment Plan (SESSIP), and Yemen's National Water Strategy. Fewer countries (i.e. 60 per cent) reported the existence of a financing plan for hygiene.

Data also show that implementation of existing financial plans/budgets could be improved. Only 40%, 32%, and 26% of countries report agreement on and consistent application of financial plans for drinking-water, sanitation, and hygiene promotion respectively.

¹ In addition to average annual development assistance disbursements of US\$ 246 million, China received an average annual amount of US\$ 533 million in non-concessional lending for water and sanitation in 2011–2012 (OECD 2014).

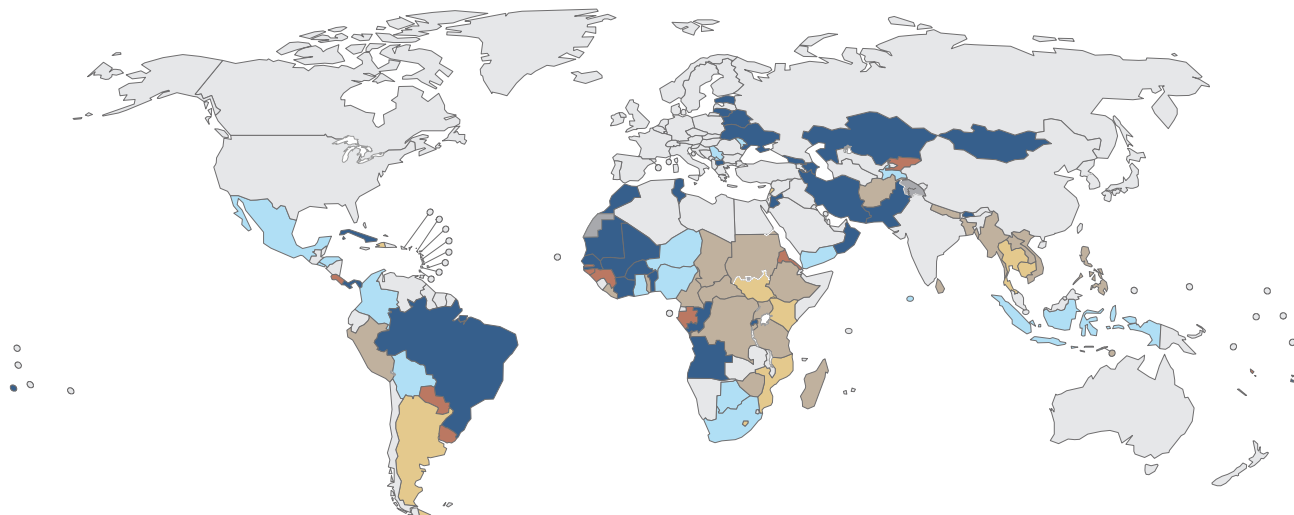
² OECD (2009) Strategic financial planning for water supply and sanitation. Paris, Organisation for Economic Co-operation and Development, www.oecd.org/env/resources/43949580.pdf

Figure 4.6

Financing plan/budget defined for the WASH sector clearly assessing the available sources of finance and strategies for financing future needs (urban sanitation) (n=89)

HAS THE GOVERNMENT DEFINED A FINANCING PLAN/BUDGET FOR URBAN SANITATION THAT IS PUBLISHED AND AGREED?

- FINANCIAL PLAN APPROVED AND FULLY IMPLEMENTED
- FINANCIAL PLAN IN DEVELOPMENT
- DATA NOT AVAILABLE
- FINANCIAL PLAN USED IN SOME DECISIONS
- NO FINANCIAL PLAN
- NOT APPLICABLE
- FINANCIAL PLAN APPROVED, INSUFFICIENT IMPLEMENTATION



Source: GLAAS 2013/2014 country survey.

While 75 % of countries indicate the existence of a financing plan for WASH, only one-third report that a financial plan has been defined, agreed, and consistently followed for urban sanitation.

SWA 2014 commitments catalyse the implementation of financial plans

SWA 2014 commitment from Burundi: Burundi will develop a financing plan for WASH to be incorporated into the Mid-Term Expenditure Framework (MTEF) 2015–2017 as well as a mechanism for monitoring WASH expenditure.

SWA 2014 commitment from Burkina Faso: The government undertakes to transfer financial resources for sanitation activities to the municipalities every year from 2015.

Targeting of funds

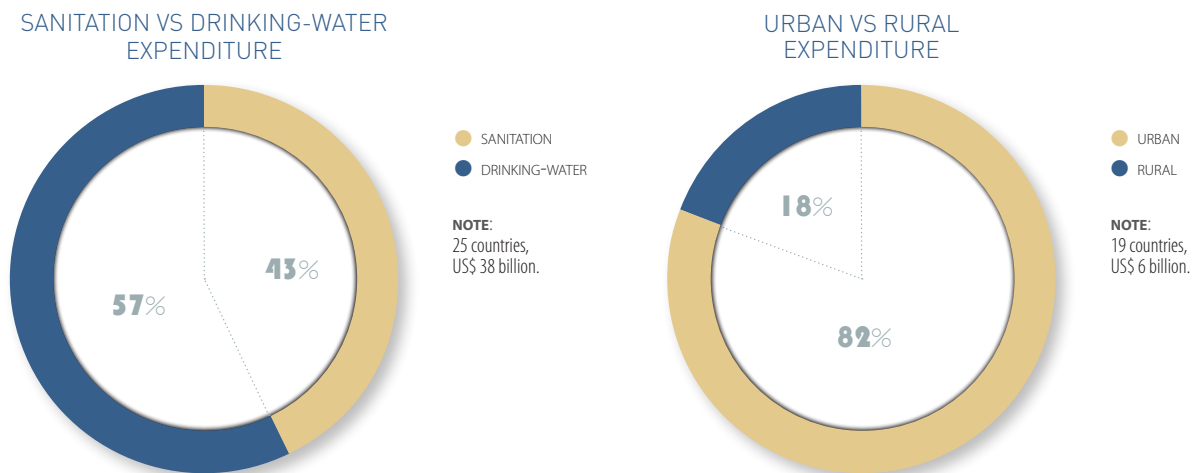
Comparison of sanitation and drinking-water expenditures

A review of expenditure breakdowns can indicate potential issues with targeting of financial resources. The 2010 and 2012 GLAAS reports indicated that sanitation comprises approximately 20% and 27%, respectively, of the financing devoted to sanitation and drinking-water (for respondent countries that reported data). Data reported by 25 countries in the GLAAS 2013/2014 country survey indicate that 43% of drinking-water and sanitation expenditures in these countries were spent on sanitation (Figure 4.7). According to global estimates¹, these same 25 countries have approximately 375 million people who do not have access to improved sanitation, compared with 143 million people who do not have access to an improved source of drinking-water. In other words, the challenge of inadequate sanitation, which represents 72% of the total number of people¹ without adequate drinking-water or sanitation services in these countries, receives only 43% of the total WASH funding.

¹ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

Figure 4.7

Breakdowns of expenditures: sanitation and drinking-water, urban and rural (total expenditure)^a



^a Total expenditure, including both capital and operation and maintenance expenditure.

Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessments.



Data from a limited number of countries on sanitation and drinking-water expenditure data hint at how expenditures are targeted (Figure 4.7).

Urban compared with rural expenditure

Similarly, the urban versus rural pie chart in Figure 4.7 indicates that for 19 respondent countries, 81% of reported WASH expenditure is targeted at urban areas. However, these same 19 countries have approximately 155 million and 380 million in urban and rural populations, respectively, who do not have access to improved sanitation or drinking-water from an improved source¹. In other words, rural populations in these countries represent 71% of the unserved, however, benefit from only 19% of the expenditures for sanitation and drinking-water.

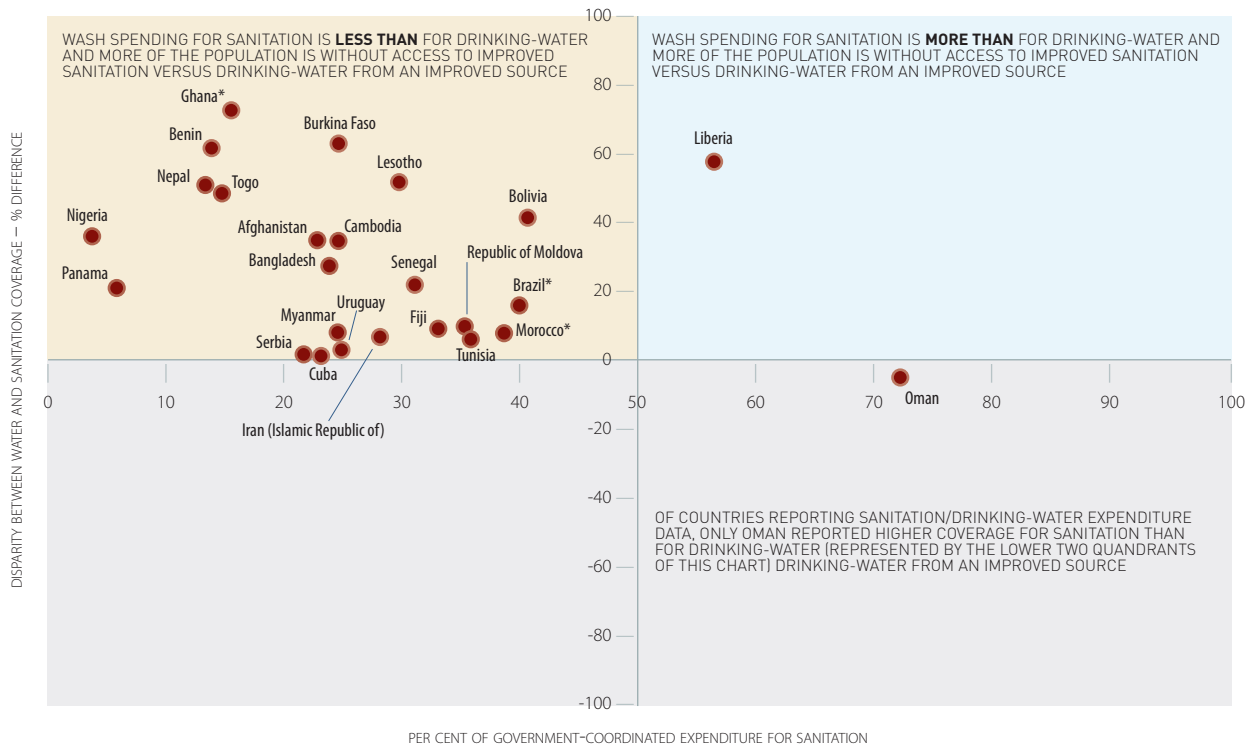
Reporting on finances for hygiene promotion

Despite the lack of a harmonized definition for hygiene promotion across the respondent countries (See Chapter 2), expenditure for WASH-related hygiene education and promotion was provided by eleven respondent countries. The reported amounts spent on hygiene education and promotion programmes by these 11 countries ranged from US\$ 0.05 to US\$ 11.4 million, and from less than 0.01% to 6.7% of total expenditure in WASH. The seven countries that either reported over US\$ 1 million expenditure, or greater than 1% of their WASH expenditure on hygiene promotion are: Afghanistan, Bangladesh, Cambodia, Eritrea, Kyrgyzstan, Togo and Tunisia. Overall, hygiene promotion made up less than 1% of total WASH expenditure.

¹ WHO/UNICEF (2014) Progress on drinking-water and sanitation – 2014 update. Geneva, World Health Organization.

Figure 4.8

Gap in coverage between water and sanitation versus gap in expenditure between water and sanitation



Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment where indicated with an asterisk * and JMP estimates.

Countries are spending less on sanitation than water, despite sanitation needs being greater.

WASH investments are targeted towards urban areas rather than rural where it is needed most.

Figure 4.9

Gap in expenditure between urban and rural versus gap in coverage between urban and rural



Note: Household expenditures (tariffs only) for Bangladesh, Brazil, Burkino Faso, Cuba, Ghana, Iran (Islamic Republic of), Lesotho, Morocco, Myanmar, Nepal, Pakistan, Republic of Moldova, Togo, Tunisia, and Uruguay are included in government-coordinated WASH expenditures shown in chart.

Source: GLAAS 2013/2014 country survey; 2014 TrackFin pilot assessment where indicated with an asterisk * and JMP estimates.

Use of committed funds

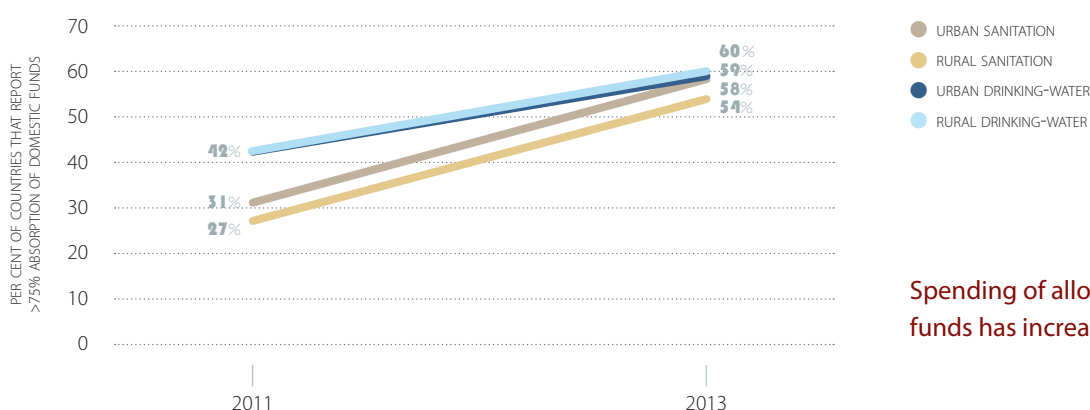
Efficient and timely release of financing allocated for WASH, whether from national allocations or external support, continues to be an issue for a majority of countries. Only 60% of countries absorb a high percentage¹ of their domestic commitments, i.e. budget allocations for both sanitation and drinking-water. As reported by countries in the GLAAS 2013/2014 survey, most often issues concerning the absorption of national funds for WASH activities include:

- Administrative/funding release procedures too lengthy or too complex;
- Procurement delays (causing late fund release and too late to be spent within the financial year for which the funds have been allocated);
- Inadequate project preparation, inaccurate estimates or terms of reference in procurement;
- Low public or private sector capacity to respond to proposals and implement projects (e.g. limited drillers or suppliers, or lack of municipal capacity to perform supply chain management);
- Expropriation and land-ownership issues causing delays (cited by Morocco, Serbia and West Bank and Gaza Strip).

Trend data indicate that domestic absorption rates improved overall from 2011 to 2013 (Figure 4.10).

Figure 4.10

Trends in domestic absorption rate (67 common respondent countries, 2011–2013)



Spending of allocated national funds has increased since 2011.

Source: GLAAS 2012 and 2013/2014 country surveys.

¹ "High percentage" indicates over 75% of allocated funds.

External fund absorption

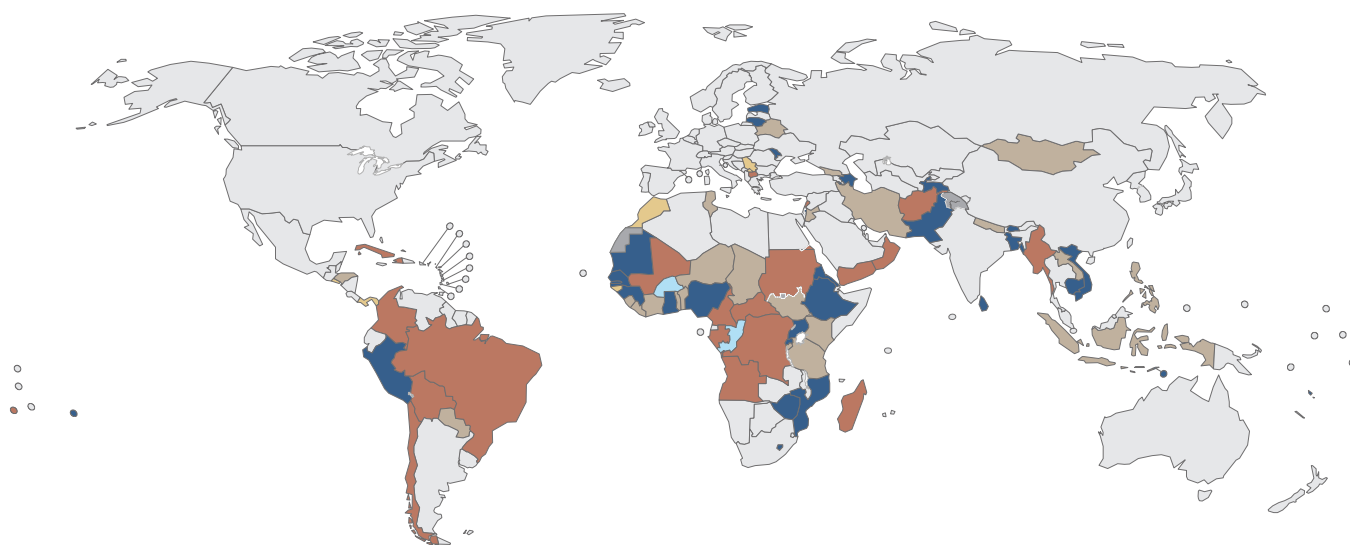
GLAAS data indicate that 40% of countries absorb a high percentage of donor capital commitments for sanitation (Figure 4.11). However, and similar to trends in domestic absorption rates, the absorption of external funds has improved from 2011 to 2013 for all WASH sub-sectors (Figure 4.12).

Figure 4.11

Estimated percentage of donor capital commitments utilized (sanitation)

WHAT IS THE ESTIMATED PERCENTAGE OF DONOR CAPITAL COMMITMENTS UTILIZED (THREE-YEAR AVERAGE)?

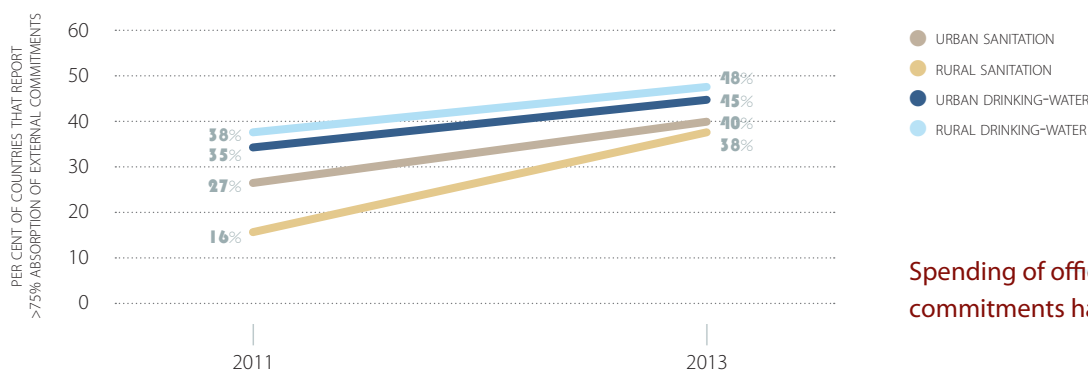
- > 75% OF DONOR COMMITMENTS TO BOTH URBAN AND RURAL
- < 50% OF DONOR COMMITMENTS FOR URBAN OR RURAL
- DATA NOT AVAILABLE
- > 75% OF DONOR COMMITMENTS FOR URBAN OR RURAL
- < 50% OF DONOR COMMITMENTS FOR URBAN AND RURAL
- NOT APPLICABLE
- 50-75% OF DONOR COMMITMENTS



Source: GLAAS 2013/2014 country survey.

Figure 4.12

Trends in absorption of external capital commitments (67 common respondent countries, 2011–2013)



Source: GLAAS 2012 and 2013/2014 country surveys.

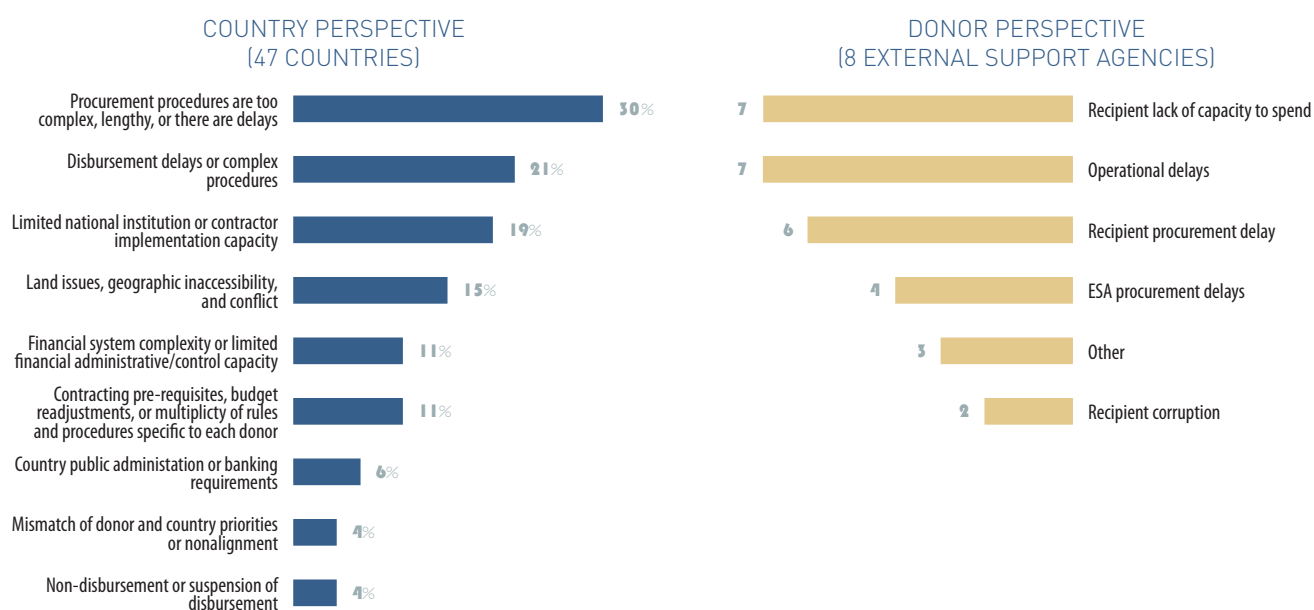
Spending of official external capital commitments has increased since 2011.

In response to slow disbursement, external support agencies report a range of actions that are taken to improve implementation and increase disbursement levels. Some examples from the GLAAS survey include:

- Providing project implementation support;
- Strengthening implementation capacity in partner countries;
- Reducing conditions for first disbursement;
- Staff training and interaction to solve problems/increase efficiencies;
- Providing budget neutral time extensions; and
- Improvement and greater use of national procurement procedures and post procurement reviews.

Figure 4.13

Problems with under-utilization of donor capital commitments^a



Source: GLAAS country and ESA 2013/2014 surveys^a.

^a If donor capital commitments were under-utilized, what is the greatest problem in using these funds? What are the main reasons that commitments to WASH have not been disbursed in the year scheduled?



Countries cite procurement and disbursement procedure complexity and delays as the top two reasons for under-utilization of donor commitments, while donors cite limited national capacity and operational delays.

Kenya identifies several areas affecting absorption of donor funds

A public expenditure review of the water and sanitation sector in Kenya (Government of the Republic of Kenya, 2013) identified several issues leading to low absorption rates:

“Generally, the absorption rate was affected by slow disbursement of donor funds. In addition, budget reviews often led to budget cuts, resulting in released funds being lower than funds approved. Moreover, lengthy procurement processes leading to slow implementation of projects, litigation leading to delayed implementation of projects, and challenges associated with (information management system) administration were all culprits in the reduction of absorption rates.”

Adequacy of revenue to sustain WASH services

Over 70% of countries indicated that tariffs are insufficient¹ to recover operations and minor maintenance costs (GLAAS 2013/2014 country survey). Government subsidies were most often cited in GLAAS country responses as the means for covering the operational finance gap, though other reported examples include:

- Payments, and cross subsidies from other cities that can cover costs (Morocco);
- Reducing non-revenue water (Myanmar), and;
- Issuance of loans (Republic of Moldova).

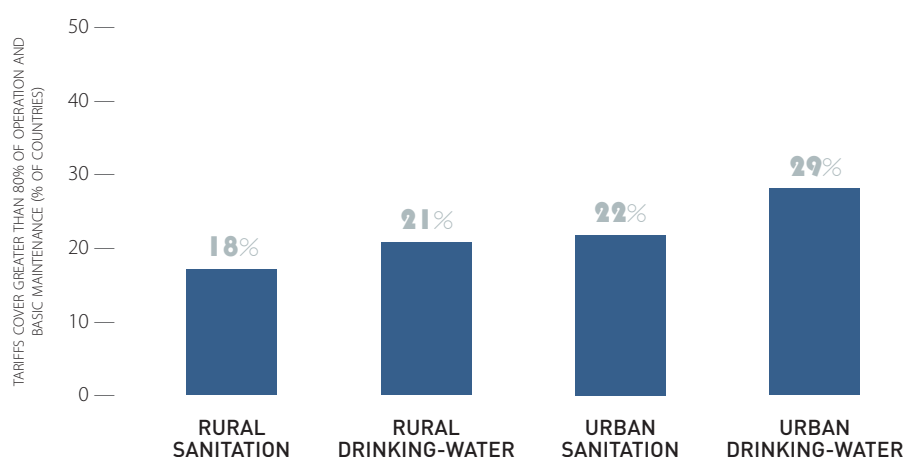
Several countries, e.g. Colombia, Costa Rica, Estonia, Georgia, Indonesia, Jordan, Paraguay, Republic of Moldova, Tonga and Uruguay, note that current tariffs cover all or a majority² of operation and maintenance costs. On the other hand, Azerbaijan, Serbia and Tunisia indicated that the gap is not covered at all. Unrecovered costs may result in the lack of preventive and corrective infrastructure maintenance, and higher major capital replacement expenses in the future.

