



# ACCELERATING ACTION FOR RURAL SANITATION

Challenges & Recommendations



Founded in 1991, Secours Islamique France (SIF) is a humanitarian and development Non-Governmental Organisation (NGO). SIF is committed to reducing poverty and vulnerability, without proselytising or discriminating, and takes action wherever there are humanitarian and social needs to be met. In France, SIF works to tackle the insecurity and exclusion of the most disadvantaged. Abroad, SIF focuses on improving access to water, sanitation and hygiene, on improving food security and livelihoods for the most vulnerable and on realising the rights of the child. In order to increase the impact of our projects, SIF conducts advocacy work to influence public policy so as to ensure that the most vulnerable people are taken into account and that they are able to realise their rights.

**Access to WASH is one of our key operational priorities and we advocate to ensure that the human rights to water and sanitation are effective and sustainable for all. SIF is an active member of French Water Partnership, a platform that brings together French water stakeholders, as well as of Coalition Eau, the network of French NGOs advocating for universal access to water and sanitation, and of Global Wash Cluster, a United Nations-level forum to improve coordination of the WASH humanitarian response in crisis situations.**



## METHODOLOGY

This publication is based on a consultants' report produced by Hydro-R&D International for Secours Islamique France in 2020. Hydro-R&D International conducted a comprehensive assessment of access to rural sanitation that focused on low-income countries. They also carried out a review of the positive socio-economic impacts of the sector, and analysed the bottlenecks to action for sanitation in order to determine recommendations. To complete all of these tasks, Hydro-R&D International carried out a literature review, drew on the SIF's operational expertise and its partners, and conducted interviews and data collection campaigns in the countries in which SIF works.

This publication includes evidence from SIF field projects and from the SIF advocacy study on barriers and recommendations for accelerating action for sanitation.

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# REVIEW OF MAIN TERMS USED

## DEFINITIONS OF SANITATION-RELATED CONCEPTS

**Sanitation:** the management of human excreta (faeces, urine, menstrual blood).

**Sewer system:** a system that continuously collects and conveys wastewater via a network of pipes (blackwater and, sometimes, greywater) from a relatively large number of dwellings or buildings to a point of treatment (in the best case scenario).

**On-site sanitation:** a system that temporarily stores the wastewater from a single housing unit or small group of dwellings; this system is regularly emptied by a septic tank pumping service who transports the sludge to a treatment plant (in the best case scenario).

**Community-Led Total Sanitation:** an awareness-raising method that seeks to eradicate open defecation within a community through the construction of latrines.

**Faecal sludge:** solid or liquid sludge removed from septic tanks.

**Sanitation chain or sector:** all of the steps to be taken to ensure effective overall sanitation management. This includes collection, storage, emptying, transport, safe disposal and/or reuse.

**Open defecation:** defecation outside, in the open environment, due to a lack of toilets.

**Wastewater:** general term for all types of 'polluted' water or water 'loaded' with organic matter from human activity.

**Greywater:** wastewater generated from domestic activities (water used for showers, dishwashing, laundry washing and cooking, etc.).

**Blackwater:** wastewater containing human excrement (can also be mixed with toilet flush water).

**Unconventional water sources:** sources of freshwater produced through the desalination of seawater or brackish water, or from the use/reuse of treated wastewater.

**Reuse:** the recycling and use of wastewater for a variety of uses (agriculture, energy, etc.), helping to reduce the demand for water from conventional sources.