“The government has been providing subsidies to weak water utilities that are unable to cover their operation and maintenance costs by paying staff, electricity bills and providing water treatment chemicals.”

GLAAS 2013/2014 country survey response – Kenya

Figure 4.14

Are operation and basic maintenance costs covered (over 80%) by tariffs? (n=91)



Few countries indicate that tariff revenues cover the majority² of operation and basic maintenance costs.

Source: GLAAS 2013/2014 country survey.

Possible interventions to recover costs may involve:

- **Conducting tariff reviews and making adjustments accordingly.** Some countries indicate that tariffs were set some time ago (Cambodia) or not according to need (Bangladesh). Though the data was not collected in the GLAAS 2013/2014 survey, 2012 GLAAS country results indicated that in over half of countries, urban tariffs are not reviewed or not adjusted upon review (WHO 2012).
- **Decision-making authority.** In 2011, over half of countries indicated that urban utilities did not have decision-making authority with respect to investment planning (WHO 2012).
- **Reducing non-revenue water.** Forty-nine country respondents in the GLAAS 2013/2014 country survey reported on non-revenue water for their three largest water suppliers: the average figure was 36%. Reducing non-revenue water can help to increase utility efficiency and allow more funds to be made available for capital maintenance and further investment, as well as reduce the strain on scarce water resources.

¹ Defined here as less than 80% recovery of operation and maintenance costs.

² Defined as over 80% of cost recovered from tariffs.

Uganda aims for subsidy-free services

Uganda acknowledges that current tariff revenue is inadequate to cover all operational and maintenance expenditures for water supply and sanitation services and that the government subsidizes operation and maintenance costs, particularly in the case of major service breakdown. A target for 2016 is 100% cost recovery as outlined in the Big Results Now (BRN) President Initiatives. Two major strategies of BRN include establishment of community-owned supply organizations (COWSOs) and Centres of Excellence for efficiency (GLAAS 2013/2014 country survey).

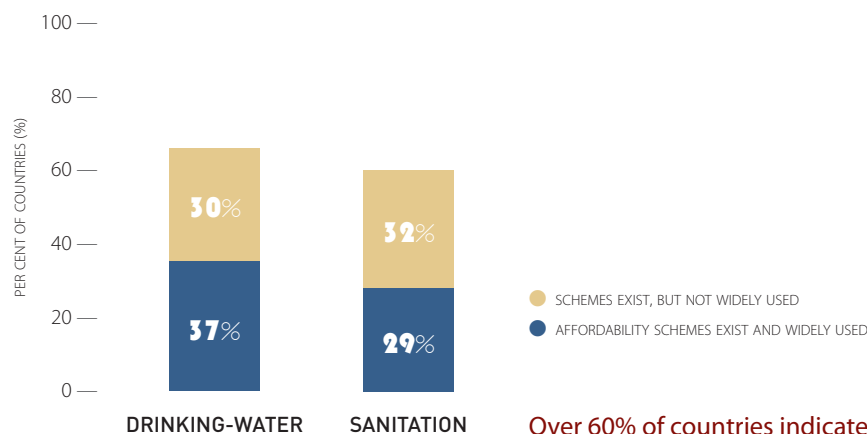
Affordability and reducing inequalities

Low-income populations, disadvantaged population groups and rural communities commonly do not have the financial means to obtain or connect to existing water and sanitation services, let alone pay for the cost to sustain these services. Countries responding to the GLAAS 2014 survey were requested to indicate whether affordability schemes exist for water and sanitation and provide some examples of these schemes, where they exist.

Countries indicate that fees for connecting to services are often reduced or waived for the poor and disadvantaged. The most commonly cited affordability schemes are block tariff schemes based on water use levels – with a highly subsidized first block, (e.g. 0 to 7 cubic meters) designed to cover basic needs – and tiered tariffs based on income levels. Other examples of the affordability schemes cited by countries include:

- Reduced or subsidized water connection fees (Gambia, Niger, Tunisia)
- Vouchers (pre-paid) (Botswana, Zimbabwe)
- Free water tanks for senior citizens and disabled (Cook Islands)
- Microfinance, incentive credit (loan) for rural populations (Cambodia, Viet Nam)

Figure 4.15 Existence of financial schemes to make access to WASH more affordable to disadvantaged groups (n=91)



Source: GLAAS 2013/2014 country survey.

Over 60% of countries indicate that affordability schemes exist for drinking-water and sanitation services, however, only half of these schemes are widely used.

South Africa's efforts to make services affordable and reduce inequalities

National allocations to WASH services, which include infrastructure/capital project grants and service provision/operational grants to municipalities, are provided only for basic services. Municipalities are expected to raise the additional funding needed for higher levels of service (HLOS) from their own revenue. However, leakage¹ of capital funding intended for basic levels of services to HLOS has become an increasing problem.

Free basic water (6000 litres per household per month) and free basic sanitation is provided to those registered and with incomes below the poverty line. This is normally done by making the first tariff block zero. A programme is also underway to provide the unserved (largely rural poor) with at least an interim level of service. Certain grants are specifically intended for the poor or for informal settlements.

¹ The Municipal Infrastructure Grant (MIG) conditional grants are often not sufficiently monitored. Operational grants, being unconditional grants, are also often not being used as intended.

Targeting external aid towards country needs

Introduction

Twenty-three External Support Agencies (ESAs)¹ participated in the GLAAS 2014 external support agency survey. This chapter examines the results as well as the most recent aid flow information from OECD's Creditor Reporting System (OECD-CRS)², and other information, in terms of aid priorities, aid flows and allocations, alignment, coordination, and targets.

Supporting the achievement of country objectives in water and sanitation, ESAs play a key role in WASH programmes in many countries. As an example, eight out of 33 countries with data on WASH financial flows indicated that donor finance comprised 20% or more of total WASH finance, and most ESAs are active or take leading roles in sector coordination or harmonization platforms in one or more countries.

Key highlights

- Water and sanitation are increasingly donor priorities in terms of 1) absolute funding, 2) relative funding among aid sectors, and 3) aid policy targets and strategies.
- Aid is increasingly being directed to low income countries and regions with low sanitation and drinking-water coverage levels, though there are exceptions.
- There is an increasing need for ESAs to disaggregate data in order to distinguish between funding for drinking-water and funding for sanitation, as well as between rural and urban areas. Availability of these data could strengthen ESA aid targeting to reduce inequalities.
- Recent data show decreasing water and sanitation funding for basic services. This is a potential issue in terms of improving access and equity as basic systems are a proxy indicator for reaching unserved populations.
- Basic sanitation would appear to receive the lowest proportion of overall aid for WASH with only 27% of disaggregated WASH aid directed to sanitation, and only 21% of total water and sanitation aid directed to basic systems.
- Nearly 60% of ODA for water and sanitation is in the form of concessional loans.
- Nongovernmental sources, including US-based foundations, are providing growing financial support for WASH.
- Most donors participate in sector assessments such as Joint Sector Reviews (JSRs), with government partners and other stakeholders.
- A number of ESAs have developed their own specific WASH targets which, if achieved, will help nearly 100 million people gain access to drinking-water from an improved source and over 125 million people to improved sanitation facilities in 2015.

There has been a dramatic increase in development aid for water and sanitation, with reported commitments increasing 30% between 2010 and 2012. Correspondingly, ESAs have been increasingly setting targets for aid outcomes, monitoring progress and outputs, as well as making efforts towards better alignment with country priorities leading up to and beyond the MDGs. Ongoing challenges exist in aid targeting: some countries with low access to services receive very little WASH aid; and when it comes to aid disbursement: both donors and recipients cite procedural delays (at both donor and recipient country level), and institutional capacity, as limiting factors.

¹ African Development Bank, Asian Development Bank, Australia, Bill and Melinda Gates Foundation, BRAC, Canada, Denmark, European Commission, France, Germany, International Development Bank, International Federation of Red Cross and Red Crescent Societies, Japan, Netherlands, Portugal, Sweden, Switzerland, UNDP, UNICEF, United Kingdom, United States, WaterAid, and World Bank.

² The system whereby the OECD publishes data on the aid provided by OECD countries broken down by different sectors and within each sector into different activities or sub-sector codes. For the water and sanitation WASH sector there are 11 sub-sector codes, six of which refer directly to the funds allocated by donors for the provision of drinking-water and sanitation. Available at: <http://stats.oecd.org/index.aspx?DataSetCode=CRS1>.

German development cooperation in Burundi

German development cooperation has assisted Burundi in addressing its sanitation challenges and improving the legal, institutional and organizational frameworks for sanitation services, in order to scale up access. Germany provides funding for sanitation infrastructure and hygiene awareness campaigns, including public infrastructure in six towns (toilets in schools, prisons, hospitals and markets), and a small sewerage system and sludge treatment plant in Gitega, Burundi's second largest city. In addition, Germany is promoting hygiene education and the implementation and maintenance of groundwater protection zones. Through its development cooperation, Germany assisted Burundi to develop a National Sanitation Policy, which was adopted in 2013 and specifies the roles and responsibilities of different agencies in the sanitation sector at national and local level. For Burundi, it is vital that the policy is oriented towards the needs of the urban poor. Germany is assisting government institutions to implement the National Sanitation Policy and to monitor results.

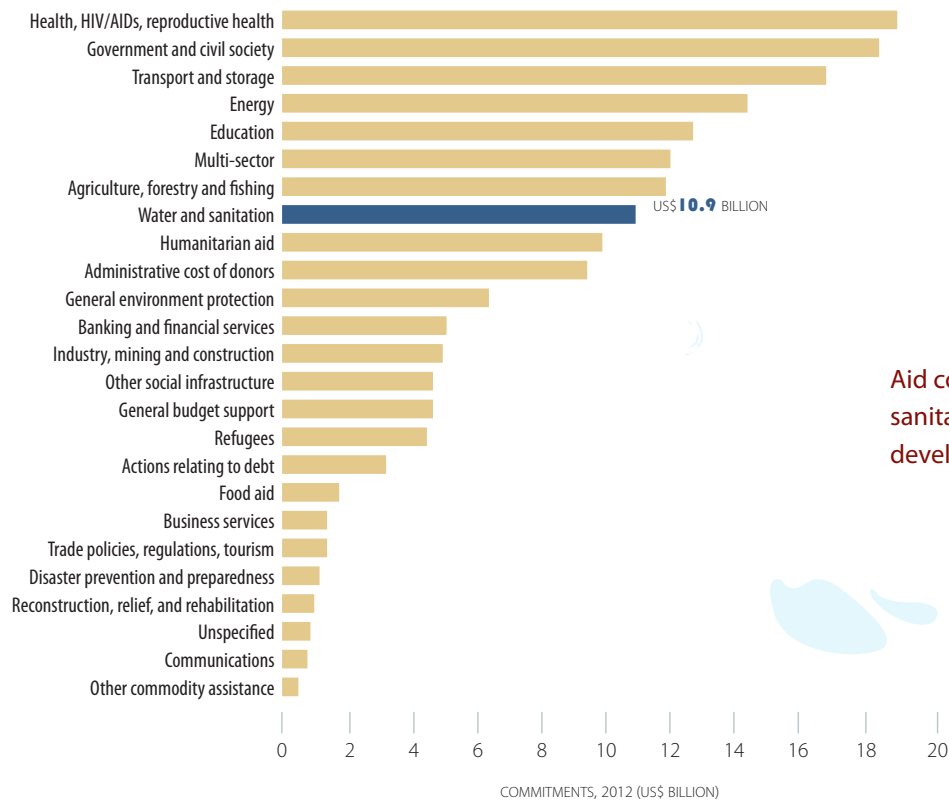
Targeting of aid sectors

Aid commitments to all sectors from donors reporting to the OECD-CRS totalled US\$ 172 billion in 2012 (US\$ 177 billion at constant¹ 2011 prices), up from US\$ 164 billion in 2010 – an increase of 4.8%. Aid commitments for water and sanitation increased from US\$ 8.3 billion to US\$ 10.9 billion (constant 2011 prices), a 30% increase². In 2010, aid for water and sanitation was the tenth highest 'sector' reported by the OECD in the CRS; by 2012 aid for water and sanitation was the eighth highest 'sector' – seventh if health and reproductive health/HIV/AIDS are considered separately (Figure 5.1).

The US\$ 12.3 billion committed to education represents 7.1% of ODA, and the US\$ 18.7 billion committed for health, population, reproductive health and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) represents 10.9% of total aid from donors reporting to OECD. The \$10.9 billion committed to water and sanitation represents 6.1% of total development aid.

Figure 5.1

Comparison of water and sanitation development aid in 2012 relative to other sectors



Aid commitments to water and sanitation were 6.1% of total official development assistance (ODA) in 2012.

Source: OECD-CRS, 2014.

¹ The current rate being the exchange rate prevailing in the year of the flow whilst the constant rate takes into account inflation and exchange variations. The constant rate is generally recommended for analyses of trends over periods of time. To minimize potential confusion, the constant rate (2011) is used for both 2012 data and for aid trends throughout this chapter.

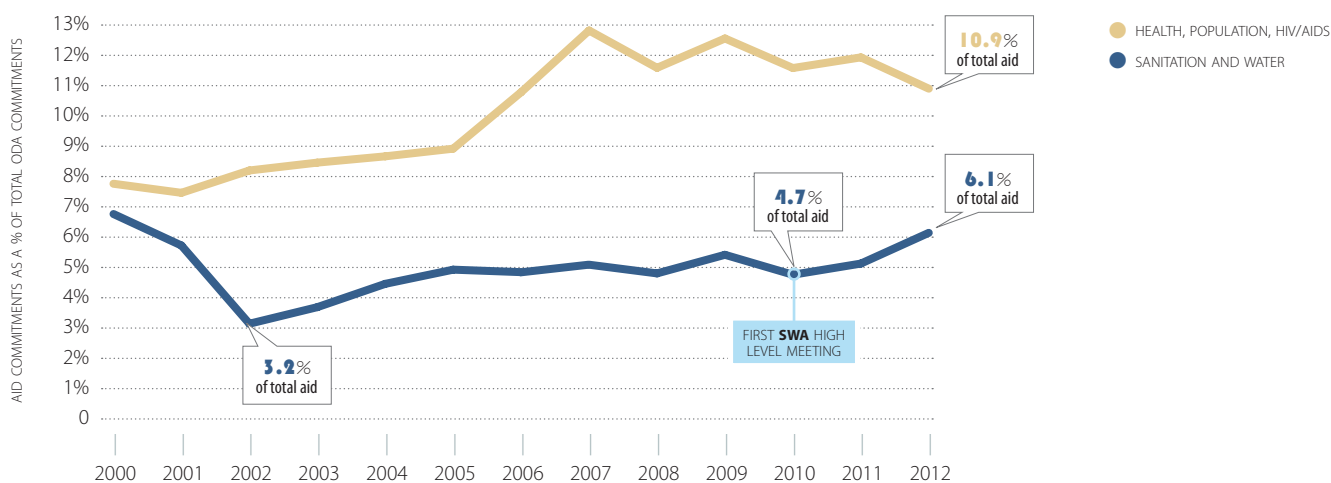
² Despite this large increase from 2010 to 2012, water and sanitation aid commitments continue to be a smaller proportion of development aid less than other infrastructure sectors such as transport and energy, and less than education and health (when combined with HIV/AIDS).

Despite a relatively lower priority overall, development aid to water and sanitation has increased, while the health sector shows a decreasing trend in terms of proportion of total aid over the past several years (Figure 5.2).

Development aid for water and sanitation has risen from 4.7% to 6.1% of total development aid from 2010 to 2012, and nearly doubled as a proportion of total aid since 2002.

Figure 5.2

Comparison of water and sanitation development aid commitments to health, population and HIV/AIDS over time



Source: OECD-CRS, 2014.

WASH external financing

External development assistance to sanitation and drinking-water is provided by countries, multilateral organizations, NGOs and private foundations. Aid is provided through a range of funding channels and for various purposes, including general budget support and sector budget support¹, as well as directly to projects for infrastructure development, planning, training, advocacy, education and monitoring. Financial aid can be in the form of grants, concessional loans or credits and may cover the majority of national spending (government and external, but not including household) on sanitation and drinking-water in some countries, e.g. Burkina Faso, Ghana (GLAAS 2013/2014 country survey).

Aid commitments (2010–2012 average)

Of the US\$ 10.9 billion (in 2011 constant US dollars) commitments from ESAs in 2012, US\$ 3.9 billion was in the form of grants, whereas US\$ 7.0 billion was in the form of concessional ODA loans². Figure 5.3 shows the geographical distribution of US\$ 9.2 billion in annual average commitments made from 2010 to 2012 (in 2011 constant US dollars per capita).

Aid disbursements

Disbursement data are available for OECD Development Assistance Committee members and several multilateral agencies. Their total external aid disbursements for sanitation and water amounted to US\$ 6.7 billion in 2012 (Figure 5.4), relatively unchanged from US\$ 6.6 billion reported in 2010.

¹ Budget support is aid given directly to the recipient government by the donor by transfer of resources to the recipient's budget, using the recipient's budgetary procedures. General budget support is not earmarked for any particular sector while sector budget support is provided to support a specific sector within the overall budget of the recipient.

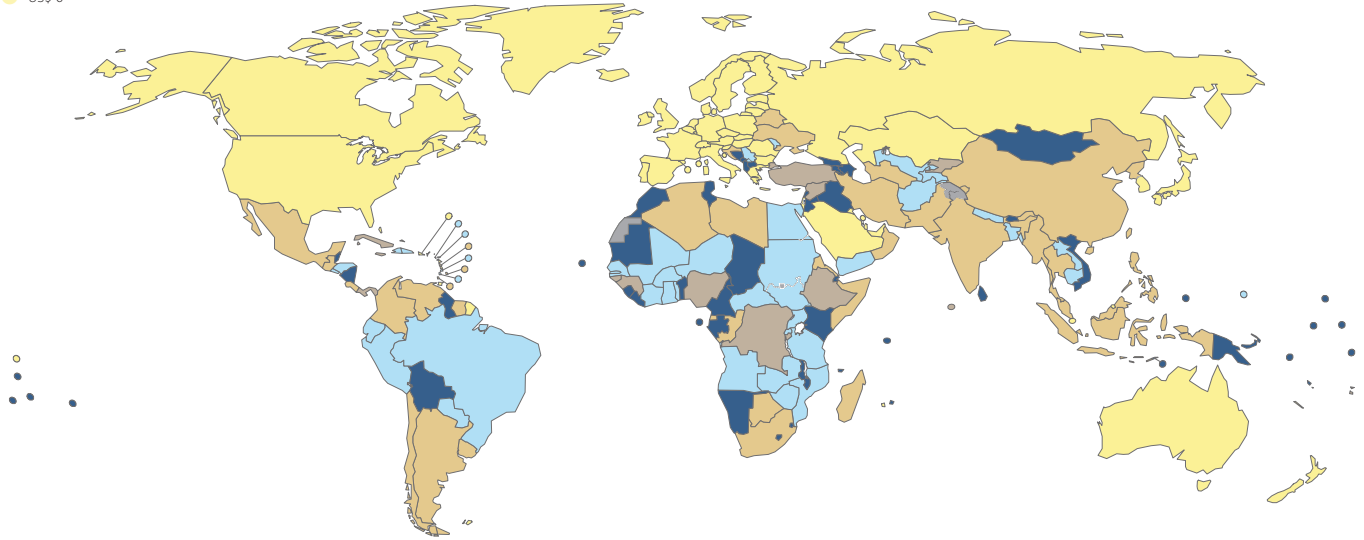
² For a loan to qualify as ODA, it must among other things, be concessional in character and must convey a grant element of at least 25 per cent. The grant element test is a mathematical calculation based on the terms of repayment of a loan (e.g. grace period, maturity and interest) and a discount rate of 10 per cent.

Figure 5.3

Commitments per capita made to sanitation and water, 2010–2012 average

AVERAGE ANNUAL WATER AND SANITATION AID COMMITMENTS PER CAPITA (2010–2012)

- > US\$ 5
- > US\$ 2–5
- > US\$ 1–2
- > US\$ 0–1
- US\$ 0
- NOT APPLICABLE



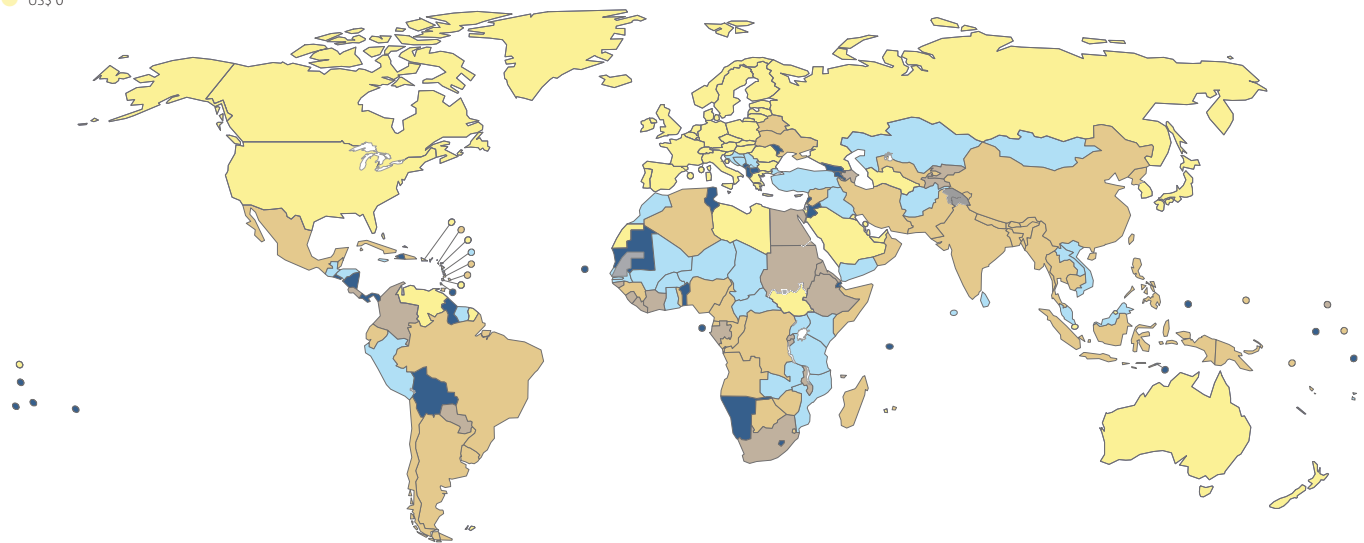
Source: OECD 2014.

Figure 5.4

Disbursements per capita made to sanitation and water, 2012

ANNUAL WATER AND SANITATION AID DISBURSEMENT PER CAPITA (2012)

- > US\$ 5
- > US\$ 2–5
- > US\$ 1–2
- > US\$ 0–1
- US\$ 0
- NOT APPLICABLE



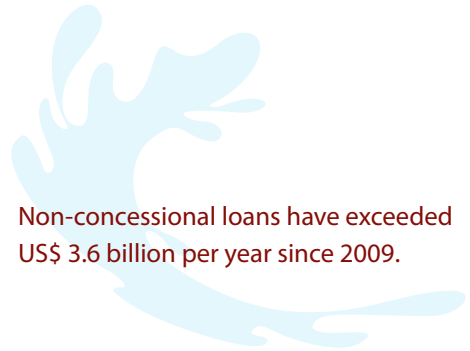
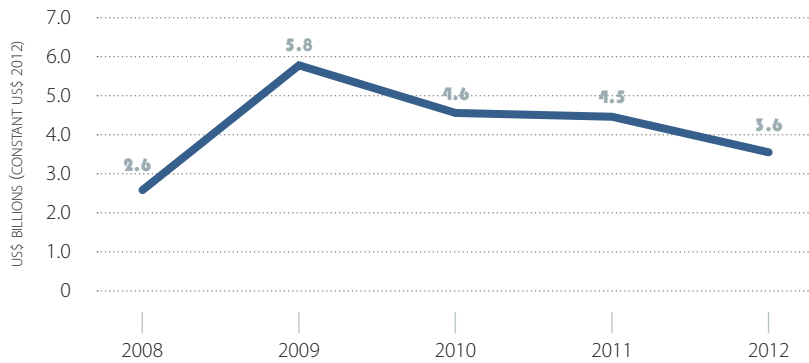
Source: OECD 2014.

Non-concessional loan commitments

Loans that are not classified as ODA (i.e. non-concessional loans and concessional loans with less than 25% grant element) comprised US\$ 3.6 billion in commitments for water and sanitation in 2012. This represents a 38% decrease in non-concessional loan commitments since 2009 (though loan amounts can vary considerably from year-to-year) (Figure 5.5). Non-concessional loans are primarily made available to the Latin America and Caribbean (46%), Southern Asia (15%), and South-eastern Asia (12%) MDG regions, and over 98% of non-concessional loan financing in 2012 was to middle income countries.

Figure 5.5

Non-concessional loan commitments to sanitation and water, 2008–2012



Non-concessional loans have exceeded US\$ 3.6 billion per year since 2009.

Source: OECD 2014.

Aid disbursements versus aid commitments in 2012

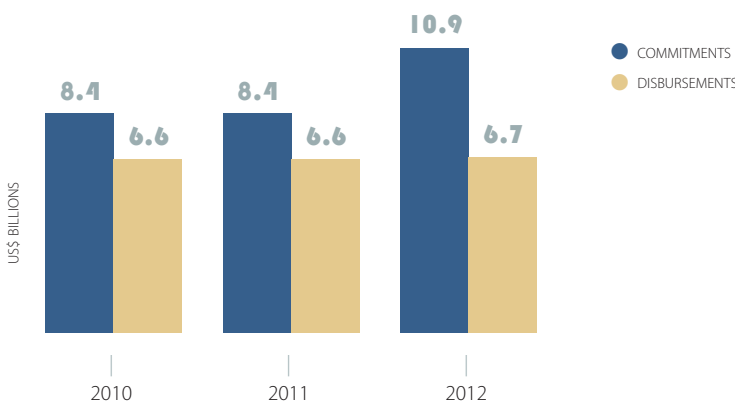
Aid disbursements were only 60% of aid commitments in 2012. While aid commitments for water and sanitation have increased rapidly, aid disbursements have remained relatively constant at US\$ 6.6 billion and US\$ 6.7 billion for 2010 and 2012, respectively (OECD, 2014). Several potential explanations for this reported lag in disbursements include:

- The majority of WASH aid is primarily spent on multi-year capital infrastructure projects, rather than recurrent expenditures, leading to multi-year disbursements for a commitment made in a particular year.
- Procedural complexities for disbursement or procurement (by either donor or recipient country) leading to late- or non- release of funds.
- Limited national institution or contractor implementation capacity to absorb committed funds.

As shown in Figure 5.6, the gap between WASH aid commitments and disbursements widened sharply in 2012. This is likely due to the large increase in commitments to water and sanitation and the lag between commitments being made and funds being disbursed. However, it will be important to monitor the ratio of commitments to disbursements and for donors to ensure that the gap narrows. Failure to reduce the gap could lead donors to utilize their scarce resources for other sectors with a consequent reduction of support for water and sanitation.

Figure 5.6

Water and sanitation aid commitments and disbursements, 2010–2012



Disbursements do not match commitments: while aid commitments for water and sanitation have increased from 2010 to 2012, aid disbursements have remained relatively constant.

Source: OECD 2014.

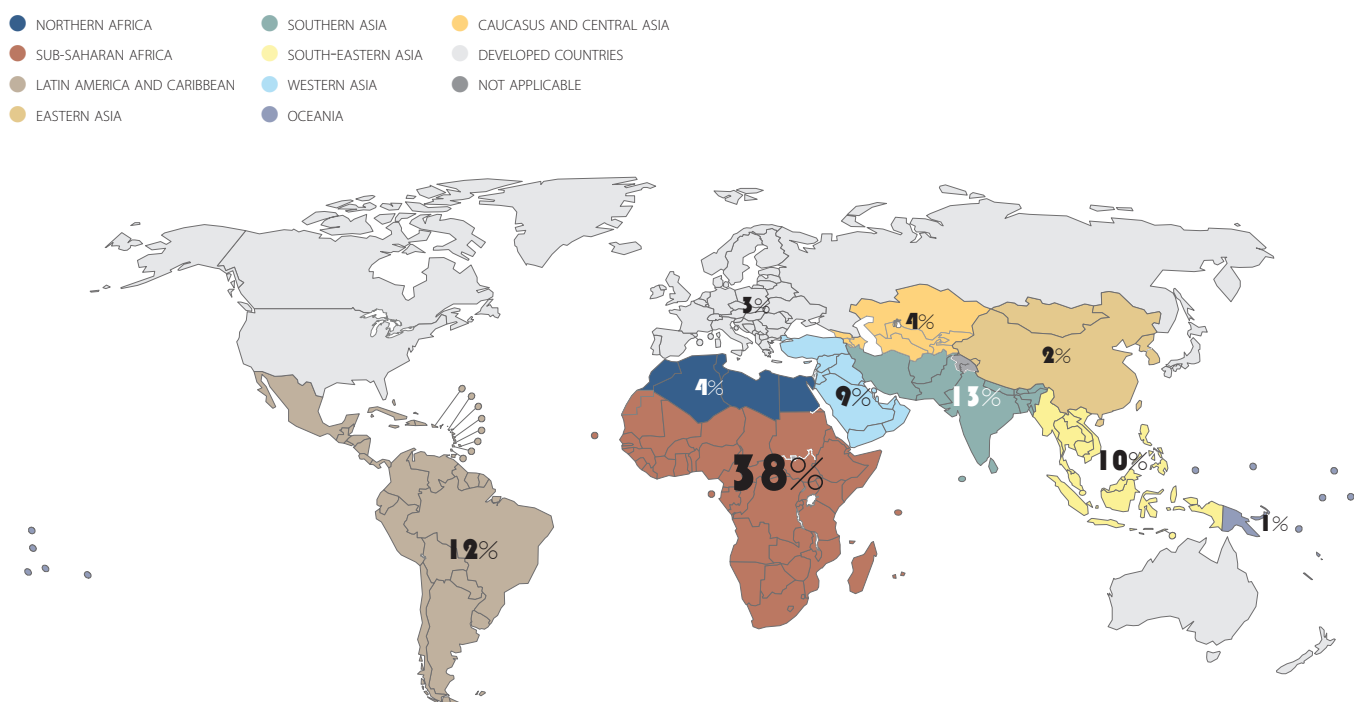
Regional targeting

Aid for water and sanitation is targeted at regions that have the largest populations without access to improved sanitation or drinking-water from an improved source. Seventy-two per cent of the world's population without access to improved sanitation or drinking-water from an improved source live in the sub-Saharan Africa, Southern Asia or South-eastern Asia MDG regions. In 2012, sub-Saharan Africa received the largest share of aid commitments for sanitation and water (nearly US\$ 4 billion) of any region, increasing from 27% to 38% of global WASH aid between 2010 and 2012.

Aid is increasingly targeted to unserved regions and areas of greatest need.

Figure 5.7

Regional breakdown of water and sanitation aid commitments, 2012



Source: OECD 2014.

Nongovernmental sources provide growing support for WASH

Corporations, non-profit organizations, and organized philanthropy contribute to WASH alongside governments and development banks. Eleven out of the 53 countries reporting financial information, included funding data from NGOs and foundations. This represented on average, more than 5% of country WASH financing¹.

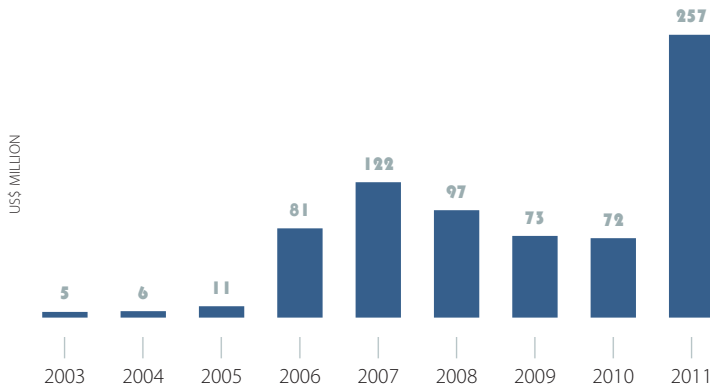
The Foundation Center reports that U.S.-based foundation support for WASH has grown from US\$ 5 million in 2003 to US\$ 257 million in 2011. The rise is mainly due to new commitments to WASH provided by the Bill and Melinda Gates Foundation². However, there are also increasing commitments from other private and corporate foundations embarking on new grant-making initiatives in the WASH sector (e.g. Howard G. Buffet Foundation, Conrad N. Hilton Foundation).

¹ Reporting of financial flow information for nongovernmental organizations is under-estimated, as many countries specifically state that information on NGO expenditure is not available.

² Major increases in WASH funding in 2006 occurred due to new commitments of US\$ 58 million by the Bill and Melinda Gates Foundation. A similar major increase occurred in 2011 when the Bill and Melinda Gates Foundation awarded US\$ 146 million in WASH funding.

Figure 5.8

Funding from U.S.-based foundations for WASH in developing countries



Source: Foundation Center, updated 2014.

Financing for drinking-water and sanitation from U.S.-based private foundations rose dramatically in 2011.

Targeting of WASH aid from the Netherlands

“The Directorate-General for International Cooperation (DGIS) in the Netherlands has developed a set of criteria to determine which countries to support under its bilateral programmes. These include poverty; need for ODA; and EU rules on division of labour so that there is limited duplication of support for a sector in an individual country. This process has led to a reduction in the number of DGIS focus countries to a total of 15 countries, with two or three sectors selected for each country. Out of these 15 countries which receive bilateral aid, DGIS supports water programmes in seven countries with WASH being a component of this support most of these seven countries.” – GLAAS 2013/2014 ESA response – the Netherlands.

Relationship between aid allocations and water and sanitation coverage

To determine the relationship between donor aid targeting and coverage, development aid (average commitments from 2010–2012 reported to OECD) per capita was compared with average coverage levels for sanitation and drinking-water for each aid recipient country. Fourteen countries (including Somalia¹) in the lowest quintile of average coverage were found to receive less than the median aid per capita amount of US\$ 3.40. If the existing level of water and sanitation coverage is an important factor for donors when selecting priority countries, it would be expected that some of these countries would receive higher ODA support for water and sanitation.

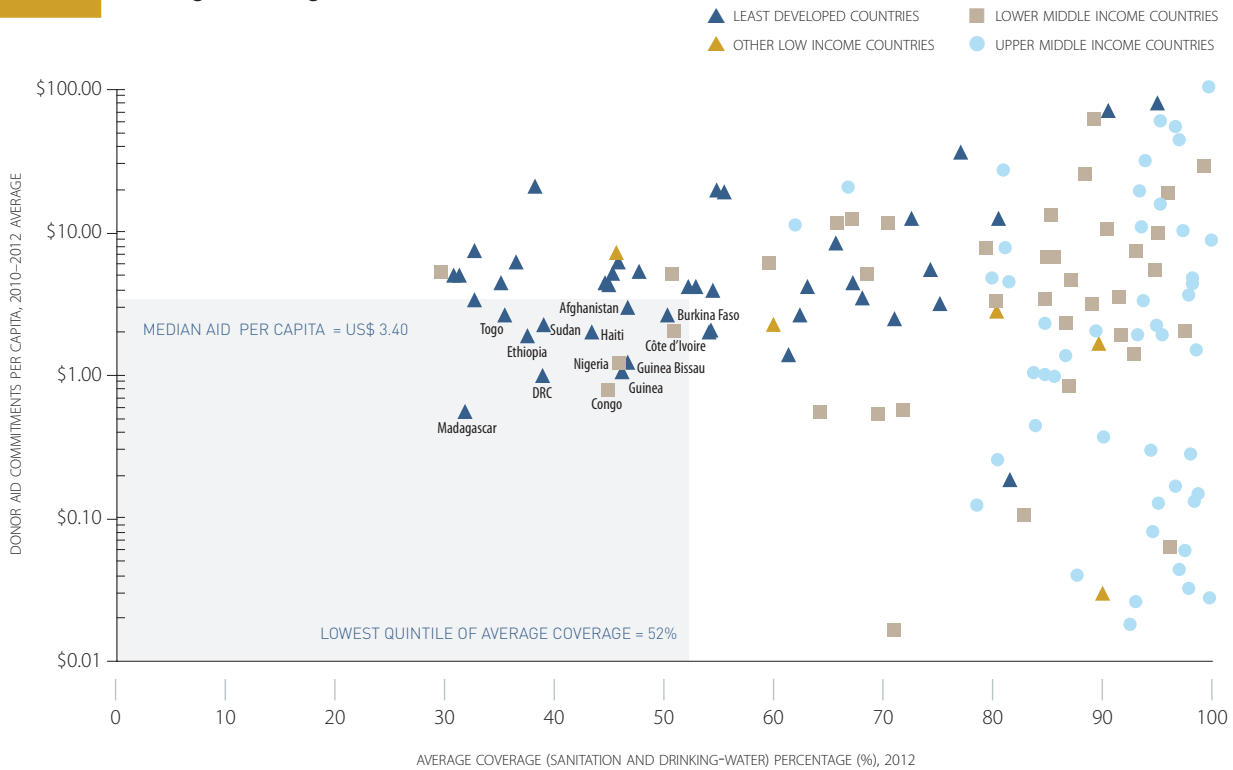
In Figure 5.9, the countries in the lower left quadrant are those with the lowest coverage (below 52%) yet these countries receive less than US\$ 3.40 per capita in aid. In fact, three countries, namely Congo, Democratic Republic of the Congo, and Madagascar receive less than US\$ 1.00 per capita in aid.

¹ Somalia lacks drinking-water and sanitation coverage data for 2012, thus is not included in the chart, but only received US\$ 0.25 per capita average ODA for 2010–2012, and had an average drinking-water and sanitation coverage of 26% in 2010.

Low coverage countries, primarily in sub-Saharan Africa, receive little aid for water and sanitation.

Figure 5.9

Donor aid (average annual commitment, 2010–2012, constant 2011 US\$) per capita versus average coverage in countries



Sources: OECD 2014, WHO/UNICEF 2014.

Aid allocation breakdowns

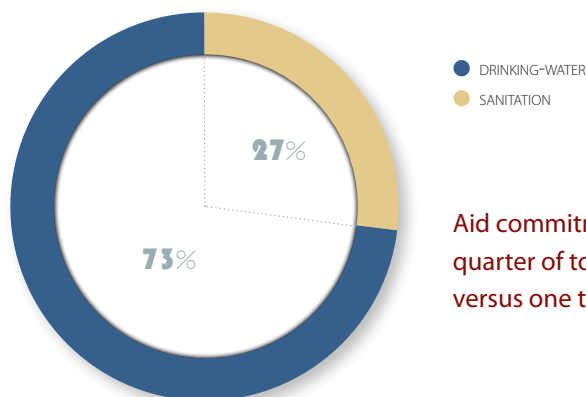
Sanitation versus drinking-water

Donor and support agencies continue to face difficulties in providing disaggregated data for water and sanitation. Some of the difficulty is due to the fact that a portion of aid for sanitation and drinking-water can be attributed to upstream activities such as governance or, advocacy. Other challenges can be due to information systems not being designed to separate commitments or disbursements to the different activity codes used by the OECD-CRS for the water and sanitation sector. Despite these initial hurdles, some donors have improved and are now able to disaggregate their aid allocation separately either to sanitation or water (Table 5.1).

Figure 5.10

Comparison of donor commitments for sanitation versus drinking-water

NOTE: US\$ 3.9 billion in 2012 aid commitments; 46% of aid is disaggregated between sanitation and water.



Aid commitments for sanitation comprised one-quarter of total water and sanitation ODA in 2012 versus one third in 2010.

Sources: GLAAS 2013/2014 survey, OECD 2014.

Table 5.1

ESA ability to report aid commitments by allocation to sanitation or drinking-water, 2012

EXTERNAL SUPPORT AGENCY	TOTAL AID COMMITMENT FOR SANITATION AND WATER, 2012 (MILLIONS US\$)	% OF 2012 WASH AID COMMITMENT ALLOCATED SEPARATELY TO EITHER SANITATION OR WATER
Japan	2140	89
Asian Development Bank Special Funds	198	89
USA	537	49
Kuwait	175	43
International Development Association (World Bank)	1813	41
Australia	167	16
Germany	1382	15
France	920	11
EU institutions	1115	9
Netherlands	464	4
Korea	187	2
African Development Fund, African Development Bank	210	0
Switzerland	169	0

Source: OECD 2014.

Basic versus large systems

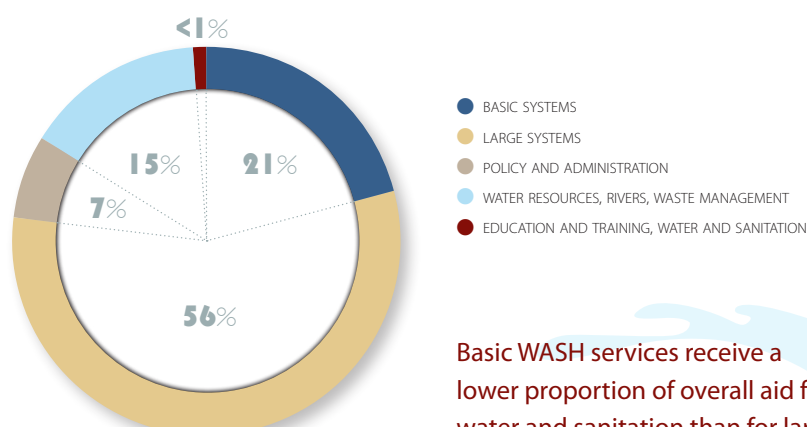
Aid commitments to basic systems, a proxy indicator for reaching unserved populations and the poor have:

- decreased from 34% to 15% of total aid to sanitation and water between 2002 and 2008;
- increased from 15% to 26% of total aid to sanitation and water between 2008 and 2010;
- decreased from 26% to 21% between 2010 and 2012.

During this same time, total aid to the sector increased considerably from US\$ 3.3 billion in 2000 to US\$ 10.9 billion in 2012.

Figure 5.11

Breakdown of sanitation and water aid commitments by purpose type, 2012

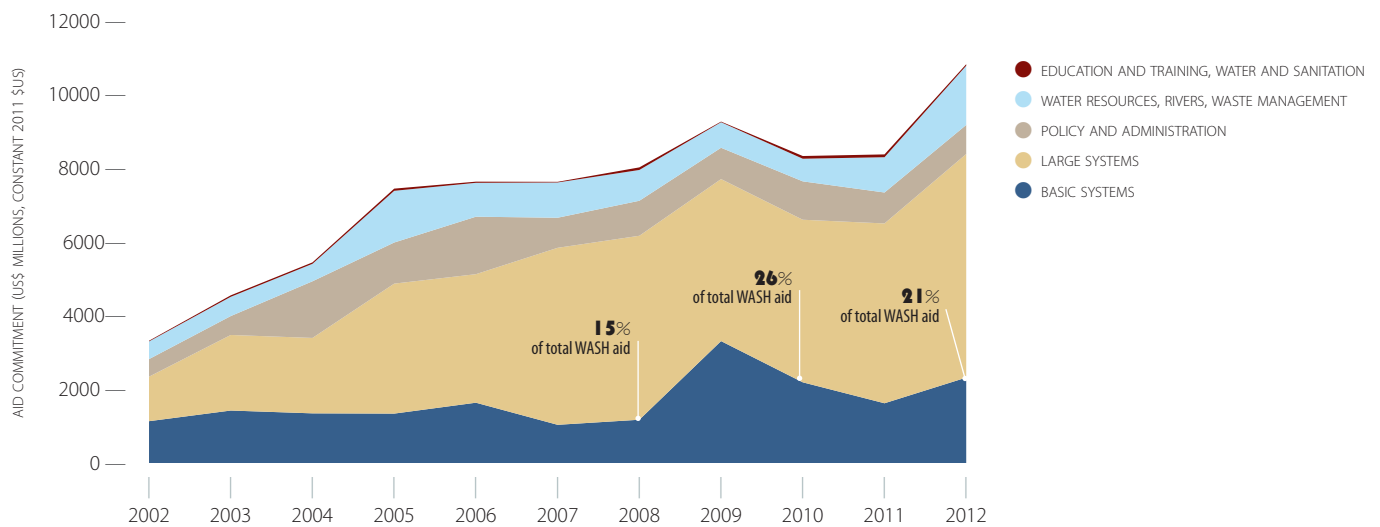


Source: OECD-CRS, 2014.

Basic WASH services receive a lower proportion of overall aid for water and sanitation than for large systems.

Figure 5.12

Breakdown of sanitation and water aid commitments by purpose type, 2002–2012



Source: OECD-CRS, 2014.

WHAT ARE BASIC SYSTEMS?¹

Basic drinking-water systems include rural water supply schemes using handpumps, spring catchments, gravity-fed systems, rainwater collection and fog harvesting, storage tanks, and small distribution systems typically with shared connections/points of use; and urban schemes using handpumps and local neighbourhood networks, including those with shared connections.

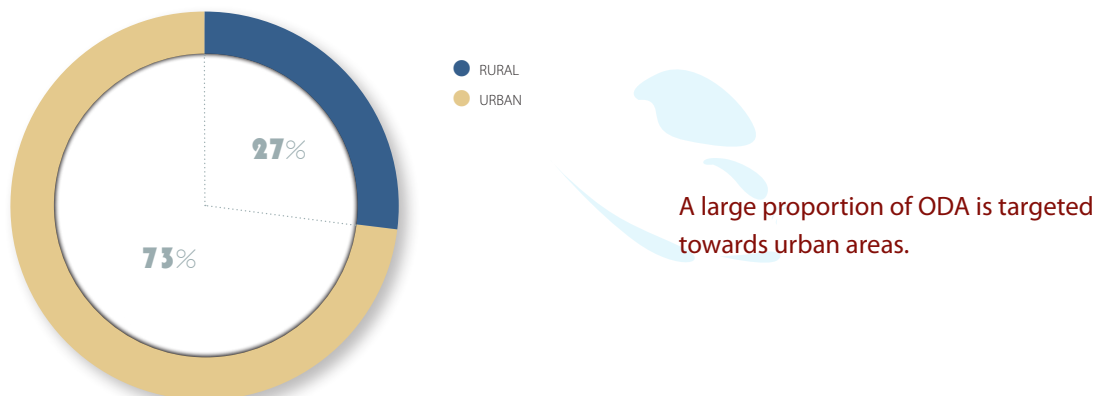
Basic sanitation systems are defined as latrines, on-site disposal and alternative sanitation systems, including the promotion of household and community investments in the construction of these facilities.

Urban and rural areas

A number of ESAs are reporting their results that disaggregates support to different population groups, for example to urban versus rural communities. This is a key monitoring and tracking issue in terms of improving access and equity to services as the majority of unserved populations live in rural areas.

Figure 5.13

Breakdown of development aid by urban/rural areas, 2012 (11 ESAs with disbursements of US\$ 2.1 billion)



Source: GLAAS 2013/2014 ESA survey.

A large proportion of ODA is targeted towards urban areas.

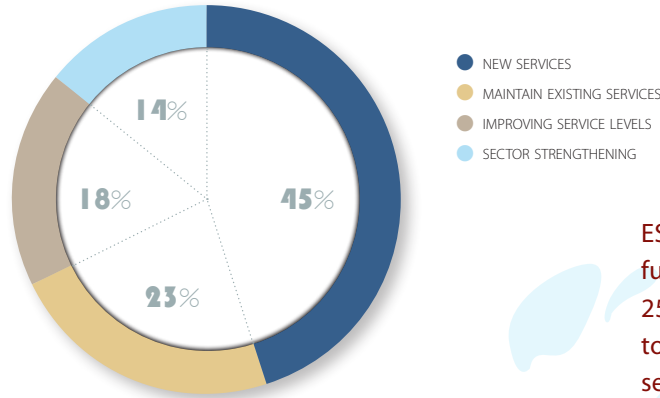
¹ Aid for basic drinking-water and sanitation systems is commonly considered as a proxy for reaching the unserved and poor.

Operation and maintenance versus new services

ESAs allocate limited funds to the recurrent budgets of sanitation and drinking-water systems; this is in contrast to other sectors, such as health or education. For example, ESAs provide aid for recurrent budgets to distribute essential medicines and vaccines in low income countries. For WASH, ESAs allocate funds predominantly to new services or improving service levels, a proxy indicator of capital infrastructure, where initial cost can often be a barrier for potential service providers and users.

Figure 5.14

Targeting of development aid in 2012 (six ESAs with disaggregated sanitation and water disbursements of US\$ 490 million)



Source: GLAAS 2013/2014 survey.

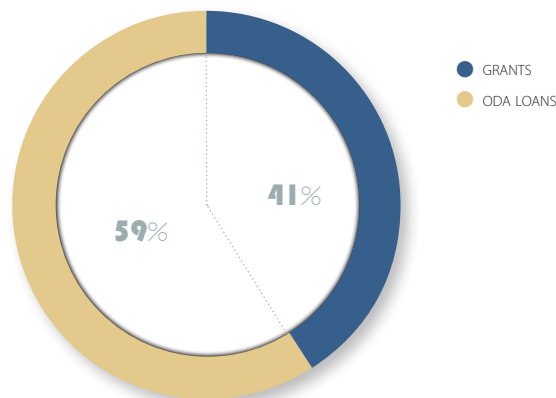
ESAs predominantly allocate funds for new services: less than 25% of WASH aid is targeted towards maintaining existing services.

Grants versus loans

Official Development Assistance (ODA) is defined as grants or concessional loans with at least a 25% grant element. The top 25 WASH aid recipients for 2010–2012 all averaged over US\$ 100 million in aid commitments per year, with an average of 75% in the form of ODA loans.

Figure 5.15

Breakdown in aid commitments to sanitation and water, grants and loans

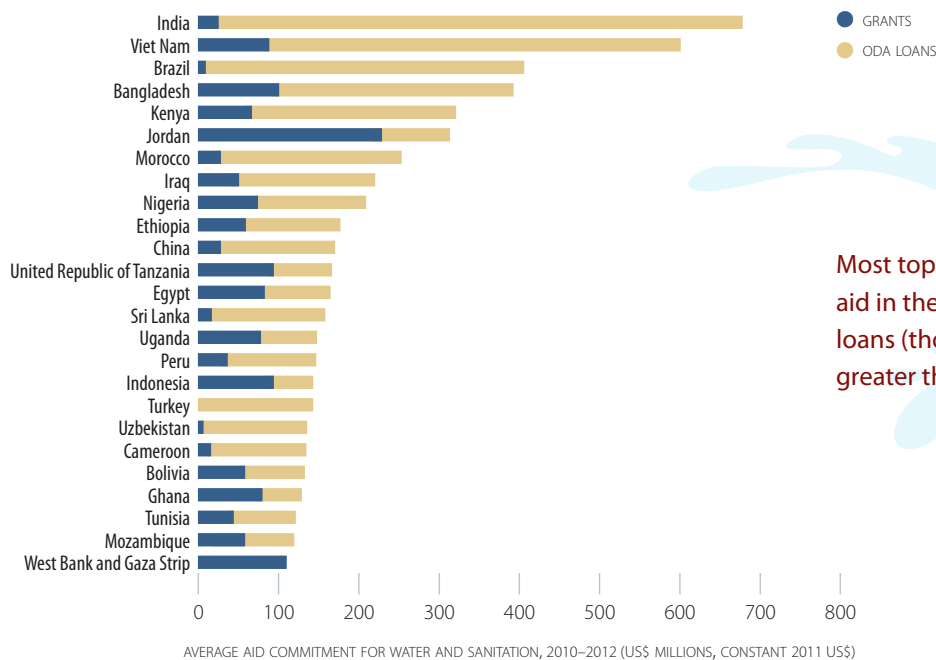


Source: OECD-CRS, 2014.

More than half of water and sanitation aid commitments are in the form of concessional loans with a grant component.

Figure 5.16

Breakdown in aid commitments to sanitation and water, grants versus ODA loans, by aid recipient, 2010–2012 annual average

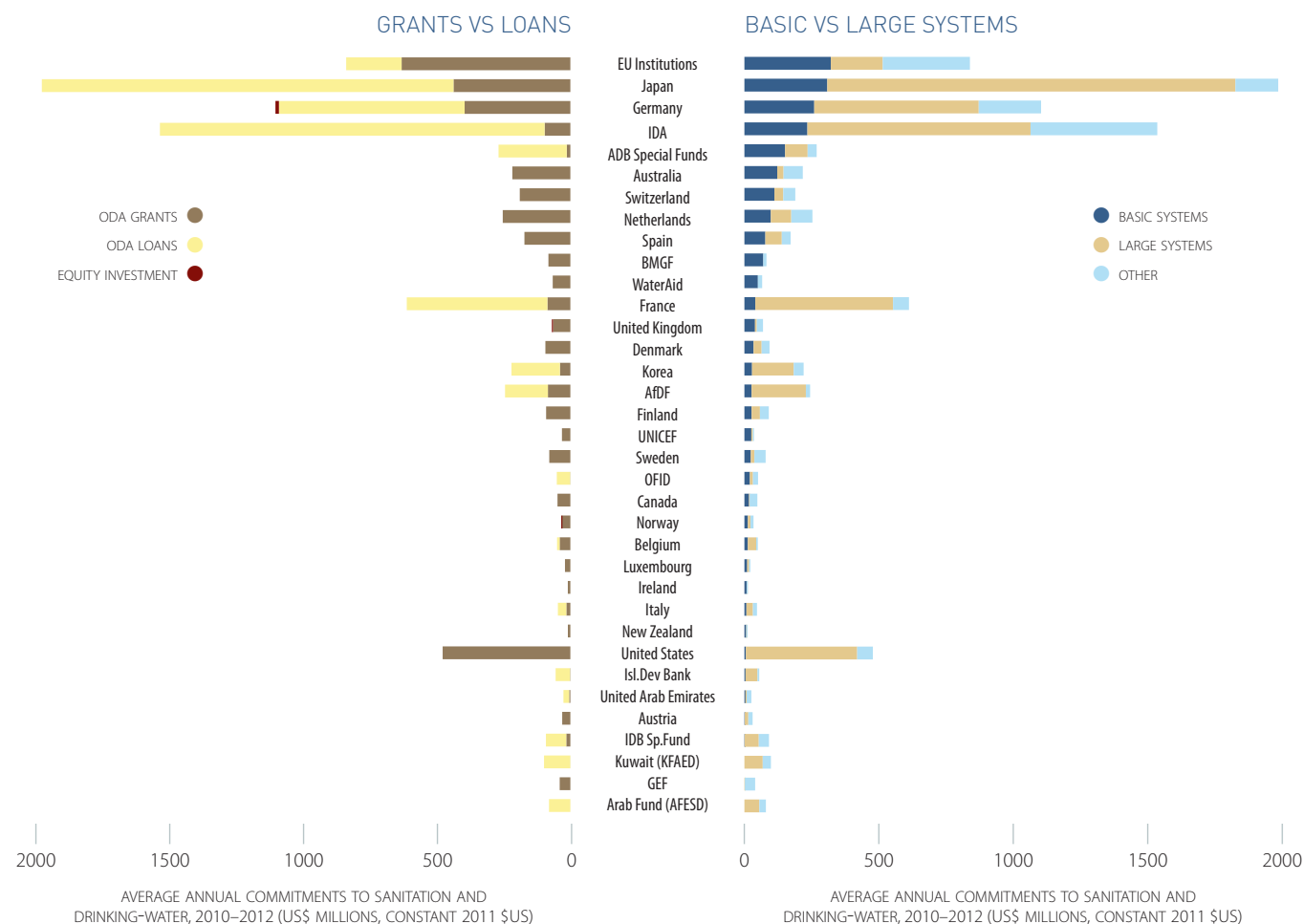


Most top WASH aid recipients receive aid in the form of concessional ODA loans (those with a grant component greater than 25%).

Source: OECD-CRS, 2014.

Figure 5.17

Breakdown in aid commitments to sanitation and water, grants and loans, basic systems and large systems, 2010–2012 annual average



AfDF, African Development Fund; AFESD, Arab Fund for Economic and Social Development; ADB, Asian Development Bank; BMGF, Bill & Melinda Gates Foundation; EU, European Union; IDA, International Development Association; World Bank; IDB, Inter-American Development Bank; OFID, OPEC Fund for International Development; OPEC, Organization of the Petroleum Exporting Countries; UNICEF, United Nations Children's Fund; USA, United States of America.

Source: OECD-CRS, 2014.

Alignment and coordination

In-country donor coordination is important to avoid duplication of effort and waste of limited resources. As part of the 2005 Paris Declaration on Aid Effectiveness¹, donors made commitments to ensure the coherence of their aid programmes by reducing the number of countries and sectors in which they operate. In 2007, EU donors made further commitments and agreed on new guidelines for the division of labour in the EU Code of Conduct on Complementarity and Division of Labour.

The GLAAS 2013/2014 ESA survey invited ESAs to report on their efforts to coordinate among themselves and to harmonize their activities with national counterparts. Table 5.2 presents recipient countries that had 15 or more donors disbursing funds (at least US\$ 100,000) for sanitation and water in 2012. Many recipient countries have coordination and harmonization platforms to guide policy decisions, allocation of available financing, and monitor progress against national priorities.

Table 5.2

Donor/organization coordination, sanitation and drinking-water (15 or more donors)

RECIPIENT COUNTRY	NUMBER ^a OF DONORS	DONORS WITH LEADING ROLES	DONORS ACTIVE IN NATIONAL COORDINATION OR HARMONIZATION PLATFORMS	OTHER DONORS THAT PROVIDED OVER US\$ 1 MILLION IN AID ^b
Ethiopia	22	Japan	AfDB, Japan, U.K., USA, WaterAid	IDA (92), Japan (22), AfDF (16), EU Institutions (12), United Kingdom (9), Finland (8), Canada (6), United States (5), Netherlands (3), Italy (3), France (2), UNICEF (1)
Ghana	15	Canada	AfDB, Canada, France, Bill and Melinda Gates Foundation, USA, WaterAid	IDA (32), Korea (15), Canada (14), France (9), AfDF (9), United States (4), Belgium (2), Netherlands (2), Austria (1), UNICEF (1), Switzerland (0), EU Institutions (0), Germany (0), AfDB (0), Denmark (0)
Kenya	21	Germany, Netherlands, Sweden	AfDB, EC, France, Bill and Melinda Gates Foundation, Germany, Japan, Netherlands, Sweden, USA, WaterAid	France (38), IDA (32), Japan (32), AfDF (21), Sweden (15), Germany (11), EU Institutions (9), Netherlands (7), United States (2)
Mozambique	17	Netherlands, Switzerland	AfDB, Australia, Canada, Netherlands, Switzerland, U.K., WaterAid	United States (60), EU Institutions (22), IDA (14), France (14), Netherlands (12), Australia (8), United Kingdom (7), Canada (3), AfDF (2), UNICEF (1), Switzerland (1), Italy (1)
Pakistan	15	—	U.K., WaterAid	Japan (47), IDA (7), France (7), Germany (4), OFID (2), Switzerland (2), Korea (2), EU Institutions (2), Norway (1), United Arab Emirates (1), Netherlands (1)
Senegal	15	France	AfDB, France, Bill and Melinda Gates Foundation, Japan, USA, WaterAid	IDA (15), AfDF (12), EU Institutions (7), Japan (5), United States (5), BADEA (5), Belgium (4), France (3), Luxembourg (3), Germany (1), Korea (1)
United Republic of Tanzania	19	Germany	AfDB, EC, France, Germany, U.K., WaterAid	IDA (65), EU Institutions (26), Germany (25), United Kingdom (22), France (21), United States (17), Korea (14), AfDF (5), Japan (5), Switzerland (4), Norway (1), Belgium (1), BADEA (1), OFID (1)
Viet Nam	17	Australia	Australia, Denmark, U.K.	IDA (168), Japan (114), Australia (19), ADB Special Funds (19), Germany (16), Korea (7), Belgium (7), Denmark (7), France (5), Norway (5), United Kingdom (5), Finland (2), Italy (1)

AfDB, African Development Bank; AfDF, African Development Fund, African Development Bank; ADB, Asian Development Bank; EC, European Commission; IDA, International Development Association, World Bank; IFRC, International Federation of Red Cross and Red Crescent Societies; OFID, OPEC Fund for International Development; OPEC, Organization of the Petroleum Exporting Countries; UNDP, United Nations Development Programme.

^a Donors providing US\$ 100 000 or more of aid.

^b Number in parentheses is the amount of disbursement in 2012 in US\$ millions.

Donor coordination and harmonization are essential, especially in those countries where a large number of donors provide support.

¹ Endorsed on 2 March 2005, the Paris Declaration on Aid Effectiveness was an international agreement to which over 100 ministers, heads of agencies and other senior officials adhered and by which they committed their countries and organizations to continue to increase efforts in harmonization, alignment and managing aid for results with a set of monitorable actions and indicators. Paris Declaration and Accra Agenda for Action: <http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm>

Ghana leadership in aligning ESAs behind government processes with key support from Canada

Through its support for the “Northern Region Small Towns Water and Sanitation (NORST)” project, Canada’s Department of Foreign Affairs, Trade, and Development (DFATD) has broken new ground in its use of government systems for funds transfer, financial tracking and auditing. The project’s use of the Single Account System of the Government of Ghana’s Treasury for funds transfer and tracking, and the Ghana Audit Service¹ to audit use of NORST funds by districts and other stakeholders, has proven very successful. In particular, NORST’s reliance on the Government of Ghana’s Treasury Single Account System for disbursement of funds to beneficiary institutions and district assemblies aligns with Ghana’s decentralization processes, as well as its public financial management reform frameworks. Canada also leads in government coordination efforts – In 2012, Canada led the first phase of a joint comprehensive risk assessment (CRA) of Ghana’s water and sanitation sector. The findings of this assessment (phase 2 is ongoing) will provide useful information to help donors select a funding modality for their support to Ghana’s water and sanitation sector plan. (Source: GLAAS 2013/2014 survey).

Targets

ESAs are accountable to their parliaments or governing bodies – 15 of the 23 ESAs responding to the GLAAS 2013/2014 survey, confirmed that they reported annually to a parliament or governing body. Continuing budget constraints, tax code requirements and competing priorities in budgeting motivate ESAs to report not only on the financial resources they commit or disburse, but also on the impact that these have on helping countries to meet the MDG targets or stimulate growth and human development. Many donors have established specific targets for their WASH programmes. Twelve of the 23 ESAs report some form of multi-year target which may include spending levels for country or sector aid, or the number of people that will gain new or improved access to drinking-water and/or sanitation services, as a result of external agency resources or technical support. Table 5.3 summarizes targets from 12 ESAs that aim to reach (in aggregate) an equivalent of 100 million people with new access to drinking-water and 125 million to sanitation in 2015. Some WASH aid policy targets and initiatives are expected to continue post-2015, e.g. targets for the Water Financing Program of the Asian Development Bank are expected to last until 2020.

WASH development aid from 12 major ESAs will help nearly 100 million people gain access to drinking-water and over 125 million people to sanitation facilities in 2015.

Table 5.3

ESA targets and time frames

EXTERNAL SUPPORT AGENCY	POPULATION WITH INCREASED SERVICES (DRINKING-WATER)	POPULATION WITH INCREASED SERVICES (SANITATIONNG ROLES)-	FUNDING TARGETS	TIME FRAME
African Development Bank	155 million	226 million		2008–2015 (Rural Water Supply and Sanitation Initiative)
Asian Development Bank	500 million		Sanitation investments to increase at least 25% of total WASH lending	2011–2020 (Water Financing Program)
Australia	8.5 million	5 million		2012–2013
Bill and Melinda Gates Foundation	—	—	US\$ 80 million	2010–2015 (annual)
France	1.5 million per year	1 million per year		Annual targets
International Federation of Red Cross and Red Crescent Societies	11 million	5 million		2005–2015 (and to continue to 2025)
Netherlands	25 million	25 million		2010–2015 (sanitation) 2010–2018 (drinking-water)
Sweden	—	—	SEK 410 million	2014–2016 (annual)
Switzerland	—	—	CHF 150 million	2014–2016 (annual)
United Kingdom	60 million first time access to water, sanitation and/or hygiene			end-2015
USA	10 million (first-time access)	6 million (first-time access)		2013–2018
World Bank (WSP)	—	50 million		2011–2015

Source: GLAAS 2013/2014 ESA survey.

¹ Ghana Audit Service website: www.ghaudit.org/gas/site/

Annexes

Annex A

Methodology

A.1 Introduction

GLAAS findings summarize data collected from **94 countries and 23 external support agency surveys** with data gathered from a number of existing sources. These include: global data on sanitation and drinking-water coverage¹, external support agency aid flows², economic and development indicators³, health indicator data⁴, and data from sector assessments. The report is accompanied by GLAAS ESA Highlights and Country Highlights⁵. The ESA Highlights provide individual external support agency WASH aid information on, for example, their targets, priorities, as well as commitment and disbursements. The GLAAS Country Highlights provide summarized information by country on governance, monitoring, human resources, financing and equity. Country consultation in close collaboration with GLAAS national focal points on individual GLAAS results is underway for the 94 surveyed countries. Finalized GLAAS Country Highlights are available on the GLAAS website⁵.

A.2 Country and external support agency involvement

The first GLAAS report was published in 2010: *UN-Water Global Annual Assessment of Sanitation and Drinking-water: Targeting resources for better results*⁶ covering 42 countries and 27 external support agencies. The GLAAS 2012 report focused on the challenge of extending and sustaining services and presented findings from 74 countries and 24 external support agencies. The 2014 GLAAS report: *Investing in Water and Sanitation: Increasing Access, Reducing Inequalities* presents findings for 94 countries covering all MDG regions and 23 external support agencies, representing over 90% of official development assistance for sanitation and drinking-water. Table A.1 provides a summary of country participants in the GLAAS 2013/2014 country survey by MDG region.

Table
A.1

Summary of countries participating in the GLAAS 2013/2014 country survey by MDG region (94 respondent countries)

MDG REGION	COUNTRIES PARTICIPATING IN GLAAS 2013/2014 COUNTRY SURVEY	PROPORTION (%) OF POPULATION REPRESENTED IN THE REGION
Caucasus and Central Asia	Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan	54.2
Developed region	Belarus, Estonia, Lithuania, Republic of Moldova, TFYR Macedonia, Serbia, Ukraine	5.9
Eastern Asia	Mongolia	<1%
Latin America and the Caribbean	Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Honduras, Haiti, Mexico, Panama, Peru, Paraguay, El Salvador, Uruguay	87.1
Northern Africa	Morocco, Tunisia	25.6
Oceania	Cook Islands, Fiji, Tonga, Vanuatu	12.1
South-eastern Asia	Indonesia, Cambodia, Lao People's Democratic Republic, Myanmar, Philippines, Thailand, Timor-Leste, Viet Nam	94.3
Southern Asia	Afghanistan, Bangladesh, Bhutan, India*, Iran (Islamic Republic of), Sri Lanka, Maldives, Nepal, Pakistan	77.3
Sub-Saharan Africa	Angola, Burundi, Benin, Burkina Faso, Botswana, Central African Republic, Côte d'Ivoire, Cameroon, Democratic Republic of the Congo, Congo, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Gambia, Guinea-Bissau, Kenya, Liberia, Lesotho, Madagascar, Mali, Mozambique, Mauritania, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Chad, Togo, United Republic of Tanzania, Uganda, South Africa, Zimbabwe	94.6
Western Asia	Jordan, Lebanon, Oman, West Bank and Gaza Strip, Yemen	19.9

* Results for India represent rural areas only.

¹ WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation.

² Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System.

³ World Development Indicators, World Bank.

⁴ World Health Statistics, WHO.

⁵ GLAAS website: http://www.who.int/water_sanitation_health/glaas/en/

⁶ WHO (2010) GLAAS 2010 UN-Water Global Annual Assessment of Sanitation and Drinking-water: Targeting resources for better results. Geneva, World Health Organization. Available at: http://www.who.int/water_sanitation_health/publications/9789241599351/en/

A.3 Country survey process

National governments expressed their interest in participating in the GLAAS biennial assessment or were invited to participate by the respective WHO Regional Office, WHO Country Office or regional partner such as Water and Sanitation for Africa (WSA). Participation in the country survey was voluntary and involved data collection (supported in most cases by multi-stakeholder review workshops¹) data validation and the subsequent review of the draft GLAAS results in the survey and country highlights. The GLAAS 2013/2014 country survey results were submitted between October 2013 and January 2014 for a majority of countries. Some additional country surveys were submitted after the deadline.

A.4 Partnerships and country consultation

A key component of the global assessment process is the need to build partnerships across all relevant global, regional and national stakeholders in sanitation and drinking-water monitoring in order to improve the quality of the information reported in GLAAS and to reduce the reporting burden on national governments. A special report with preliminary findings was presented at the Sanitation and Water for All (SWA) High-Level Meeting in April 2014².

A.5 GLAAS 2014 country survey revisions

Following an extensive evaluation of the GLAAS 2011–2012 data collection process by countries and experts, a revised GLAAS 2013–2014 questionnaire was developed with the aim of consolidating and simplifying the structure. The new questionnaire used includes 35 main questions divided into four sections: A) governance, B) monitoring, C) human resources and D) finance³. Each of the main questions are divided into sub-questions which request disaggregated information (e.g. water/sanitation/hygiene; urban/rural; population groups). Answer scales have been adjusted according to individual questions with responses varying from yes/no options to a five point scale. Additionally, respondents were requested to provide references and to share concrete examples throughout the questionnaire. All revisions to the country questionnaire aimed to ensure more precise responses and to increase data quality. The GLAAS 2013/2014 questionnaire is available online in seven languages⁴.

A.6 Data quality and validation

A. Country data collection process and feedback forms

Countries were requested to report on the processes that they used to collect data and validate responses through a standardized form (Table A.2). These forms were received from 46 out of 94 reporting countries.

The aggregated results for the 46 countries (Figure A.1), indicate that most countries had government led or coordinated processes with at least two ministries involved. Over 80% of respondents held a multi-stakeholder review with all government partners to validate GLAAS responses. Obtaining references or evidenced-based responses appears to be a challenge, however, with just over half of countries providing government documents or referenced material as evidence for a majority of responses. Overall feedback on the process was provided by 51 countries. This information will contribute to continued improvement of GLAAS.

B. Data quality review

Following submission, all 94 GLAAS surveys were reviewed for internal consistency, completeness and data entry errors. A summary of country-specific data quality issues was sent to the respective WHO Regional and WHO country focal points, including Water and Sanitation for Africa (WSA) focal points for clarification and/or follow-up. In many cases, several iterations of question/comment/review were required to ensure questions had been sufficiently addressed. Throughout the data quality review process, the GLAAS database and preliminary analysis were updated accordingly.

¹ It was recognized that the data required to fill out the questionnaire might not be available within one department. Countries responding to GLAAS were requested to identify a nodal department and a national focal person within that department whose role would be to coordinate data collection, compile responses to the questionnaire and lead on the process of data validation.

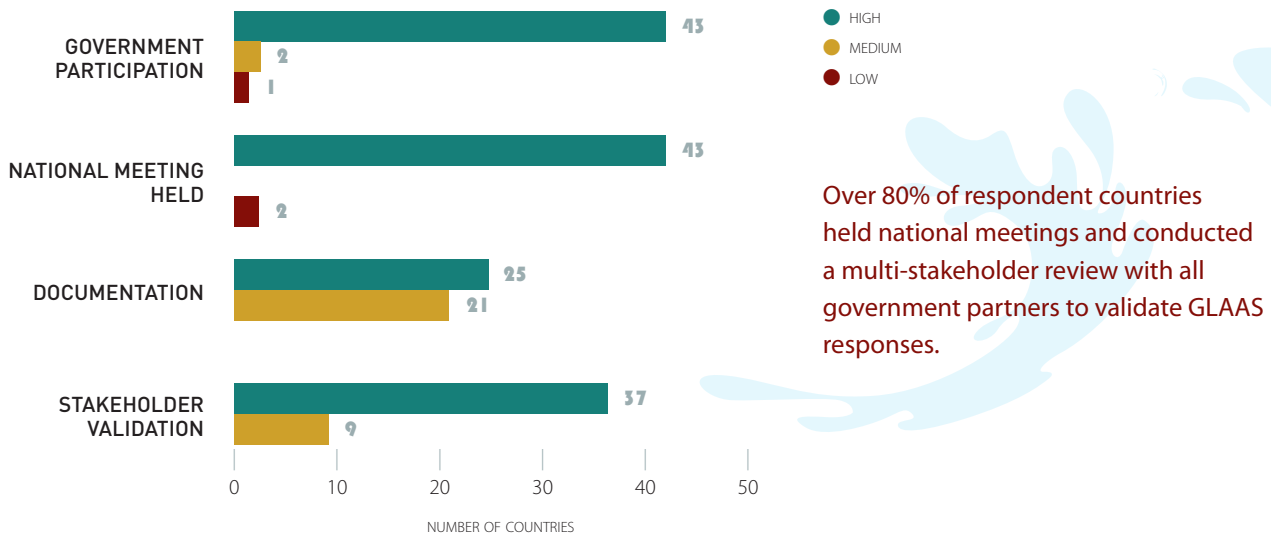
² WHO (2014) Investing in water and sanitation: Increasing access, reducing inequalities. Special report for the Sanitation and Water for All (SWA) High-Level Meeting (HLM) 2014. Link to report: http://www.who.int/water_sanitation_health/glaas/2013/14063_SWA_GLAAS_Highlights.pdf?ua=1

³ A) governance (13 questions), B) monitoring (8 questions), C) human resources (3 questions), and D) finance (11 questions).

⁴ Link to GLAAS 2013/2014 questionnaire tool: http://www.who.int/water_sanitation_health/glaas/glaas_report_2014/en/

Figure A.1

Summary of responses to the GLAAS data collection process forms



Source: GLAAS data collection process forms (46 respondent countries).

C. Country highlights review and internal validation

Individual country highlights, based on GLAAS 2013/2014 country survey responses are in preparation for all 94 countries. The country highlights, generated using a semi-automated template, represent responses to approximately 70% of the GLAAS country survey questionnaire. Draft country highlights were sent to countries for review, data quality checks, validation and adoption. Globally, this process further strengthened the data quality assurance and provided an internal validation mechanism for the GLAAS responses.

D. External key informant validation

In addition to data quality and internal validation checks, an external validation with key informants was undertaken. Key informants were considered eligible for participation if they had strong knowledge and experience of the WASH sector in the respective country and had **NOT** participated in the GLAAS 2013–2014 process.

The key informant questionnaire included five questions about the WASH sector in the selected country. Questions concerned national policies and plans, national sector assessments, coordination mechanisms, human resource strategies and financing plans/budget in WASH. A total of 27 key informant questionnaires were sent to external validators. Seventeen key informant questionnaires were returned with responses from all WHO regions¹. Results from the key informant analysis indicate a high level of consistency with country responses (>75%) for questions related to the approval of national policies in rural sanitation, the existence of WASH coordination mechanisms and the presence of financing plans/budgets for WASH. Two areas of inconsistency, however, were detected in the key informant analysis:

- First, there was discrepancy (approximately 50%) between key informant analysis and country responses with respect to the existence of a human resource strategy in the drinking-water sector. It should be noted, however, that it is not evident whether these inconsistencies would result in an over-reporting (or under-reporting) of human resource strategies in the final findings.
- Second, in the GLAAS survey, countries were asked to report the date of the latest national assessment (e.g. Joint Sector Review) in drinking-water, sanitation and hygiene. GLAAS findings indicated a difference in interpretation of 'national assessment' by countries². This range of interpretation of national assessment was evident in the key informant analysis with less than 40% agreement between key informant and country responses – there is a clear need for further clarification of the definition of national assessment in the next GLAAS country survey questionnaire.

¹ Africa Region (4), Latin America and Caribbean Region (3), Eastern Mediterranean Region (2), European Region (2), South Eastern Asian Region (3), Western Pacific Region (2).

² Examples ranged from comprehensive joint sector reviews, through to national assessments, GLAAS multi-stakeholder dialogues, WASHBATS, Sustainability Checks, situational analysis, plans and reports for the sector and household surveys.

A.7 External support agencies

WHO invited bilateral and multilateral agencies, private foundations and other NGOs that provide water and sanitation development aid, research, or other support to participate in the GLAAS 2013/2014 external support agency (ESA) survey. Twenty-three ESAs voluntarily responded to the survey.¹ Initial participation included structured key informant interviews with external support agency contacts during Stockholm Water Week in September 2013. An external support agency survey questionnaire² covering aid policy, prioritization, aid flows, alignment and harmonisation was then distributed to participating ESAs. Together these ESAs represent 94% of bilateral and 91% of multilateral ODA for water and sanitation, based on the OECD's Creditor Reporting System (OECD-CRS) data for commitments to water and sanitation for 2012.

Completed ESA surveys were received between December 2013 and January 2014 and validated with respondents during the development of individual ESA highlights which were produced for the Sanitation and Water for All High-Level Meeting in April 2014. GLAAS ESA survey information concerning aid flows was also augmented with available data on aid flows in OECD's CRS database.

¹ African Development Bank, Asian Development Bank, Australia, Bill and Melinda Gates Foundation, BRAC, Canada, Denmark, European Commission, France, Germany, International Development Bank, International Federation of Red Cross and Red Crescent Societies, Japan, Netherlands, Portugal, Sweden, Switzerland, UNDP, UNICEF, United Kingdom, United States, WaterAid, and World Bank.

² More information available at: http://www.who.int/water_sanitation_health/glaas/en/

What is The TrackFin initiative?

Effective financing for drinking-water, sanitation and hygiene (WASH) is essential to deliver and sustain services. The UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) results indicate that there are substantial gaps in our understanding and tracking of financing to the WASH sector. Financial reporting is often insufficient to make sound and evidence-based planning and budgeting decisions.

To help address this issue, WHO is leading the "TrackFin" initiative under the UN-Water GLAAS umbrella. Its objectives are to define and test a globally accepted methodology to track financing to WASH at national level. This methodology enables countries to track financing to the sector based on standard classifications and develop a set of WASH-Accounts and indicators presented in a comparable format to help answer four basic questions:

- What is the total expenditure in the sector ?
- How are the funds distributed between the different WASH services and expenditure types, such as capital expenditure, operating and maintenance expenditure and cost of capital?
- Who pays for WASH services?
- Which entities are the main channels of funding for WASH and what is their share of total spending?

Expected benefits from this initiative include strengthening national systems for the collection and analysis of financial information for WASH sector policy-making and programming, and improving our understanding of how financial resources for WASH are allocated both at national and at global levels. TrackFin is being developed in collaboration with leading country sector institutions, national statistics offices, finance departments and international entities (such as the UN Department of Statistics, the OECD and the World Bank) and with support of a Technical Advisory Group constituted of sector and finance experts. Building on the experience of the health sector, WHO developed a guidance document¹ aimed at institutions involved in monitoring and financing the WASH sector at national level. The approach has been applied in three pilot countries, including Brazil, Ghana and Morocco. A detailed report on the results of this pilot phase will be available in the fourth quarter of 2014 along with an updated version of the TrackFin guidance document, which will help other interested countries prepare WASH Accounts and indicators.

Main findings from the pilot phase

In all three pilot countries, national institutions have a very strong interest in tracking financing to the sector. For example, Ghana committed to reinforce monitoring of finance to the sector at the 2014 SWA High Level Meeting. The methodology provided by the TrackFin initiative has provided all three countries with a framework for doing so and reporting the figures in a comparable format.

Information on WASH sector financing exists but it is fragmented across the WASH sector and involves many actors. Significant effort is needed to compile what is available. The first step in implementing TrackFin is to map out WASH sector financing actors and sources of data, in order to draw a comprehensive analysis of who is financing the sector and through which channels.

When data are not available, initial estimates can be formulated to overcome gaps in order to form an overall vision of sector financing and identify ways to improve data collection in future phases. For example, household expenditure on self-provided water supply and on-site sanitation is usually not recorded anywhere. Preliminary estimates have been formulated based on national household survey data combined with estimates of investment costs in on-site sanitation facilities. One critical issue is that existing household surveys usually track operating expenditure on water and sanitation (on tariffs or maintenance costs) but do not record households' investments in self-supply facilities.

¹ More information: http://www.who.int/water_sanitation_health/glaas/trackfin/en/

Initial results from pilot studies demonstrate that the methodology is applicable and does not require major modifications. Some aspects need to be further developed based on the three pilot experiences, notably on methods to estimate households' expenditure on self-supply, to estimate repayable finance, and classify costs.

Initial results in Brazil, Ghana and Morocco¹

Key results presented below show examples of the type of information that were generated based on the TrackFin methodology. All three countries were able to gather comprehensive data on WASH financing, although data availability varied significantly from country to country, as shown on the table below.

Table B.1 Data availability by financing sources in the three pilot countries

● DATA AVAILABLE
● DATA PARTLY AVAILABLE + ESTIMATES
● ESTIMATES
● NO DATA COLLECTED

FINANCING SOURCES	AVAILABILITY OF DATA	COMMENTS ON DATA AVAILABILITY
Tariffs for services provided	● ● ●	Tariff data is generally available from service providers, except for those operating in the non-formal sector or at a highly decentralised level.
Households' expenditures for self-supply	● ● ●	Estimates originating from household surveys based on household spending. Level of disaggregation varies between surveys.
Domestic public transfers (central government)	● ● ●	Data on actual expenditures can be collected but in some cases, public institutions only provided budgeted amounts and not actual expenditures.
Domestic public transfers (local governments/authorities)	● ● ●	Public transfers from decentralized institutions are often difficult to obtain and need to be estimated based on budget transfers from central Government except in Brazil where data is centralized through the national information system (SNIS) but data is not disaggregated by type of service.
International public transfers (grants from public donors or multilaterals)	● ● ●	Data on international public transfers is available from central Government but some direct funding is not captured (studies/research/assistance) and data is not sufficiently disaggregated (i.e. water/sanitation, urban/rural...). Direct flows to subnational institutions are often not captured.
Voluntary contributions transfers (NGOs)	● ● ●	No data was obtained from NGOs in all three countries. NGO funding to the sector in Morocco and Brazil is considered to be marginal, however.
Repayable financing (loans)	● ● ●	Data comes from several sources: Ministry of finance, service providers, lenders and donors but requires cross checking. Data is often not sufficiently disaggregated (i.e. water/sanitation, urban/rural...)

What is the total expenditure in the WASH sector?

The TrackFin methodology allows estimating total expenditure in the WASH sector. In this first iteration, it was not possible to include expenditure for all sub-sectors (in particular, expenditure on hygiene is typically missing) and from all actors (data from decentralized governments and NGOs is commonly difficult to obtain). However, it was possible to generate an overall estimate of total expenditure in the WASH sector and track it over 2 to 3 years (depending on countries). As an example, the table below shows figures collected for one year across the 3 countries.

Table B.2 Example overall spending to WASH in similar years

	BRAZIL (2012)	MOROCCO (2011)	GHANA (2012)
Total expenditure to WASH (Mio US\$)	26,534	2,219	521
Total expenditure to WASH per capita (US\$ per capita)	135	69	21
Total expenditure to WASH as a % of GDP	1.2%	2.3%	1.3%
Total expenditure to health as a % of GDP ^a	9.3%	6.3%	5.2%

^a Global Health Expenditure Database, (WHO) 2014.

¹ Estimates provided here are preliminary. The purpose of presenting these figures is only to show the type of information that can be generated. These figures have not yet been validated by country authorities and should not be used as official estimates.

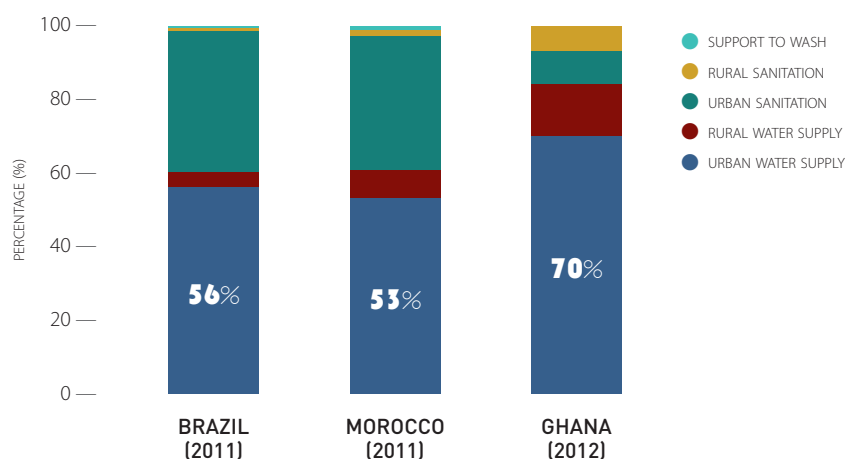
The collection of trend data over three years (Morocco: 2009 to 2011, Brazil and Ghana: 2010 to 2012) give a basis to track sector expenditure over time. In Brazil, for example, total sector spending has been increasing in recent years, from an estimated US\$ 24,829 million in 2010 to US\$ 26,911 million in 2012. Public spending is still much below what would need to be spent in line with government's objectives, however. Compared to GDP, total spending on the WASH sector has remained stable, however, and amounted to 1.22% per year on average in the period 2010–2012, compared with approximately 9.3% in the health sector, according to data from the global health expenditure database.

How are the funds distributed to the different WASH services and expenditure types?

WASH-Accounts can estimate the distribution of WASH expenditure between sub-sectors, urban and rural areas and types of service providers. Figure B1 shows that the water sector receives the largest share of WASH sector financing, with 83% of the expenditures for drinking-water in Ghana, 59% in Brazil and 61% in Morocco.

Most funding is directed to the urban sector, including 85% in Ghana, 95% in Brazil and 89% in Morocco. Expenditure for urban areas for both water and sanitation has been increasing during the period of study and has decreased or remained stable for rural areas.

Figure B.1 WASH expenditures by sub-sectors



WASH-Accounts enable estimating how much has been spent on investments versus on operations and maintenance expenditure, by sub-sector. In Morocco, operations expenditure is two times higher than capital investments. This partly reflects the fact that the sector has seen major investments in recent years. These have now slowed down (as full water coverage has been achieved in urban areas and has reached 92% in rural areas) and the share of operating expenditure is now growing. By contrast, in the sanitation sub-sector, capital investments are higher than operations expenditure, which shows that this sector is still expanding (in Morocco, urban sanitation coverage stood at almost 90% in 2012). A similar pattern can be observed in Brazil, where only 35% of sector spending goes to investments.

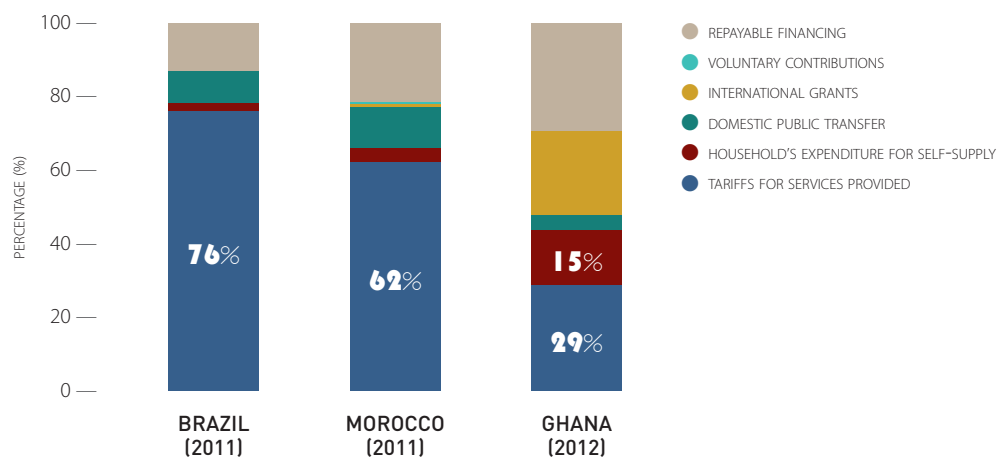
Who pays for WASH services ?

WASH Accounts disaggregate financial flows in the sector by financing sources and financing units (i.e. the entities that are channeling financing to the sector). Figure 2 indicates that service users (households, government institutions, industries...) are the main contributors of funding to the sector in Brazil and Morocco, through the tariffs they pay for services provided and expenditure for self-supply. In Morocco, tariffs represent 64% of total sector financing and more than 75% in Brazil. Users' contributions for self-supply represent 4% of the funding in Morocco. In Brazil they represent an estimated 2% of the funding.

In Brazil and Morocco, the sector has become less dependent on domestic and international public transfers (i.e. grants). In Brazil, the sector does not receive voluntary contributions or international public grants at Federal level. Public domestic grants only represent 9% of the funding. In Morocco, voluntary contributions and international public grant only accounted for 2% of the spending and domestic public grants for 11%. In both countries, the WASH sector relies on repayable finance to cover

Figure B.2

Funding per type of financing source



the financing gap, which represents 22% of the funding in Morocco and 13% in Brazil, where repayable financing comes from national development banks instead of external donors. By contrast, in Ghana users' expenditure represent 44% of total funding (including 15% of household self-expenditure which likely to be an under-estimate) while international grants represent 22% and repayable financing represent 29%.

Which entities are the main channels of funding for WASH and what is their share of total spending?

Allocation of expenditure by funding channels was extremely decentralized in Brazil, where 60% of WASH sector expenditure are channeled via corporate service providers, whilst local Governments/authorities manage 17% of expenditure. The share of the Federal government has been growing, from 5.5% in 2010 to 8.1% in 2012, and is likely to grow further with the implementation of the PLANSAB, a Federal programme to boost investment in the sector.

Next steps to address remaining challenges in the three pilot countries

The implementation of TrackFin is providing a relatively detailed picture of WASH sector finance in the three pilot countries and is helping identify challenges and ways to progressively overcome them. Developing national WASH accounts needs to be done in a progressive manner, gradually improving accuracy and the level of disaggregation for certain flows. All three pilot countries are keen to repeat the exercise in the near future, in view of institutionalizing the process and improving the accuracy of the estimates.

Each country has identified ways to **reinforce coordination** between all institutions in charge of financing, particularly by **involving decision-makers** to ensure commitment to making information available and taking results into account.

To **better capture local Government/authorities expenditures**, reporting frameworks need to be developed, such as those available in Brazil. Ghana and Morocco are planning to conduct **nationally representative sampling surveys** to estimate WASH spending at the level of local Governments/authorities and **further develop existing reporting tools**.

As a major source of data for household expenditures, particularly for self-supplied households, comes from household surveys, sector agencies and national statistics office will work together (Morocco) to **prepare the next household surveys** in order to obtain the level of disaggregation required in a statistically realistic manner.

A specific approach is needed to collect data from NGOs, who are major contributors for the sector in some countries. Ghana has developed a **specific questionnaire for NGOs** and will work closely with them to **develop financial reporting systems**. NGO's financing in Morocco and Brazil is currently considered to be marginal so this is less relevant there.

All three countries plan to develop a **collaborative framework with donors** to improve data collection on international transfers, particularly to obtain disaggregated data. They will also seek support from donors in developing national processes to establish WASH accounts.

Geographical disaggregation requires **harmonized definitions of urban and rural areas** to produce consolidated estimates between all institutions. Morocco and Ghana are committed to address this specific issue in the next phase and Brazil will be collecting data by State to produce WASH-Accounts for each State in the next iteration.

To respond to the strong demand from national stakeholders, Morocco and Brazil attempted to collect expenditure on hygiene but was incomplete. **A specific approach will need to be developed in the TrackFin methodology to monitor financing for hygiene.** This will include proposing a common definition for hygiene and a list of hygiene activities for which expenditure data can be collected.

Suggested next steps and developments

The ultimate objective of TrackFin is to develop national WASH accounts in the future to allow tracking of trends. In parallel, it will be necessary to reinforce current data collection tools and country mechanisms through the GLAAS platform, in collaboration with other institutions, ensuring close coordination. The suggested next steps and developments include:

- Organize a new phase of TrackFin for the initial pilot countries, taking into account all national recommendations, to reinforce tracking of WASH financing. The institutionalization of the process should enable these countries to progressively address all challenges and to create a sustainable process towards producing WASH accounts on a regular basis, as it is being done in the health sector.
- Extend the TrackFin initiative to new countries, based on lessons learned from the three initial countries, which will be captured in a revised Guidance document. Some countries and national institutions have already expressed an interest in participating in the TrackFin initiative and for preparing WASH accounts.
- Develop a data collection tool to support countries to produce national WASH-Accounts on a regular basis. A software, similar to the one used for the production of Health Accounts, could greatly facilitate the preparation of WASH-Accounts by standardizing data treatment and reducing the costs of replicating the exercise from one year to the next. This would encourage the replication of the TrackFin exercise, and the production of WASH-Accounts, in a greater number of countries.
- The TrackFin methodology focuses on tracking WASH financing data in order to provide information to decision-makers. Evidence on how the data enables better policy-making will strengthen the production of WASH-Accounts gradually. This requires actively communicating results through Policy Briefs to decision-makers.
- A better understanding of how much is spent on WASH and for what will provide a stronger basis for budgeting and forecasting spending needs going forward, and to formulate decisions based on cost-effectiveness evaluations.

Absorption rate

The absorption rate indicates the percentage of official domestic or donor commitments utilized over a given period. The 2013/2014 GLAAS country survey questionnaire referred to a three-year average percentage of official domestic or donor commitments utilized.

Basic drinking-water

Basic drinking-water systems include water supply through low-cost technologies, such as hand pumps, spring catchment, gravity-fed systems, rainwater collection, storage tanks and small distribution systems.

Basic sanitation

Basic sanitation systems include sanitation through low-cost technologies latrines, small-bore sewers and on-site disposal (e.g. septic tanks).

Capital expenditure

Capital expenditure includes fixed assets such as buildings, treatment structures, pumps, pipes and latrines, including the cost of installation/construction.

Commitment

A firm obligation expressed in writing and backed by the necessary funds, undertaken by an official donor to provide specified assistance to a recipient country or a multilateral organisation. (OECD¹, 2013).

Concessional loans

Concessional loans are extended on terms substantially more generous than market loans. The concessionality is achieved either through interest rates below those available on the market or by grace periods, or a combination of these. Concessional loans typically have long grace periods (IMF, 2003).

Disbursements

The transactions of providing financial resources. The two counterparties must record the transaction simultaneously. A disbursement is the release of funds to or the purchase of goods or services for a recipient; by extension, the amount thus spent. It can take several years to disburse a commitment.

(OECD¹ source IMF 2004, WTO² 2014)

External Support Agency

External Support Agencies (ESAs) comprise donors (governments) and other sources of funding/support (e.g. Nongovernmental organisations and foundations) that provide Official Development Assistance (ODA).

Gross domestic product

Gross domestic product (GDP) is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. (World Bank³, 2014).

Improved drinking-water supply

An improved drinking-water source is defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter. (WHO/UNICEF 2014⁴).

¹ <http://stats.oecd.org/glossary/> [Accessed 24 October 2014]

² http://www.wto.org/english/res_e/booksp_e/a4t_qa_e.pdf [Accessed 24 October 2014]

³ <http://databank.worldbank.org/data/> [Accessed 24 October 2014]

⁴ <http://www.wssinfo.org/definitions-methods/> [Accessed 24 October 2014]

Improved sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact.(WHO/UNICEF 2014¹).

Large drinking-water and sanitation systems

Large systems include potable water treatment plants; intake works; storage; water supply pumping stations; large scale transmission / conveyance and distribution systems.; large scale sewerage including trunk sewers and sewage pumping stations; domestic and industrial waste water treatment plants (OECD², 2014).

Lower, lower-middle, upper-middle and high income countries

The World Bank classifies countries in one of four income categories: low, middle (lower and upper) and high. Low-income countries are defined as countries with a per capita gross national income of of US\$ 1,045 or less in 2013; middle-income economies are those with more than US\$ 1,045 but less than US\$12,746. Lower-middle-income and upper-middle-income economies are separated at a GNI per capita of US\$ 4,125 (World Bank³ 2014).

Non-revenue water

Non-revenue water represents water that has been produced and is “lost” before it reaches the customer (either through leaks, through theft, or through legal usage for which no payment is made). (IBNET⁴ 2014).

Official development assistance

Flows of official financing administered with the promotion of the economic development and welfare of developing countries as the main objective, and which are concessional in character with a grant element of at least 25 per cent (using a fixed 10 per cent rate of discount). By convention, ODA flows comprise contributions of donor government agencies, at all levels, to developing countries (“bilateral ODA”) and to multilateral institutions. ODA receipts comprise disbursements by bilateral donors and multilateral institutions. Lending by export credit agencies—with the pure purpose of export promotion—is excluded. (OECD¹ source IMF 2003).

Procurement procedures

Procurement procedures are used for the purpose of purchasing or acquiring goods or services.

¹ <http://www.wssinfo.org/definitions-methods/> [Accessed 24 October 2014]

² <http://www.oecd.org/dac/stats/purposecodessectorclassification.htm#bottom> [Accessed 24 October 2014]

³ <http://data.worldbank.org/about/country-and-lending-groups> [Accessed 24 October 2014]

⁴ <http://www.ib-net.org/en/ibnet-toolkit/ibnet-indicators/non-revenue-water.php?l=2&> [Accessed 24 October 2014]

Summary of responses to 2013/2014 GLAAS country survey

COUNTRY	DEMOGRAPHIC, HEALTH AND COVERAGE ESTIMATES ¹			
	Population (millions) ²	Diarrhoea deaths attributable to inadequate WASH ³	Use of improved sanitation facilities (%) ⁴	Use of improved drinking-water sources (%) ⁴
	National	National	National	National
Afghanistan	29.82	9,867	29	64
Angola	20.82	22,316	60	54
Argentina	41.09	265	97	99
Azerbaijan	9.31	195	82	80
Bangladesh	154.70	8,950	57	85
Belarus	9.41	19	94	100
Benin	10.05	3,063	14	76
Bhutan	0.74	51	47	98
Bolivia (Plurinational State of)	10.50	708	46	88
Botswana	2.00	183	64	97
Brazil	198.66	2,141	81	98
Burkina Faso	16.46	6,338	19	82
Burundi	9.85	6,325	47	75
Cambodia	14.86	817	37	71
Cameroon	21.70	8,547	45	74
Central African Republic	4.53	4,566	22	68
Chad	12.45	10,961	12	51
Chile	17.46	76	99	99
Colombia	47.70	292	80	91
Congo	4.34	2,045	15	75
Cook Islands	0.02	—	97	100
Costa Rica	4.81	31	94	97
Cuba	11.27	82	93	94
Côte d'Ivoire	19.84	8,303	22	80
Democratic Republic of the Congo	65.71	67,827	31	46
Dominican Republic	10.28	190	82	81
El Salvador	6.30	146	70	90
Eritrea	6.13	2,040		
Estonia	1.29	N/A	95	99
Ethiopia	91.73	26,088	24	52
Fiji	0.87	25	87	96
Gabon	1.63	453	41	92
Gambia	1.79	372	60	90
Georgia	4.36	8	93	99
Ghana	25.37	4,763	14	87
Guinea	11.45	4,506	19	75
Guinea-Bissau	1.66	778	20	74
Haiti	10.17	2,790	24	62
Honduras	7.94	595	80	90
India	1,236.69	334,778	36	93
Indonesia	246.86	8,815	59	85
Iran (Islamic Republic of)	76.42	690	89	96
Jordan	7.01	66	98	96
Kazakhstan	16.27	168	97	93
Kenya	43.18	13,497	30	62
Kyrgyzstan	5.47	97	92	88
Lao People's Democratic Republic	6.65	909	65	72
Lebanon	4.65	18		100
Lesotho	2.05	566	30	81
Liberia	4.19	1,028	17	75
Lithuania	3.03	2	94	96
Madagascar	22.29	5,840	14	50
Maldives	0.34	2	99	99
Mali	14.85	8,444	22	67
Mauritania	3.80	1,084	27	50
Mexico	120.85	1,330	85	95

COUNTRY	DEMOGRAPHIC, HEALTH AND COVERAGE ESTIMATES ¹			
	Population (millions) ²	Diarrhoea deaths attributable to inadequate WASH ³	Use of improved sanitation facilities (%) ⁴	Use of improved drinking-water sources (%) ⁴
	National	National	National	National
Mongolia	2.80	85	56	85
Morocco	32.52	1,048	75	84
Mozambique	25.20	9,499	21	49
Myanmar	52.80	5,394	77	86
Nepal	27.47	3,522	37	88
Niger	17.16	11,081	9	52
Nigeria	168.83	80,968	28	64
Oman	3.31	N/A	97	93
Pakistan	179.16	36,127	48	91
Panama	3.80	153	73	94
Paraguay	6.69	147	80	94
Peru	29.99	352	73	87
Philippines	96.71	4,723	74	92
Republic of Moldova	3.51	3	87	97
Rwanda	11.46	2,119	64	71
Senegal	13.73	3,482	52	74
Serbia	9.55	25	97	99
Sierra Leone	5.98	5,231	13	60
South Africa	52.39	6,258	74	95
South Sudan	10.84	5,217	9	57
Sri Lanka	21.10	705	92	94
Sudan	37.20	12,309	24	55
TFYR Macedonia	2.11	1	91	99
Tajikistan	8.01	579	94	72
Thailand	66.79	1,241	93	96
Timor-Leste	1.11	114	39	70
Togo	6.64	2,377	11	61
Tonga	0.10	5	91	99
Tunisia	10.87	82	90	97
Uganda	36.35	10,816	34	75
Ukraine	45.53	169	94	98
United Republic of Tanzania	47.78	12,913	12	53
Uruguay	3.40	27	96	99
Vanuatu	0.25	17	58	91
Viet Nam	90.80	1,772	75	95
West Bank and Gaza Strip	4.22	N/A	94	82
Yemen	23.85	2,945	53	55
Zimbabwe	13.72	3,539	40	80

¹ Estimates are for the year 2012, the most recent year with available estimates for all demographic and health indicators.

² World Population Prospects: The 2012 Revision, UNDESA 2013.

³ Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

⁴ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

N/A: Not available

COUNTRY	GOVERNANCE ¹														
	Human right to water and sanitation recognized in legislation		Status of national policy development and implementation					Coverage targets (% of population) ²							
	Sanitation	Drinking-water	Sanitation		Drinking-water		Hygiene promotion	Sanitation				Drinking-water			
	National	National	Urban	Rural	Urban	Rural	National	Urban		Rural		Urban		Rural	
								Coverage target	Target year	Coverage target	Target year	Coverage target	Target year	Coverage target	Target year
Afghanistan	✗	✗	●	●	●	●	●	50	2014	50	2014	50	2014	50	2014
Angola	✗	✗	✗	✗	✓	✓	●	74		28		58	2017	50.3	2017
Argentina	✓	✓	✗	✗	✗	✗	✗	*				90	2015		
Azerbaijan	✓	✓	✓	✓	✓	✓	✓	100	2016			100	2035	100	2015
Bangladesh	✓	✓	●	✓	✓	✓	●	100	2015	100	2015	100	2015	100	2015
Belarus	✓	✓	✓	✓	✓	✓	✓	98.5	2016	32.5	2016	98.5	2016	83.5	2016
Benin	✓	✓	●	●	●	●	●	69	2015	69.1	2015	75	2015	67.3	
Bhutan	✓	✓	✗	✓	✗	✓	✗	100	2018	>80	2018	100	2018	100	2018
Bolivia (Plurinational State of)	✓	✓	✓	✓	✓	✓	●	79	2015	80	2015	95	2015	79	2015
Botswana	✓	✓	●	●	✗	✗	●	90	2030	75	2030	100			
Brazil	✓	✓	●	●	●	●	✓	93	2033	69	2033	100	2033	80	2033
Burkina Faso	✗	✓	✓	✓	✓	✓	●	57	2015	54	2015	87	2015	76	2015
Burundi	✗	✗	●	●	●	●	●	71	2015	72	2015	99	2015	79	2015
Cambodia	✗	✗	●	●	●	●	●	90	2020	100	2025	100	2025	100	2025
Cameroon	✓	✓	●	●	●	●	●	57	2020	57	2020	72	2015	72	2015
Central African Republic	✓	✓	✗	✗	●	●	✗	60	2015	60	2015	67	2015	67	2015
Chad	✓	✓	●	●	●	●	●	30		6		60		44	
Chile	✗	✗					✓	+				+		99	2013
Colombia	✓	✓	✓	●	✓	●	●	99	2021	76	2021	99	2021	83	2021
Congo	✗	✗	✓	✓	✓	✓	✓	75	2015	50	2015	90	2015	75	2015
Cook Islands	✓	✓	●	●	✗	✗	●	100		100		100		100	
Costa Rica	✓	✓	✗	✗	●	●	●	85	2023			98	2015	93	2015
Cuba	✓	✓	✓	✓	✓	✓	✓	99	2017	93	2017	98.5	2017	97	2017
Côte d'Ivoire	✓	✓	●	●	●	●	●	68	2015	55	2015	82.5	2015	82.5	2015
Democratic Republic of the Congo		✓	✓	✓	✓	✓	✓	55	2015	55	2015			52	2015
Dominican Republic	✓	✓						100	2030	100	2020	100	2020	100	2020
El Salvador	✗	✗	✗	✗	✗	✗	✗								
Eritrea	✗	✓	●	●	●	●	●			54	2014	100	2020	100	2020
Estonia			✓	✓	✓	✓	✓	*	2015	*	Ongoing compliance	*	2015	*	2015
Ethiopia	✓	✓	●	●	●	●	●	*	2015	100	2015	100	2015	97.4	2015
Fiji	✓	✓	✓	●	✓	●	✓	*	Progressive	*	2015	*	2013	*	2015
Gabon	✗	✗	●	●	●	●	●	100	2020	100	2020	100	2020	100	2020
Gambia	✓	✓	✗	✗	✗	●	✗	80	2015	80	2015	100		100	2015
Georgia	✓	✓	●	●	●	●	✗	86		63		96		82	
Ghana	✓	✓	●	●	●	●	●	68	2015	61	2015	100	2025	100	2025
Guinea	✗	✗	●	●	✗	✗	●			57.6	2015	92	2030	71.12	2015
Guinea-Bissau	✓	✓	●	●	●	●	●	*	2015	*		*		*	
Haiti	✓	✓	●	●	●	●	✓	40		30		60		30	
Honduras	✓	✓	●	●	●	●	●	++	2017	*	2017	++	2017	*	2017
India ³	✗	✗		✓		✓	✓			100	2022			*	2022
Indonesia	✓	✓	✓	✓	✓	✓	✓	76.82	2015	55.5	2015	75.29	2015	65.81	2015
Iran (Islamic Republic of)	✓	✓	●	●	✓	✓	●	*	2015	*	2015	100	2015	92	2015
Jordan	✗	✗	●	●	●	●	✗	*	2016	*	2016	98	2016	98	2016
Kazakhstan	✓	✓	✓	✓	✓	✓	✓	75 ^a		10 ^a		85 ^a		45 ^a	
Kenya	✓	✓	●	✓	✓	●	●	97	2015	83	2015	80	2015	75	2015
Kyrgyzstan	✓	✓	●	●	●	●	●	++		++		++		++	
Lao People's Democratic Republic	✓	✓	●	✗	●	●	●	87	2015	48		83		63	

✓ Yes.
✗ No.

✓ Policy approved; plan being fully implemented, with funding and regularly reviewed.
● Policy approved; plan not being fully implemented.
✗ No national policy or policy is under development.

^a Definition of coverage targets for Kazakhstan pending clarification. Target year for Tonga pending clarification.
^{*} Target is not specified in terms of percentage of population with access to improved services. For example, the target may refer to number of new water/sanitation facilities constructed, number of connections to sewerage or wastewater treatment capacity.
⁺ Given the regulatory scheme and achieved coverage figures, there are currently no targets in the urban drinking-water and sanitation sectors for Chile.
⁺⁺ Coverage targets under revision at time of response to survey.

GOVERNANCE ¹				
Universal access policy for disadvantaged groups			Coordination between WASH actors	
Sanitation, drinking-water and hygiene			Sanitation, drinking-water and hygiene	
National			National	
Poor populations	Populations living in slums or informal settlements	Populations in remote or hard to reach areas		
✓	✓	✗	✓	Afghanistan
✓	✓	✓	●	Angola
✓	✓	✓	✗	Argentina
✓		✓	✓	Azerbaijan
✓	✓	✓	✓	Bangladesh
			✓	Belarus
✓	✓	✓	●	Benin
✓	✗	✓	●	Bhutan
✓	✓	✓	✓	Bolivia (Plurinational State of)
✓	✗	✓	✗	Botswana
✓	✓	✓	●	Brazil
✓	✓	✗	✓	Burkina Faso
✓			✓	Burundi
✓	✗	✗	✓	Cambodia
✗	✗	✗	✓	Cameroon
✓	✓	✓	●	Central African Republic
✓	✓	✓	✓	Chad
✓		✓	✓	Chile
✓	✓		✓	Colombia
✓			✓	Congo
			●	Cook Islands
✓	✓	✗	●	Costa Rica
	✓	✓	✓	Cuba
✓	✓	✓	●	Côte d'Ivoire
✓	✓	✗	✓	Democratic Republic of the Congo
✓	✓	✓	✓	Dominican Republic
✓	✓	✓	✓	El Salvador
✓	✓	✓	✓	Eritrea
✓	✓	✓	✓	Estonia
✓	✓	✓	✓	Ethiopia
✓	✓	✓	✓	Fiji
✓	✓	✗	✓	Gabon
✓	✓	✓	✓	Gambia
✓		✓	✓	Georgia
✓	✓	✓	✓	Ghana
✗	✗	✗	●	Guinea
✗	✗	✗	✓	Guinea-Bissau
✓	✓	✗	✓	Haiti
✓	✓	✗	✓	Honduras
✓		✓	✓	India ³
✓	✓	✓	✓	Indonesia
✓	✓	✓	✓	Iran (Islamic Republic of)
✓	✓	✓	✓	Jordan
		✓	✓	Kazakhstan
✓	✓	✓	✓	Kenya
			✓	Kyrgyzstan
✓		✓	✓	Lao People's Democratic Republic
✓ Yes. ✗ No.			✓ Yes. ● Under development. ✗ No.	

COUNTRY	GOVERNANCE ¹														
	Human right to water and sanitation recognized in legislation		Status of national policy development and implementation					Coverage targets (% of population) ²							
	Sanitation	Drinking-water	Sanitation		Drinking-water		Hygiene promotion	Sanitation				Drinking-water			
	National	National	Urban	Rural	Urban	Rural	National	Urban		Rural		Urban		Rural	
								Coverage target	Target year	Coverage target	Target year	Coverage target	Target year	Coverage target	Target year
Lebanon	✓	✓	●	●	●	●	✗	*	2015	*	2015	100	2035	100	2035
Lesotho	✗	✓	●	●	●	●	●	83	2015	50	2015	78.3	2014	64	2014
Liberia	✗	✗	●	●	●	●	●	77	2017	57	2017	93	2017	67	2017
Lithuania	✓	✓	●	●	●	●	●	95	2015	95	2015	95	2015	95	2015
Madagascar	✓	✓	●	●	●	●	●			99	2018	76	2018	61	2018
Maldives	✓	✓	✗	✗	✗	✗		100	2013	100		100		100	
Mali	✓	✓	●	●	●	●	●	50	2015	50	2015	90.7	2015	77.8	2015
Mauritania	✗	✓	●	●	●	●	✗	77	2015	63	2015	62	2015	75	2015
Mexico	✓	✓	✓	✓	✓	✓	✓	95.6	2012	63	2012	99.5	2012	80.4	2012
Mongolia	✓	✓	✓	✓	✓	✓	●	*	2021	*	2015	*	2021	*	2021
Morocco	✓	✓	✓	✗	✓	✓	✓	80	2020			100	Achieved	96	2016
Mozambique	✗	✗	●	●	●	✓	●	67	2015	60	2015	70	2015	70	2015
Myanmar	✗	✗	✓	●	✓	●	✓	90	2016			90		100	2010
Nepal	✓	✓	●	●	●	●	●	100	2017	100	2017	100	2017	100	2017
Niger	✓	✓	●	●	●	●	●	79	2015	25	2015	82.5	2015	58	2015
Nigeria	✓	✓	●	●	●	●	●	100	2030	100	2030	100	2030	100	2030
Oman	✓	✓	✓	✓	✓	✓	●	100		75	2015	90	2015	80	2035
Pakistan	✗	✗	●	●	●	●	●	90	2015	90	2015	93	2015	93	2015
Panama	✗	✗	●	●	●	●	✓	95	2015	100	2025	97	2014	90	2014
Paraguay	✗	✓	✗	✗	✗	✗	✗	50	2018			90	2018	55	2018
Peru	✗	✗	●	●	●	●	●	84	2015	60	2015	87	2015	70	2015
Philippines	✓	✓	●	●	✓	●	●	100	2028	100	2025	100	2025	100	2025
Republic of Moldova	✗	✗	●	●	●	●	●	90	2020	70	2020	95	2020	45	2020
Rwanda	✓	✓	●	●	●	●	●	100	2017	100	2017	100	2017	100	2017
Senegal	✗	✗	✓	✓	✓	✓	●	78	2015	63	2015	88	2015	82	2015
Serbia	✓	✓	●	●	●	●	●	100	2015	100	2015	100	2015	100	2015
Sierra Leone	✓	✓	●	●	●	●	●	66	2015	66	2015	74	2015	74	2015
South Africa	✓	✓	●	●	●	●		100		100		100	2014	100	2014
South Sudan	✓	✓	●	●	●	●	●	22	2018	17.3	2015	27	2018	56.3	2015
Sri Lanka	✓	✓	●	●	✓	✓	●	100	2020	100	2020	85	2015	85	2015
Sudan	✓	✓	✗	✗	●	●	✗	37	2016			100	2016		
TFYR Macedonia		✓	●	●	✓	●	✓					100			
Tajikistan		✓	●	●	●	●	●	50	2020	65	2020	98	2020	80	2020
Thailand	✓	✓	✓	✓	●	●	●	100	2015	100	2015	100	2016	100	2016
Timor-Leste	✓		●	●	✗	✗	✗	60		40		95		75	
Togo	✗	✓	●	●	●	●	●	83	2015	55	2015	69	2015	63	2015
Tonga	✓	✓	✗	●	✓	✓	✓	100	2000 ^a	100	2000 ^a	100	2000 ^a	100	2000 ^a
Tunisia	✓	✗	✓	✓	✓	✓	✓	*	2014	*	2014	100		98	2014
Uganda	✓	✓	●	●	●	●	●	82	2014	72	2014	71	2014	67	2014
Ukraine	✓	✓	●	●	●	●	●	100	2020	50	2020	100	2020	70	2020
United Republic of Tanzania	✓	✓	●	●	●	●	●	45	2015	35	2015	95	2015	65	2015
Uruguay	✓	✓	●	●	●	●	✗	98	2015			99	2015		
Vanuatu	✗	✗	●	●	●	●	●	80	2016	80	2016	90	2016	85	2014
Viet Nam	✓	✓	✓	✓	✓	✓	✗	*	2025	100	2020	100	2025	100	2020
West Bank and Gaza Strip	✓	✓	●	●	●	●	✗	*	2032	*	2032	100	2032	100	2032
Yemen	✗	✓	●	●	●	●	●	*	2015	*	2015	*	2015	72	2015
Zimbabwe	✓	✓	●	●	●	●	●	100	2015	50	2015	100	2015	75	2015

✓ Yes.
✗ No.

✓ Policy approved; plan being fully implemented, with funding and regularly reviewed.
● Policy approved; plan not being fully implemented.
✗ No national policy or policy is under development.

^a Definition of coverage targets for Kazakhstan pending clarification. Target year for Tonga pending clarification.
^{*} Target is not specified in terms of percentage of population with access to improved services. For example, the target may refer to number of new water/sanitation facilities constructed, number of connections to sewerage or wastewater treatment capacity.
⁺ Given the regulatory scheme and achieved coverage figures, there are currently no targets in the urban drinking-water and sanitation sectors for Chile.
⁺⁺ Coverage targets under revision at time of response to survey.

¹ Country reported data through GLAAS process.

² Coverage targets represent the percentage of population with access to improved drinking-water or sanitation services as defined in the national policy or plan. If more than one coverage target was indicated, the highest target is listed.

³ Results for India represent rural areas only.

GOVERNANCE ¹				
Universal access policy for disadvantaged groups			Coordination between WASH actors	
Sanitation, drinking-water and hygiene			Sanitation, drinking-water and hygiene	
National			National	
Poor populations	Populations living in slums or informal settlements	Populations in remote or hard to reach areas		
✗	✓	✗	●	Lebanon
✓	✓	✓	✓	Lesotho
✓	✗	✗	✓	Liberia
✗	✗	✗	✓	Lithuania
✓	✓	✓	✓	Madagascar
			✗	Maldives
✗	✗	✗	✓	Mali
✓	✓	✓	✓	Mauritania
✓	✗	✓	✓	Mexico
✓	✗	✓	✓	Mongolia
✓	✓	✓	✓	Morocco
✓	✓		●	Mozambique
✓	✓	✓	✓	Myanmar
✓	✗	✗	✓	Nepal
✓	✓	✓	✓	Niger
✓	✗	✗	✓	Nigeria
			✓	Oman
✓	✓	✓	✓	Pakistan
✓	✓	✓	✓	Panama
✓	✓	✓	●	Paraguay
✓	✓	✗	✗	Peru
✓	✓	✓	✓	Philippines
✗	✗	✗	✓	Republic of Moldova
✓	✓		✓	Rwanda
✗	✗	✗	●	Senegal
✗	✓	✗	✓	Serbia
✓	✓	✓	✓	Sierra Leone
✓	✓	✓	✓	South Africa
✓	✓	✓	✓	South Sudan
✓	✓	✓	✓	Sri Lanka
✓	✓		✓	Sudan
✓	✓	✓	✓	TFYR Macedonia
✗		✗	✓	Tajikistan
✓	✓	✓	✓	Thailand
✓	✗	✗	✓	Timor-Leste
✓	✗	✗	●	Togo
✓	✓	✓	✓	Tonga
✓	✓	✓	✗	Tunisia
✓	✓	✓	✓	Uganda
✓	✓	✓	✓	Ukraine
✗	✓	✗	✓	United Republic of Tanzania
✓	✓		●	Uruguay
			✓	Vanuatu
✓	✗	✓	✓	Viet Nam
✗		✗	✓	West Bank and Gaza Strip
✓	✗	✗	✗	Yemen
✓	✗	✓	✓	Zimbabwe

✓ Yes.
✗ No.

✓ Yes.
● Under development.
✗ No.

COUNTRY	MONITORING ¹							
	Date of latest national assessment (e.g. Joint Sector Review)		Drinking-water quality surveillance				Data availability for decision-making for resource allocation	
	Sanitation	Drinking-water	Drinking-water				Sanitation	Drinking-water
	National	National	Urban	Rural	Urban	Rural	National	National
	Year	Year	Testing of water quality against national standards	Testing of water quality against national standards	Auditing against recommended management procedures	Auditing against recommended management procedures		
Afghanistan	2011–2012*	2011–2012*	●	●	✗	✗	●	●
Angola	2008–2009*	2008–2009*	✓	✗	✗	✗		✓
Argentina	2010	2010	✓	✗	✓	✗	●	✗
Azerbaijan	Twice yearly	Twice yearly	✓	✓	✓	✓	✓	✓
Bangladesh	2012	2012	●	●	✗	✗	●	●
Belarus	2013	2013	✓	✓	✓	✓	✓	✓
Benin	2013	2013	✓	✓	✗	✗	●	✓
Bhutan	2010	2010	●	✗	●	✗	●	●
Bolivia (Plurinational State of)	2012	2012	✓	✓	✗	✗	✓	✓
Botswana	2003	2006	✓	✗	●	✗	✗	●
Brazil	2011	2011	✓	✓	✗	✗	✓	✓
Burkina Faso	2013	2013	✓	✓	✓	✗	✓	✓
Burundi	2013	2013	✓	✗			✗	✗
Cambodia	2012*	2012*	●	✗	●	✗	●	●
Cameroon	2011	2010	✓	✗	✓	✗	●	✓
Central African Republic	2008	2012	✓	●	●	✗		●
Chad	2013	2011	✗	✗			●	●
Chile	NA	NA	✓		✓			✓
Colombia	2012	2012	✗	✓	✗	✗	✓	✓
Congo	2013	2013	●	✗			✗	✗
Cook Islands	No national assessment	No national assessment	✓	✗	✗	✗	✓	✓
Costa Rica	2013	2012	✓	✓	●	●	●	●
Cuba	2011	2011	✓	✓	✓	✓	✓	✓
Côte d'Ivoire	2012	2009	✓	✓			✗	✓
Democratic Republic of the Congo	2012	2012	✗	✗	✗	✗	●	●
Dominican Republic	NA	NA						
El Salvador	2013	2013	✓	✓	✓	✓	✗	●
Eritrea	2012*	2011*	✗	✗	✗	✗	✗	●
Estonia	Ongoing surveillance and reporting	Ongoing surveillance and reporting	✓	✓			✓	✓
Ethiopia	2011	2011	✓	✗	✓	✗	●	✓
Fiji	Review in progress	Review in progress	✓	✓	✓	✓	✓	✓
Gabon	2013	2013	✓	✗	✗	✗	✗	●
Gambia	2009	2006	✓	●	✓			●
Georgia	No national assessment	No national assessment	✓	✗	✓	✗	✗	●
Ghana	2011*	2011*	✓	✓	✓	✓	●	●
Guinea	2013	2013	✓	✗	✓	✗	●	✓
Guinea-Bissau	NA	NA	✗	✗	✗	✗	✗	✗
Haiti	NA	NA	●	✗	✗	✗	●	✗
Honduras	2011	2011	✗	✗	✗	✗	●	●
India ²	2013*	2013		✓		✓	✓	✓
Indonesia	2013*	2013*	✓	✓			●	●
Iran (Islamic Republic of)	2013	2013	✓	✓	✗	✗	✓	✓
Jordan	2012	2012	✓	✓	✓	✓	●	✓
Kazakhstan	2012	2012		✓	✓	✗	✓	✓
Kenya	2013	2013	✓	✓	✓	✓	●	●
Kyrgyzstan	2011	2012	✓	✓	✓	✓	●	●
Lao People's Democratic Republic	2010–2011*	2010–2011*	●	●	●	●	●	●
Lebanon	No national assessment	No national assessment	✓	✓	✓	✓	●	●

* Examples of national assessments cited in GLAAS responses range from comprehensive joint sector reviews, through to national assessments, GLAAS multi-stakeholder dialogues, WASHBATS, Sustainability Checks, situational analysis, plans and reports for the sector or household surveys. Countries that have responded based on nation-wide household surveys have been indicated with an asterisk (*).

✓ Performed and informs remedial action.
● Performed but data not used.
✗ Not done or insufficiently performed.

✓ Data available, analyzed for majority of decisions.
● Data available, but not sufficiently used for decision-making.
✗ Only limited data available.

MONITORING ¹												
Tracking progress among disadvantaged groups						Use of performance indicators to track progress						
Sanitation			Drinking-water			Sanitation			Drinking-water			
National	National	National	National	National	National	National	National	National	National	National	National	
Poor populations	Populations living in slums or informal settlements	Populations in remote or hard to reach areas	Poor populations	Populations living in slums or informal settlements	Populations in remote or hard to reach areas	Expenditure	Functionality of systems	Affordability	Expenditure	Functionality of systems	Affordability	
✓	✓	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	Afghanistan
✓	✓		✓	✓		✗	✗	✗	✗	✗	✗	Angola
✗		✗	✗	✗	✗	●	●	●	✓	●	●	Argentina
		✓			✓	✓	✓	✓	✓	✓	✓	Azerbaijan
✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	Bangladesh
✓			✓			✓	✓	✓	✓	✓	✓	Belarus
✗	✗	✗	✗	✗	✗	✓	●	✗	✓	✓	✗	Benin
✓	✗	✓	✓	✗	✓	✓	●	●	✓	✓	✓	Bhutan
✓	✓	✓	✓	✓	✓	●	✓	✓	●	✓		Bolivia (Plurinational State of)
✗		✗	✓		✓	✗	✗	✗				Botswana
✓	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	Brazil
✗	✓	✗	✗	✓	✗	✓	✓	✗	✓	✓	✓	Burkina Faso
✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	Burundi
✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	Cambodia
✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	Cameroon
✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗		Central African Republic
✗	✗	✗	✗	✗	✗	●	✗	✓		●	●	Chad
									✓		✓	Chile
✓			✓	✗	✗	✓	✓	✓	✓	✓	✗	Colombia
✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	Congo
									●		✗	Cook Islands
✗	✗	✓	✓	✓	✗	●	✓	✓	✓	✓	●	Costa Rica
	✓	✓		✓	✓	●	✗	✗	✓	●		Cuba
✗	✗	✗	✓	✓	✓	✗	✗	✗	✗	✗	✗	Côte d'Ivoire
✗	✓	✗	✗	✓	✗	●	✗	✗	✓	✓	✗	Democratic Republic of the Congo
												Dominican Republic
✓	✗		✓	✗		✗	✗	✗	✗	✗	✗	El Salvador
✓	✓	✓	✓	✓	✓	✗	●	●	●	✗	●	Eritrea
						●	●	●	●	●		Estonia
✓	✓	✓	✗	✓	✓	●	✗	✗		●	●	Ethiopia
✗	✗	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓	Fiji
✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	●	✗	Gabon
✓	✗		✓	✗								Gambia
✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	Georgia
✓	✓	✓	✓	✓	✗	✓	✗	✗	✓	●	●	Ghana
✗	✗	✗	✗	✗	✗	✗	✗	●	●	✓	✗	Guinea
						✗	✗	✗	✗	✗	✗	Guinea-Bissau
✓	✓	✗	✓	✓	✗							Haiti
✓	✓	✗	✓	✓	✗	✓	✗	✗	✓	●	✓	Honduras
✓		✓	✓		✓	✓	●	✓		✓	●	India ²
✓	✓	✓	✓	✓	✓	✓	●	●	✓	●	✗	Indonesia
✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	Iran (Islamic Republic of)
✗	✗	✗	✗	✗	✗	✓	✗	✗	✓	✗	✗	Jordan
						✓	✓	✓	✓	✓		Kazakhstan
✗	✓	✓	✓	✓	✓	✗	✗	✗	✓	●	✗	Kenya
✓	✗	✗	✓	✗	✗	●	●	✗	✗	✗	✗	Kyrgyzstan
✓		✓	✓		✓	✗	✗	✗	✗	✗	✗	Lao People's Democratic Republic
✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	Lebanon

✓ Yes.
✗ No.

✓ Agreed and tracked against baseline data.
● Agreed but not tracked against baseline data.
✗ None or under development.

COUNTRY	MONITORING ¹							
	Date of latest national assessment (e.g. Joint Sector Review)		Drinking-water quality surveillance				Data availability for decision-making for resource allocation	
	Sanitation	Drinking-water	Drinking-water				Sanitation	Drinking-water
	National	National	Urban	Rural	Urban	Rural	National	National
	Year	Year	Testing of water quality against national standards	Testing of water quality against national standards	Auditing against recommended management procedures	Auditing against recommended management procedures		
Lesotho	2013	2013	✓	●		✗	✓	✓
Liberia	2013	2013	✗	✗	✗	✗	✗	●
Lithuania	2012	2013	✓	✓	✓			✓
Madagascar	2011	2011	✗	✗			●	✓
Maldives	2013	2013	✓	✗			●	●
Mali	2013	2013	✗	✗	✗	✗	●	●
Mauritania	2012	2012	✓	●	✓	✗	●	●
Mexico	2012	2012	✓	✓	●	✗	●	●
Mongolia	2013	2013	✗	✗	✗	✗	✓	✓
Morocco	2008	2009	✓	✓	✓	✓	✓	✓
Mozambique	2013	2013	✓	✓			✓	✓
Myanmar	2011*	2011*	✓	●	✓	●	●	●
Nepal	2011	2011	✗	✗			●	●
Niger	2012	2012	✓	✗			✗	✓
Nigeria	2009	2009	✓	✓	✓	✓	●	●
Oman	2004	2007	✓	✓	✓	✓	✓	✓
Pakistan	2011–2012*	2011–2012*	✓	✓	●	●	●	●
Panama	2013	2013	✓	●	✓	●	●	●
Paraguay	No national assessment	2011	✗	✗			✓	✓
Peru	No national assessment	No national assessment	✓	✓	✓	✓	●	●
Philippines	2011	2011	✓	✗	✓	✗	●	✓
Republic of Moldova	2012	2012	✓	✗		✗	●	●
Rwanda	2012*	2012*	✓	✓	✓	✓	✓	✓
Senegal	2013	2013	✓	✗	✓	✗	✓	✓
Serbia	2013	2013	✓	●	✓	✗	✓	✓
Sierra Leone	2013	2013	✗	✗	✗	✗	✗	✗
South Africa	2012	2011	✗	✗	✗	✗	✓	✓
South Sudan	2013	2013	✗	✗	✗	✗	✗	✗
Sri Lanka	2011*	2011*	✓	✓	✓	✓	●	✓
Sudan	2011	2011			✓	✗	●	✓
TFYR Macedonia	2013	2013	✓	✓	✓	✓	✗	✓
Tajikistan	2011	2011	✗	✓	✗	✓	●	✓
Thailand	2012	2012	✓	✓	✓	✓	✓	✓
Timor-Leste	2010*	2010*	✗	✗	✗	✗	●	●
Togo	2011	2011	✗	✗	✗	✗	●	●
Tonga	Monthly	Quarterly	✓	✓	✓	✓	✓	✓
Tunisia		2009	✓	✓	✓	✗	●	✓
Uganda	2013	2013	✓	✓	✓	✓	✓	✓
Ukraine	2013	2013	✓	✓	✓	✓	✓	✓
United Republic of Tanzania	2013	2013	✓	✗	✓	✗	●	●
Uruguay	2013	No national assessments	✓	✗	✗		✓	✓
Vanuatu	Conducted at subnational level: most recent 2014	Conducted at subnational level: most recent 2014	✗	✓	✗	✗	●	✓
Viet Nam	2011	2011	✓	✓	✗	✗	●	●
West Bank and Gaza Strip	2012	2012	✓	✓	✓	✓	✗	●
Yemen	2008	2008	●	✗	✗	✗	●	●
Zimbabwe	2011	2011	✗	✗			●	●

* Examples of national assessments cited in GLAAS responses range from comprehensive joint sector reviews, through to national assessments, GLAAS multi-stakeholder dialogues, WASHBATS, Sustainability Checks, situational analysis, plans and reports for the sector or household surveys. Countries that have responded based on nation-wide household surveys have been indicated with an asterisk (*).

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 ● Performed but data not used.
 ✗ Not done or insufficiently performed.

✓ Data available, analyzed for majority of decisions.
 ● Data available, but not sufficiently used for decision-making.
 ✗ Only limited data available.

¹ Country reported data through GLAAS process.

² Results for India represent rural areas only.

MONITORING ¹												
Tracking progress among disadvantaged groups						Use of performance indicators to track progress						
Sanitation			Drinking-water			Sanitation			Drinking-water			
National	National	National	National	National	National	National	National	National	National	National	National	
Poor populations	Populations living in slums or informal settlements	Populations in remote or hard to reach areas	Poor populations	Populations living in slums or informal settlements	Populations in remote or hard to reach areas	Expenditure	Functionality of systems	Affordability	Expenditure	Functionality of systems	Affordability	
X	X	X	X	X	X	X	X	✓	X	✓	X	
X	X	X	X	X	X	X	X	X	●	●	X	
X	X	X	X	X	X	X	X	✓	X	X	✓	
✓	X	✓	✓	X	✓	X	X	X	X	X	X	
✓						✓	X	X	✓	●	X	
X	X	X	X	X	X	●	●	X	●	●	X	
X	X	X	X	X	X	X	X	X	●	●	●	
✓		✓	✓		✓	X	X	X	X	X	X	
✓	✓	✓	✓	✓	✓	●	●	●	●	●	●	
✓	✓	X	✓	✓	✓	●	●	●	✓	X	●	
✓			✓	✓		X	✓	✓	●	✓	●	
✓	✓	✓	✓	✓	✓	●	X	X	●	●	●	
X	X	X	X	X	X	✓	✓	X	✓		X	
X	X	X	✓	✓	✓	X	X	●	✓	✓	✓	
X	X	X	X	X	X	✓	✓	✓	✓	✓	✓	
						●	✓		✓	✓	✓	
✓	✓	✓	✓	✓	✓	X	X	X	X	X	X	
X	X	X	✓	✓	X	✓	X	X	✓	X	X	
X	X	X	X	X	X	X	●	●	X	●	●	
X	✓	X	✓	✓	X	✓		✓	✓	✓	✓	
✓	X	X	✓	X	X	✓	✓	✓	✓	✓	✓	
✓			✓			X	X	●	X	X	●	
X	X	X	X	X	X		X	X			X	
X	X	X	X	X	X	✓	✓	X	✓	✓	X	
X	X	X	X	X	X	X	X	X	X	X	X	
✓	✓	✓	✓	✓	✓	✓	X	X	●	●	●	
X	X	X	X	X	X	✓	✓	X	✓	✓	●	
X	X	X	X	X	X	✓	●	●	✓	●	●	
✓	✓	✓	✓	✓	✓	X	X	X	✓	X	X	
X	X	X	X	X	✓	X	X	X	X	X	X	
X	X	X	X	X	X	X	X	X	X	X	X	
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
✓	✓	X	X	X	✓	✓	✓	✓	✓	✓	✓	
✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	●	
✓	✓	✓	✓	✓	✓	X	✓	✓		✓		
X	X	X	X	X	X	✓	●	●	●		●	
X	X		X	X								
						X	X	X	X		X	
✓	X	X	X	X	X	X	X	X	✓	X	X	
X	X	X	X	X	X	X			X	X		
X	X	X	X	X		X	X	✓			✓	
X	X	✓	X	✓	X	●	●	X	X	X	X	

✓ Yes.
X No.

✓ Agreed and tracked against baseline data.
● Agreed but not tracked against baseline data.
X None or under development.

COUNTRY	HUMAN RESOURCES ¹											
	Existence of an overall strategy ² to develop and manage human resources						Human resource strategy outlines actions to fill identified gaps					
	Sanitation		Drinking-water		Hygiene		Sanitation		Drinking-water		Hygiene	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Afghanistan	●	●	●	●		✓	✗	✗	✗	✗	✗	✗
Angola	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Argentina	✗	✗	✗	✗	✗	✗						
Azerbaijan	✓	✓	✓	✓	✗	✗	●	●	●	●		
Bangladesh	●	●	●	●	●	●	✗	✗	✗	✗	✗	✗
Belarus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Benin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bhutan	●	●	●	●	●	●	✗	✗	✗	✗	✗	✗
Bolivia (Plurinational State of)	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
Botswana	✗	✗	✗	✗	✗	✗						
Brazil	✗	✗	✗	✗	✗	✗						
Burkina Faso	✓	✓	✓	✓	●	●	●	●	✓	●	●	●
Burundi	✗	✗	✗	✗	✗	✗						
Cambodia	✗	●	✗	✗	✗	●		✗		✗		
Cameroon	●	●	●	●	●	●	✗	✗	✗	✗	✗	✗
Central African Republic	✗	✗	✗	✗	✗	✗						
Chad	✓	✓	✓	✓	✓	✓	●		●	●	●	
Chile			✗									
Colombia	✓	✓	✓	✓	●	●			✓	✓		
Congo	✗	✗	✗	✗	✗	✗						
Cook Islands												
Costa Rica	✗	✗	✗	✗	✗	✗						
Cuba	✓	✓	✓	✓	✓	✓	●	●	●	●	✓	✓
Côte d'Ivoire	●	●	✗	✗	●	●	✗	✗			✗	✗
Democratic Republic of the Congo	✓	✓	✓	✓	✓	✓	●	●	●	●	✓	✓
Dominican Republic	✗	✗										
El Salvador	✓		✓		●	●	✗	✗	✗	✗	✗	✗
Eritrea	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Estonia	✗	✗	✗	✗	✗	✗						
Ethiopia	✓	✓	✓	✓	✓	✓	✓	✓	●	●	✓	✓
Fiji	●	●	●	●	●	●	✗	✗	✗	✗	✗	✗
Gabon	✗	✗	✗	✗	✗	✗						
Gambia	✗	✗	✗	✗	✗	✗						
Georgia	●	✗	●	✗	●	✗	✗		✗		✗	
Ghana	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
Guinea	✗	✗	✗	✗	✗	✗						
Guinea-Bissau	✓	✓	✓	✓			●	●	●	●		
Haiti	●	●	●	●	●	●	●	●	●	●	●	●
Honduras	●	●	●	●	●	●	✗	✗	✗	✗	✗	✗
India ³		✓		✓		✓		✓				✓
Indonesia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Iran (Islamic Republic of)	●	●	●	●	✓	✓	●	●	●	●	✗	✗
Jordan	✓	✓	✓	✓	✗	✗	●	●	●	●		
Kazakhstan	●	●	●	●	✓	✓	✓	✓	✓	✓		
Kenya	●	●	●	●	●	●	●	●	✗	✗	●	●
Kyrgyzstan			●	●	✓	✓						
Lao People's Democratic Republic	✓	✓	✓	✓	✓	✓	●	●	●	●		✓

✓ Yes.
 ● Under development.
 ✗ No.

✓ Yes, plan exists to fill all gaps.
 ● Yes but does not fill all gaps identified.
 ✗ No or under development.

HUMAN RESOURCES¹

Extent to which the following factors constrain WASH human resources capacity

HUMAN RESOURCES ¹									
Extent to which the following factors constrain WASH human resources capacity									
Sanitation			Drinking-water			Hygiene			
National	National	National	National	National	National	National	National	National	
Financial resources available for staff	Lack of skilled graduates	Skilled workers do not want to live/work in rural areas	Financial resources available for staff	Lack of skilled graduates	Skilled workers do not want to live/work in rural areas	Financial resources available for staff	Lack of skilled graduates	Skilled workers do not want to live/work in rural areas	
✗	✗	●	✗	✗	●	●	✗	✗	Afghanistan
✗	✗	✗	✗	✗	✗	✗	✗	✗	Angola
●	●	●	●	●	●	●	●	✓	Argentina
✓	●	●	✓	●	●	●	●	●	Azerbaijan
●	●	✗	●	●	✗	✗	✗	✗	Bangladesh
●	✓	✗	●	✓	✗	●	✓	✗	Belarus
●	✓	✓	●	✓	✓	●	✓	✓	Benin
✗	✗	✗	✗	✗	✗	✗	✗	✗	Bhutan
✗	●	✗	✗	●	●	✗	●	✗	Bolivia (Plurinational State of)
✗	●	✗	✗	●	✗	✗	✓	✗	Botswana
●	●	✗	●	●	✗	●	✗	✗	Brazil
✗	●	✓	✗	●	✓	✗	●	✓	Burkina Faso
✗	✗	✓	✗	✗	✓	✗	✗	✓	Burundi
✗	✗	✗	✗	✗	✗	✗	✗	✗	Cambodia
✗	✗	●	✗	✗	●	✗	✗	●	Cameroon
✗	✗	✓	●	✗	✗	✗	✗	✗	Central African Republic
✗	●	✗	●	✓	✗	✗	●	✗	Chad
●	●	●	●	●	✗	●	●	●	Chile
✗	✓	✗	●	✓	✗	●	●	●	Colombia
✗	●	✓	✗	●	✓	✗	●	✓	Congo
✗	✗	✗	✗	✗	✗	✗	✗	✗	Cook Islands
●	✗	●	●	✗	●	●	✓	●	Costa Rica
✓	✓	✓	✓	✓	✓	✓	✓	✓	Cuba
✗	✓	✓	✗	✓	●	●	●	✗	Côte d'Ivoire
✗	●	✗	✗	●	✗	✗	●	✗	Democratic Republic of the Congo
✗	✗	✗	✗	✗	✗	✗	✗	✗	Dominican Republic
●	●	●	●	●	●	✗	●	●	El Salvador
✗	✓	●	✗	●	✓	✗	✓	●	Eritrea
✗	●	●	✗	●	●	✗	●	●	Estonia
●	●	●	●	✗	●	●	●	●	Ethiopia
✗	●	✓	✗	●	✓	✗	✓	✓	Fiji
●	✗	✗	●	✗	✗	●	✗	✗	Gabon
✗	✗	●	✗	✗	✓	✗	✗	✓	Gambia
✗	✗	✗	✗	✗	✗	✗	✗	✗	Georgia
●	✓	●	✗	●	✗	●	✓	●	Ghana
✗	✗	✗	●	✓	✗	✗	✗	✗	Guinea
✗	✓	✓	✗	✓	✓	✗	✓	✓	Guinea-Bissau
✗	●	●	✗	●	●	✗	●	●	Haiti
●	✗	●	●	✗	●	●	●	●	Honduras
✗	●	✓	✗	✗	✓	●	●	●	India ³
●	●	✗	●	●	✗	●	●	✗	Indonesia
●	✓	✗	●	✓	✗	●	✓	●	Iran (Islamic Republic of)
✗	✓	✓	✗	✓	✓	✗	●	●	Jordan
●	✓	●	✓	✓	●	●	✓	●	Kazakhstan
✓	●	✗	✓	●	✓	✓	●	✗	Kenya
✗	✗	✗	●	✗	✗	●	●	●	Kyrgyzstan
●	●	●	●	●	●	●	●	●	Lao People's Democratic Republic

✓ Low constraint.
● Moderate constraint.
✗ Severe constraint.

COUNTRY	HUMAN RESOURCES ¹											
	Existence of an overall strategy ² to develop and manage human resources						Human resource strategy outlines actions to fill identified gaps					
	Sanitation		Drinking-water		Hygiene		Sanitation		Drinking-water		Hygiene	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Lebanon	●	●	●	●	●	●	●	●	●	●	●	●
Lesotho	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Liberia	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
Lithuania	✗	✗	✗	✗	✗	✗						
Madagascar	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
Maldives	✗						✗	✗	✗	✗	✗	✗
Mali	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	●	●
Mauritania	✗	✗	✗	✗	✗	✗						
Mexico	✗	✗	✗	✗	✗	✗						
Mongolia	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✗	✗
Morocco	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mozambique	●	●	●	●	●	●	✗	✗	✗	✗	✗	✗
Myanmar	●	●					✓	✓	✓	✓	✗	✗
Nepal	✗	✗	✗	✗	✗	✗						
Niger	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nigeria	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Oman	✓	✓	✓	✓	●	●	✗	✗	✓	✓	✗	✗
Pakistan	●	●	●	●	●	●	✗	✗	✗	✗	✗	✗
Panama	●	●	●	●	●	●	✗	●	✗	●	✗	✗
Paraguay	✗	✗	✗	●	✗	✗						
Peru	✓	●	✓	●	✓	✓	●	●	●	●	●	●
Philippines	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
Republic of Moldova	✗	✗	✗	✗	✗	✗						
Rwanda	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Senegal	✗	✗	✗	✗	✗	✗						
Serbia	✗	✗	✗	✗	✗	✗						
Sierra Leone	✓	✓			✓	✓	✓	✓			✓	✓
South Africa	✗	✗	✗	✗	✗	✗						
South Sudan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sri Lanka	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
Sudan	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
TFYR Macedonia	✗	✗	✓	✗	●	●	✗	✗	●	●	✗	✗
Tajikistan	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
Thailand	✓	✓	●	✓	✗	✗	✓	✓	✓	✗	✓	✓
Timor-Leste	✓	✓	✓	✓	✓	✓	●	●	●	●	●	●
Togo	✗	✗	✗	✗	✓	✓					●	●
Tonga	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tunisia	✗	✗	✗	✗	✗	✗						
Uganda	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ukraine	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗
United Republic of Tanzania	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Uruguay	✗	✗	✗	✗	✗	✗						
Vanuatu												
Viet Nam	✓	✗	✓	●	✗	✗	●	✗	●	✗		
West Bank and Gaza Strip	●	●	●	●			✗	✗	✗	✗		
Yemen	✓	●	✓	●			●	✗	●	✗		
Zimbabwe	✗	✗	✗	✗	✗	✗						

✓ Yes.
 ● Under development.
 ✗ No.

✓ Yes, plan exists to fill all gaps.
 ● Yes but does not fill all gaps identified.
 ✗ No or under development.

¹ Country reported data through GLAAS process.

² Sector-wide or part of broader strategy.

³ Results for India represent rural areas only.

HUMAN RESOURCES¹

Extent to which the following factors constrain WASH human resources capacity

HUMAN RESOURCES ¹									
Extent to which the following factors constrain WASH human resources capacity									
Sanitation			Drinking-water			Hygiene			
National	National	National	National	National	National	National	National	National	
Financial resources available for staff	Lack of skilled graduates	Skilled workers do not want to live/work in rural areas	Financial resources available for staff	Lack of skilled graduates	Skilled workers do not want to live/work in rural areas	Financial resources available for staff	Lack of skilled graduates	Skilled workers do not want to live/work in rural areas	
●	✓	✓	●	✓	✓	●	✓	✓	Lebanon
●	✓	✓	●	✓	✓	●	✓	●	Lesotho
✗	✗	●	✗	✗	●	✗	✗	●	Liberia
									Lithuania
✗	●	●	✗	✓	✓	✗	●	✗	Madagascar
									Maldives
●	●	●	✗	✓	✗	✓	●	✓	Mali
✗	✗	✗	●	✗	✗	●	✓	●	Mauritania
✗	✓	✓	✗	✓	✓	✗	✓	✓	Mexico
●	✗	✗	●	●	✗	●	✓	✗	Mongolia
✗	✓	●	✗	✓	●	✗	✓	●	Morocco
✗	●	●	✗	●	●	✗	●	●	Mozambique
●	●	●	●	●	●	●	●	●	Myanmar
●	●	●	●	●	✗	●	✗	✗	Nepal
✓	✓	✓	✓	✓	✓	✓	●	✓	Niger
✗	●	✗	✗	●	✗	✗	●	✗	Nigeria
✓	✗	✓	✓	✗	✓	●	✗	✓	Oman
●	●	✗	●	●	✗	●	●	✗	Pakistan
✗	✗	✗	✗	✗	✗	✗	●	●	Panama
●	●	●	●	●	●	✓	●	●	Paraguay
✗	✓	✗	✗	✓	✗	✗	✓	✗	Peru
●	✗	●	●	●	●	●	●	●	Philippines
✗	●	✗	✗	●	✗	✗	✓	✗	Republic of Moldova
●	✓	✗	●	✓	✗	●	✓	✗	Rwanda
✗	✗	✓	✗	✗	✓	✗	✗	✓	Senegal
✗	✓	✗	✗	✓	✗	✗	✓	✗	Serbia
✗	●	✗	✗	✗	✗	✗	●	✗	Sierra Leone
✗	✗	✗	●	✗	✗				South Africa
●	✗	✓	●	✗	✓	●	●	✓	South Sudan
✗	✗	✗	✗	✗	✗				Sri Lanka
●	●	✗	●	●	✗	●	●	✗	Sudan
✗	✓		●	✓	✗		✓		TFYR Macedonia
✗	✗	✓	✗	✗	✓	✗	●	●	Tajikistan
✓	●	✓	✗	✓	●	✗	✓	●	Thailand
✗	✗	●	✗	✗	●	✗	✗	●	Timor-Leste
✗	●	●	✗	●	●	✗		●	Togo
●	✓	✓	●	●	✓	●	✓	✓	Tonga
●	✓	✗	●	✓	✗	●	●	✗	Tunisia
●	✓	✗	●	✓	✗	●	✓	✗	Uganda
✗	✓	✗	✗	✓	✗	✗	✓	✗	Ukraine
✓	●	✗	✓	●	✗	✓	●	✗	United Republic of Tanzania
✓	●	✓	✓	●	✓				Uruguay
✗	✗	✗	✗	✗	✗	✗	●	✗	Vanuatu
✗	●	●	✗	●	●	✗	●	●	Viet Nam
✗	●	●	✗	●	●				West Bank and Gaza Strip
✗	●	●	✗	●	●	✗			Yemen
✗	✓	✓	✗	✓	✓	✗	✓	✓	Zimbabwe

✓ Low constraint.
● Moderate constraint.
✗ Severe constraint.

COUNTRY	FINANCING ¹															
	Existence and level of implementation of a government defined financing plan/budget for the WASH sector which is published and agreed					Financing plan defines if operating and basic maintenance is to be covered by tariffs or household contributions					Financial schemes exist to make WASH more affordable for disadvantaged groups		Absorption of external funds (% of official donor capital commitments utilized (three-year average))			
	Sanitation		Drinking-water		Hygiene	Sanitation		Drinking-water		Sanitation	Drinking-water	Sanitation		Drinking-water		
	Urban	Rural	Urban	Rural	National	Urban	Rural	Urban	Rural	National	National	Urban	Rural	Urban	Rural	
Afghanistan	●	●	●	●	●	✗	✓	●	●	✗	✗	✗	✗	✗	✗	
Angola	✓	✓	✓	✓	✓	✗	✗	✗	✗	●	●	✗	✗	✗	✗	
Argentina	✗	✗	✗	✗	✗	●	●	●	●	✓	✓					
Azerbaijan	✓	✓	✓	✓	✓	●	●	●	●	✓	✓	✓	✓	✓	✓	
Bangladesh	●	●	●	●	✗	✗	✗	✓	✗	✓	✓	✓	✓	✓	✓	
Belarus	✓	✓	✓	✓	✗	●	●	●	●	●	●	✓		✓		
Benin	✓	✓	✓	✓	✓	✓	✓	●	●	✗	✓	●	●	●	●	
Bhutan	✓	●	✓	✓	●	●	✗	●	●	●	✓	✓	✓	✓	✓	
Bolivia (Plurinational State of)	●	●	●	●	✗	●	✗	●	✗	✗	✗	✗	✗	✗	✗	
Botswana	●	●	●	●	●	✗	✗	●	●							
Brazil	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	
Burkina Faso	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	●	✓	●	
Burundi	●	●	●	●	●	●	✗	●	✗	✗	●	●	●	●	●	
Cambodia	✗	✗	✗	✗	✗	✓	✗	●	✗	✗	✗	✓	✓	✓	✓	
Cameroon	●	●	✓	●	●	●	●	●	●	✗	✗	✗	✗	✓	✓	
Central African Republic	●	●	●	●	●	✗	✗	✗	✗	●	●	✗	✗	●	✗	
Chad	●	●	●	●	●	✗	●	●	●	●	●	●	●	●	✗	
Chile				✓				✓			✓		✗		✗	
Colombia	●	✗	●	✗	✗	✓	✓	✓	✓	✓	✓	✗	✗	✗	✗	
Congo	✓	✓	✓	✓	✗	✗	✗	●	●	✗	✗	✓	●	●	●	
Cook Islands								✗	✗	●	●	✓	✓	✓	✓	
Costa Rica	✗	✗	✗	✗	✗	✓	✓	✓	✓	●	●					
Cuba	✓	✓	✓	✓	✓	●	●	●	●	✓	✓	✗	✗	✗	✗	
Côte d'Ivoire	✓	✓	✓	✓	✓	●	✗	✓	✗	●	✓	●	●	✓	✓	
Democratic Republic of the Congo	●	●	●	●	●	●	●	●	●	●	●	✗	✗	✗	✗	
Dominican Republic																
El Salvador	●	●	●	●	●	✓	✗	✓	✗	✓	✓	✗	●	✗	●	
Eritrea	✗	●	●	●	●	●	●	●	●	✓	●	✓	✓	✓	●	
Estonia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	
Ethiopia	●	✓	✓	✓	✓	✗	✗	●	●	●	●	✓	✓	●	✓	
Fiji	✓	✓	✓	✓	✓	●	✗	●	✗	●	✓	✓	✓	✓	✓	
Gabon	✗	✗	✗	✗	✗	✗	✗	✓	✗	✗	●	✗	✗	✓	✗	
Gambia	✗	✗	✗	✗	✗	●	✗	●	✗	✗	●	✓	✓	✓	✓	
Georgia	✓	✓	✓	✓	✗	✓	✓	✓	✓	●	●	●	●	●	●	
Ghana	●	●	●	●	●	●	✓	●	✓	●	●	✓	✓	✓	●	
Guinea	✗	✗	●	●	✗	✗	✗	✓	✓	●	✓	✓	✓	✓	✓	
Guinea-Bissau	✗	✗	✗	✗	✗	●	✓	●	✓	✗	✗	✗	●	●	✓	
Haiti	✗	✗	●	●	●	●	●	●	●	●	●	✗	✗	✗	✗	
Honduras	●	●	●	●	●	●	●	●	●	✗	✗	●	●	●	●	
India ⁴		✓	✓	✓	✓		✗		✗	✗	✓					
Indonesia	●	●	●	●	●	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	
Iran (Islamic Republic of)	✓	✓	✓	✓	✓	●	●	●	●	●	●	●	●	●	●	
Jordan	✓	✓	✓	✓	✗	✓	✓	✓	✓	●	✓	●	●	●	●	
Kazakhstan	✓	✓	✓	✓	✓											
Kenya	✗	✗	●	●	✗	●	●	✓	●	✗	✗	●	●	✓	✓	
Kyrgyzstan	✗	✗	✗	✗	✗										✓	
Lao People's Democratic Republic	●	●	●	●	●	✗	✗	●	✗	●	●	●	●	●	●	
Lebanon	✗	✗	✗	✗	✗	✗	✗	●	●	✗	✗	✗	✗	✗	✗	

✓ Agreed and consistently followed.
 ● Agreed but not sufficiently implemented.
 ✗ No agreed plan or under development.

✓ Covers over 80% of costs.
 ● Covers less than 80% of costs.
 ✗ No finance plan.

✓ Schemes exist and widely used.
 ● Schemes exist NOT widely used.
 ✗ No schemes exist.

✓ Over 75%.
 ● Between 50–75%.
 ✗ Less than 50%.

FINANCING ¹															
Absorption of domestic funds (% of domestic commitments utilized (three-year average))				Sufficiency of financing to meet MDG targets ²				Government budget specific to WASH ³		Annual WASH expenditure (all sources)			Funding sources (US\$ millions)		
Sanitation		Drinking-water		Sanitation		Drinking-water		Sanitation, drinking- water and hygiene		Sanitation, drinking- water and hygiene		Hygiene (only)	Sanitation, drinking-water and hygiene		
Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	National		National	National	National	National	National	National
								Year	Budget (US\$ millions)	Year	Total (US\$ millions)	Total for hygiene only (US\$ millions)	Household	Government	External
●	●	●	●	●	●	●	●	2010–2014	42	Avg annual 2010–2012	29	1		6	22
✗	✗	✗	✗	●	●	✓	✓	2013–2017							
✓	✓	✓	✓	✗	✗	✓	✗	2013							
✓	✓	✓	✓	✓	✓	✓	✓	2013							
✓	✓	✓	✓	✗	✗	✗	✗	2012–2013	266	July 2012– June 2013	473	11	178	123	172
✓	✓	✓	✓	✗	✗	✗	✗			2012	59			9	49
●	●	●	●	✗	✗	✓	✓	July 2012– June 2013	10	July 2012– June 2013	9			5	4
✗	✓	●	✓	✓	✓	✗	●	2013		2013	163	42		163	
✗	✗	✗	✗	✓	✓	✓	✓	2011–2012		2012	25,243		19,660	2,094	3,397
✓	✓	✓	✓	✓	●	✓	●	2012	52	2012	96		6	30	9
✓	✓	✓	✓	✗	✗	✗	✗								
✓	✓	✓	✓	✓	✓	✓	✓	3 years (2013– 2015)	173	2010–2012	190	9			191
●	●	✓	✓	✗	✗	●	✓								
✓	✗	✓	●	✗	✗	✗	✗	2013							
✓	✓	✓	✓	✓	✓	✓	✓		47						
								2013	132						
✗	✗	✗	✗	✓	●	✓	✓		393	2012	6,205		4,976	1,229	
✓	●	✓	✓	✓	✓	✓	✓								
✓	✓	✓	✓	✗	✗	✓	✗								
●	●	●	●	✗	✗	●	●	2012–2014	275						
✓	✓	✓	✓						177						
●	●	✓	✓	✗	✗	✗	✗			2012			22	10	
✗	✗	✗	✗	✗	✗	✗	✗	2012	1,081	2012					
✓	✓	✓	✓	✓	✓	✓	✓								
✓	✓	✗	✗	●	●	✗	✗			2011	295		115	65	
✓	✓	✓	✓	✓	✓	✓	✓			2013–2014	13	0			13
✓	✓	✓	✓	✓	✓	✓	✓	Avg annual 2014–2020	196	2012	265		20	77	168
✓	✓	●	✓	✗	✗	✗	✗		162	2012	132	0		62	70
✓	✓	✓	✓	✗	✗	✓	●	2012	67	2012	31			31	
●	✗	●	●	✗	✗	✗	✗	2011	213						
✓	✓	✓	✓	✗	✗	✗	✗			2012					
✓	✓	✓	✓	✗	✗	✗	✗	2012		2012					
✓	✓	✗	✗	●	●	●	●	2012	263	2012	493		215	24	255
●	●	●	●	✗	✗	✗	✗	2013							
✓	✓	✓	✓	✓	●	✓	●								
●	●	●	●	✗	✗	✗	✗	2012		2012	51			7	44
✓	✓	✓	✓	✓	✓	✓	✓								
✓	✓	✓	✓	●	●	●	●	2010–2014		2011					
✓	✓	✓	✓	✓	✓	✓	✓	2012–2013	573	2012	1,407		778	629	
●	●	●	●	●	●	✓	✓		345	2012	614		253	291	71
				✓	✓	✓	✓	2012	399						
●	●	●	●	●	●	●	●	2011–2012	300	2011–2012					
				✗	✗	✗	✗			2012–2013	32	1		4	28
✗	✗	✗	✗	✗	✗	✗	✗	2012–2013							
✓	✓	✓	✓	✗	✗	●	●	2013	54						

✓ Over 75%.
● Between 50–75%.
✗ Less than 50%.

✓ More than 75% of what is needed.
● Between 50–75% of what is needed.
✗ Less than 50% of what is needed.

COUNTRY	FINANCING ¹														
	Existence and level of implementation of a government defined financing plan/budget for the WASH sector which is published and agreed					Financing plan defines if operating and basic maintenance is to be covered by tariffs or household contributions				Financial schemes exist to make WASH more affordable for disadvantaged groups		Absorption of external funds (% of official donor capital commitments utilized (three-year average))			
	Sanitation		Drinking-water		Hygiene	Sanitation		Drinking-water		Sanitation	Drinking-water	Sanitation		Drinking-water	
	Urban	Rural	Urban	Rural	National	Urban	Rural	Urban	Rural	National	National	Urban	Rural	Urban	Rural
Lesotho	✗	✗	✗	✗	✗	●	✗	✓	✗	✓	✓	✓	✓	✓	✓
Liberia	●		✗			✗	✗	✗	✗	✗	✗	✓	✗	✓	✗
Lithuania	✓	✓	✓	✓	✓	✗	✗	✗	✗	✓	✓	✓	✓	✓	✓
Madagascar	●	●	●	●	●	✓	✗	●	●	●	●	✗	✗	✗	✗
Maldives	●	●	●	●	●		●		●	●	●				
Mali	✓	✓	✓	✓	✗	✗	✗	✓	●	✗	✗	✗	✗	●	●
Mauritania	✓	✓	✓	✓	✓	●	●	●	●	✗	✓	✓	✓	✓	✓
Mexico	●	●	●	●	●	●	●	●	●	✓	✓				
Mongolia	✓	✓	✓	✓	✓	●	●	●	●	✗	✗	●	●	✗	✗
Morocco	✓	✗	✓	✓	✓	✓	✗	✓	✓	✓	✓	●		●	●
Mozambique	✗	●	●	●	✗	✓	✗	●	●	●	✓	✓	✓	✓	✓
Myanmar	●	✗	●	✗	✗	●	✓	✓	●	●	●	✗	✗	✗	✗
Nepal	●	✓	✓	✓	●	✗	✓	✓	✓	✓	●	✗	✓	●	✓
Niger	●	●	✓	✓	●	✗	✗	✓	✓	✓	✓	●	●	●	●
Nigeria	●	●	●	●	●	●	●	●	●	✗	✗	✓	✓	✓	✓
Oman	✓	✓	✓	✓	✓	●	●	●	●			✗			
Pakistan	✓	✓	✓	✓	✗	●	✗	●	✓	✗	✗	✓	✓	✓	✓
Panama	✓	●	✓	●	✗	●	✗	✓	✗	●	●	●	✗	●	●
Paraguay	✗	✗	✗	✗	✗	✓	✓	✓	✓	●	●	●	●	●	●
Peru	●	●	●	●	✗	✓	●	✓	●	✓	✓	✓	✓	✓	✓
Philippines	●	✗	●	●	✗	✗	✗	✗	✗	✗	✗	●	●	●	●
Republic of Moldova	●	●	●	●	●	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓
Rwanda	✓	✓	✓	✓	✓	✗	✗	●	●	✗	✗	✓	✓	✓	✓
Senegal	✓	✓	✓	✓	●	●	✗	✓	✓	●	✓	✓	✓	✓	✓
Serbia	●	●	●	●	●	●	✗	●	✗	✗	✗	●	✗	●	✗
Sierra Leone		✓		✓						●	●	●	●	●	✓
South Africa	●	●	✓	●						✓	✓				
South Sudan	✗	✗	✗	✗	✗	●	●	●	●	✗	✗	●	●	●	●
Sri Lanka	●	●	✓	✓	✓	●	●	●	●	✓	✓	✓	✓	✓	✓
Sudan	●	●	✓	✓	●	●	●	●	●	✓	✓	✗	✗	✓	✓
TFYR Macedonia	✓	●	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Tajikistan	●	●	●	●	●	●	●	●	●	✗	✗	✓	✓	✓	✓
Thailand	✓	✓	✓	✓	✓	●	●	✓	✗	●	✓	●	✓	●	✗
Timor-Leste	●	●	●	●	●					✓	●	✓	✓	✓	✓
Togo	●	●	●	●	✗	✗	✗	●	●	●	●	●	●	●	●
Tonga	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✗	●
Tunisia	✓	✓	✓	✓	✓	✓	●	●	●	✓	✓	✓		✗	✗
Uganda	●	●	●	●	●	✗	✗	●	●	●	✓	✓	✓	✓	✓
Ukraine	✓	✓	✓	✓	✓	●	●	●	●	✓	✓				
United Republic of Tanzania	●	✓	✓	✓	✓	●	✗	●	●	✗	✗	●	●	●	●
Uruguay	✗	✗	✗	✗	✗	✓		✓		✓	✓				●
Vanuatu	✗	✗	●	✗	✗	✗	✗	●	✗	✗	✗	✓	✓	✓	✓
Viet Nam	●	●	●	●	✗	●	✗	●	●	✓	✓	✓	✓	✓	✓
West Bank and Gaza Strip	●	●	●	●	●	●	●	●	●	●	●	✓	✓	●	●
Yemen	●	●	●	●	✗	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗
Zimbabwe	●	●	●	●	●	●	✗	●	✗	●	●	✓	✓	✓	✓

✓ Agreed and consistently followed.
 ● Agreed but not sufficiently implemented.
 ✗ No agreed plan or under development.

✓ Covers over 80% of costs.
 ● Covers less than 80% of costs.
 ✗ No finance plan.

✓ Schemes exist and widely used.
 ● Schemes exist NOT widely used.
 ✗ No schemes exist.

✓ Over 75%.
 ● Between 50–75%.
 ✗ Less than 50%.

¹ Country reported data through GLAAS process.

² While some countries have already met the MDG targets, reported insufficiency of WASH finance may be based on other criteria such as: 1) national targets that go beyond MDG goals; 2) capital maintenance needs to sustain services, or 3) additional needs due to population growth.

³ Disaggregated WASH budgets were requested by line ministry and by sub-sector. Data may be incomplete for those countries that could not disaggregate and did not provide additional information.

⁴ Results for India represent rural areas only.

FINANCING ¹															
Absorption of domestic funds (% of domestic commitments utilized (three-year average))				Sufficiency of financing to meet MDG targets ²				Government budget specific to WASH ³		Annual WASH expenditure (all sources)			Funding sources (US\$ millions)		
Sanitation		Drinking-water		Sanitation		Drinking-water		Sanitation, drinking- water and hygiene		Sanitation, drinking- water and hygiene		Hygiene (only)	Sanitation, drinking-water and hygiene		
Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	National		National	National	National	National	National	National
								Year	Budget (US\$ millions)	Year	Total (US\$ millions)	Total for hygiene only (US\$ millions)	Household	Government	External
✓	✓	✓	✓	✗	●	●	●		25	Financial years 2011, 2012, 2013	60	0	16	17	27
✗	✗	✓	✗	✗	✗	✗	✗			2013					
✗	✗	✗	✗												
✓	✓	✓	✓	✗	✗	✗	✗			2011	33				
				✗	✗	✗	✗								
✓	✓	✓	✓	✗	✗	●	●	2012	79						
✓	✓			✗	✗	✗	✗	2012–2013							
				●	●	✓	●	2014							
✗	✗	✗	✗	✗	✗	●	✗			2012	2				
✓		✓	✓	✓	✓	✓	✓	2012	2,076	2012	1,751	0.6	1,153	190	408
✓	✓	✓	✓	✗	✗	●	●	2012–2013	259	2012	98			30	60
✗	✗	●	●	●	●	✗	✗	2010–2013	7	Avg annual 2010–2013			3	12	
✓	✓	✓	✓	✗	●	✗	●			2012	134		25	74	35
✓	✓	✓	✓	●	✗	●	●		69	2012	50			14	36
✓	✓	✓	✓	✗	✗	✗	✗	2013	587	2013					
✓	✓	✓	✓	✓	✓	✓	✓		1,431	2012					
✓	✓	✓	✓	✗	✗	✗	✗	2011–2012	375	2011–2012	544		138	317	89
✗	●	✗	●	●	✗	✓	●	Annual	10	2011	556		99	52	405
✓	✓	✓	✓	✗	●	✓	✓	2012–2015							
✗	✗	✗	✗	✓	●	✓	●	2013	554	2005–2010					
✗	✗	✗	✗	✗	✗	●	✗	2011–2016							
✓	✓	✓	✓	✗	✗	●	●	2012	18	2012				35	70
✓	✓	✓	✓	●	●	●	●	2013–2014	36	Financial year 2012					
✓	●	✓	✓	✗	✗	✓	✓		113	2012	91			36	55
●	✗	●	✗	✗	✗	✗	✗		28	2013				26	
●	●	●	✓	✗	✗	✗	✗								
✓	✓	✓	✓	✓	✓	✓	✓		3,991						
✗	✗	✗	✗	✗	✗	✗	✗		33						
✓	✓	✓	✓	✗	✗	✗	✗								
✗	✗	✓	✓	●	✗	●	✗		41						
✓	✓	✓	✓						83						
✓	✓	✓	✓	✗	✗	✗	✗								
✗	✗	✓	✗	●	✓	●	●								
✓	●	●	●	✗	✗	✗	✗								
●	●	●	●	✗	✗	●	✓	2012		2012	21	1	9	5	7
✓	✓	✓	✓	✓	✓	✓	●								
✓		✗	●	✓		✓	✓	2013	294	Avg annual 2010–2011	533	2	323	109	101
✓	✓	✓	✓	✗	✗	●	●	July 2012– June 2013	84						
✓	✓	✓	✓	✗	✗	✗	✗	2012							
✓	✓	✓	✓	✗	✗	✗	✗		86						
								2013	598	2011	557		448		
✓	✓	✓	✓	✗	✗		✗								
✓	✓	✓	✓	✓	●	✓	✓		49	2012					
✗	✗	✗	✗	✗	✗	✗	✗	2013							
●	●	●	●	✗	✗	✗	✗	2013	106	2013	106			55	51
✗	✗	✗	✗	✗	✗	✗	✗	2013	162						

✓ Over 75%.
● Between 50–75%.
✗ Less than 50%.

✓ More than 75% of what is needed.
● Between 50–75% of what is needed.
✗ Less than 50% of what is needed.

Summary of responses to 2013/2014 GLAAS external support agency survey

EXTERNAL SUPPORT AGENCY	AID CRITERIA AND REPORTING			AID AMOUNTS		FLOW TYPES (%) ¹		DISTRIBUTION BY COUNTRY INCOME LEVEL (%)			
	Criteria to prioritize recipient countries	WASH targets established	Produces report detailing WASH aid	2010-2012 Average ODA commitments (constant 2011 US\$, million)	2012 ODA disbursements (US\$, million)	Grants	Loans	Least developed country	Other low income country	Lower middle income country	Upper middle income country
African Development Bank	Yes	Yes	Yes	244	172	34	86	51	27	21	
Asian Development Bank	Yes	Yes	No	269	157	9	91	34		66	0
Australia	Yes	Yes	Yes	217	167	100	0	38	10	52	1
Bill and Melinda Gates Foundation ²	N/A	Yes	N/A	84	82	100	0	43	19	33	5
BRAC ²	No	Yes	Yes	23	24	0	0				
Canada	Yes	No	Yes	48	86	100	0	62	3	22	13
Denmark	N/A	No	N/A	93	63	100	0	86	0	14	0
European Commission	No	No	Yes	839	643	63	37	29		37	34
France ³	Yes	Yes	Yes	607	488	9	91	19	0	38	43
Germany (BMZ)	Yes	Yes	No	1,104	579	28	72	19	3	27	51
International Development Bank	Yes	No	Yes	91	153	7	93	7		86	7
International Federation of Red Cross and Red Crescent Societies	Yes	Yes	N/A								
Japan	N/A	No	Yes	1,986	1,544	17	83	14	1	56	29
Netherlands	Yes	Yes	Yes	253	169	100	0	57	3	40	0
Portugal	Yes	No	No	1	<1	100	0	84		16	
Sweden	No	No	No	79	126	100	0	30	18	39	13
Switzerland	Yes	Yes	Yes	189	153	100	0	34	13	25	28
UNDP ³	N/A	Yes	No	2		100	0	41	2	21	36
UNICEF ³	N/A	N/A	N/A	31	19	100	0	71	5	23	1
United Kingdom	Yes	Yes	Yes	69	171	100	0	53	21	25	1
United States (USAID) ³	Yes	Yes	Yes	445	387	100	0	26	2	27	46
WaterAid ²	Yes	No	Yes		29	100	0	75	1	24	
World Bank	No	Yes	Yes	1,536	864	7	93	41	11	48	

¹ All grant and loan data based on OECD-CRS reporting, except as noted.

² All data, including grant and loan breakdowns are based on 2013 GLAAS ESA survey response.

³ Aid flow and distribution data shown are based on OECD-CRS reporting, which may have differed from data reported in 2013 GLAAS ESA survey responses.

Sources: 2013/2014 GLAAS external support agency survey and OECD-CRS (2014).

DISTRIBUTION BY MDG REGION (%)										DISTRIBUTION BY PROJECT TYPE (%)			DISTRIBUTION BY SECTOR (%)		DISTRIBUTION BY PROJECT GOAL (%)			
Sub-Saharan Africa	Northern Africa	Latin America and Caribbean	Caucasus and Central Asia	Western Asia	Southern Asia	South-eastern Asia	Oceania	Eastern Asia	Other	Basic systems	Large systems	Other	Water	Sanitation	New services	Repair / replacement	Improve service levels	Sector strengthening
84			46		42	11	2			11	83	6			40	30	15	15
17		0		2	11	42	4	0		56	31	13	76	24	36		52	12
32		0			23	6		0	39	55	11	34	96	4				
										86	14		2	98				
35	0	12	0	1	8	4	1	2		36	4	60	38	62	37	3	29	11
45	2	1	0	0	34	11		0		36	32	32						
42	16	4	2	8			2		13	38	23	39	84	16				
51	13	21	0	7	5	1		0	0	7	84	10	96	4				
14	10	13	7	12	9	4		13	6	24	55	21	43	57				
		98								1	58	42	80	20				
9	9	21	0	15	31	10	2	1	0	16	76	8	85	15				
53	0	0		2	13	5			0	39	30	31	33	67	80	2	10	8
98		1							1	18		82	100	0			100	
23		7	6		2	0		0	8	30	17	53						
11	4	10	9	1	9	6		0	7	59	17	24			60	10	20	10
24		13	16	1	9		0	20	2									
63	0	1	0	2	27	4	0	2		81	18	1	86	14				
57	0	0	2	1	8	11	0	1		57	10	33	61	39	53	2	30	15
23	0	1	1	55	11	3		0	0	1	87	12	43	57				
68					32					76	24		65	35	87			
48		1	4	1	25	22		0		15	54	31	70	30				

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Sincere apologies are extended to any contributors whose names have inadvertently been omitted.




“GLAAS helps with gap analysis and target setting under the Protocol on Water and Health in the European Region. In addition, in some cases it has helped to prioritize budgets and investments.”

Dragana Jovanovic
Department of drinking water and recreational water quality
Institute of Public Health of Serbia
Ministry of Health, Serbia




“GLAAS constitutes a very good supplement to the Protocol on Water and Health, as it contains relevant information which is not included in the Protocol, such as hygiene, financial investments, and human capacity of operators.”

Ion Salaru
First Deputy Director
National Centre for Public Health (NCPH)
Ministry of Health, Republic of Moldova



“In Kenya, GLASS results have redefined the National WASH indicators which have been incorporated into the National WASH Monitoring System and are monitored on a regular basis. We are in the process of integrating indicators from inter-related ministries to promote equity, inclusion, financing and this will strengthen coordination and right to safe water and sanitation for all.”

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