## ACRONYMS AND ABBREVIATIONS

**CLTS:** Community-Led Total Sanitation

**DALY:** Disability Adjusted Life Year

**DC:** Developing Country

**GLAAS:** UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

**GDP:** Gross Domestic Product

**ICCPR:** International Covenant on Civil and Political Rights

**ICESCR:** International Covenant on Economic, Social and Cultural Rights

**JMP:** Joint Monitoring Programme

**LDC:** Least Developed Country

**MEAE:** French Ministry for Europe and Foreign Affairs (Ministère de l'Europe et des Affaires Étrangères)

**NGO:** Non-Governmental Organisation

**OD:** Open Defecation

**ODA:** Official Development Assistance

**O&M:** Operations and Maintenance

**SDG:** Sustainable Development Goal

**SIF:** Secours Islamique France

**UNESCO:** United Nations Educational, Scientific and Cultural Organisation

**UNHCR :** United Nations Refugee Agency

**UNICEF:** United Nations Children's Fund

**UNGA:** United Nations General Assembly

**WASH:** Water, Sanitation and Hygiene

**WHO:** World Health Organisation

**WWAP:** World Water Assessment Programme

**WWF:** World Water Forum

# EXECUTIVE SUMMARY

The right to sanitation is an internationally recognised human right. The stated ambition of Sustainable Development Goal 6 (SDG 6) on ensuring access to sanitation for all by 2030, incorporates the human right to sanitation principles by focusing on: the need to target vulnerable people and those left behind, eradicating open defecation and ensuring access to affordable services. The human rights principles of universality and non-discrimination are central to the 2030 Agenda.

However, in 2020, only 54% of the world's population had access to safely managed sanitation services. This means that nearly one in every two people still lack access to improved sanitation facilities. In addition, only 24% use basic services, the level just below the safely managed sanitation service. 7% have a limited service, 8% use unimproved sanitation facilities and 6% still practise open defecation<sup>1</sup>. Open defecation and lack of access to basic services are predominantly rural issues and particularly affect the poorest quintile.

In order to achieve universal access to sanitation by 2030, countries need to make targeted efforts to accelerate progress in rural areas and ensure that the poorest people are not left behind. Addressing this challenge requires targeted policies and specific financial mechanisms aiming at reaching groups of people being 'left behind' without sanitation. The key findings are that: i) these vulnerable groups are extremely diverse; ii) reference to governments' 'pro-poor' measures are far more common in political declarations than in monitoring mechanisms or financing; iii) countries are more likely to have funding mechanisms to facilitate the affordability of water than funding mechanisms for sanitation, with only 18% of countries using mechanisms for rural sanitation.

At the political level, the findings of the 2018/2019 Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) survey reveal that 94% of countries claimed to have national rural sanitation policies; however, only 7% stated that they had a costed national plan and sufficient funds to implement these policies. Countries should, therefore, deliberately prioritise WASH funding allocations and secure more financial resources for rural sanitation. Also according to the GLAAS study, the majority of countries have not set national universal access to sanitation targets for 2030, not even for access to basic or limited services. In addition, sanitation remains a taboo topic and is typically seen as a private matter; thus, it does not often feature in public debate. This lack of public pressure on policymakers is preventing the sector from being seen as a priority.

For sector financing, the amount invested annually in rural sanitation and hygiene needs to increase six-fold<sup>2</sup>. With regard to the way funding is split between water and sanitation, public spending and external financing allocated to sanitation worldwide is generally half of the amount spent on drinking water. The division between the urban and rural sectors risks becoming wider as a result of the challenges posed by the recent rise in urbanisation. In addition, the ratio of loans to subsidies awarded to the sector as part of official development assistance (ODA) fosters support to solvent countries rather than to countries with weaker economies. Loans are not suitable for funding rural sanitation in low-income countries. In order to reach the most vulnerable, innovative grant mechanisms need to be created.

A body of evidence on the added value of sanitation needs to be developed and disseminated to: i) national and local policymakers to ensure sanitation is placed firmly on the political agenda; ii) households in order to convince them of the benefits of investing in this sector; iii) financial partners to raise the funding required. Improved knowledge and understanding should result in better oriented investment decisions, more effectively designed policies, more appropriately adapted interventions and improved transparency and accountability.

It has been proven that sanitation has a significant socio-economic impact. Data from national and global studies shows a high return on WASH-related spending, with an average worldwide cost-benefit ratio of 5.5 for an improved sanitation service and of 2 for improved drinking water. This study presents not only the sector's impacts on health, the economy and the availability of water resources, but also its social impacts.

Assessment of these impacts on vulnerable groups is limited by a lack of specific data on sub-population groups. Very few studies cover the full range of economic and social benefits of access to improved WASH services or compare the barriers to services faced by vulnerable groups with those of the population as a whole.

More broadly, there are numerous knowledge gaps that need to be addressed with regard to the socio-economic impact of sanitation, including in relation to: the sector (sanitation, excluding water supply); building a holistic vision of the impacts; the scale of analysis (local, national, global); and the impact with respect to the different vulnerability factors and infrastructure type (the sanitation chain rather than just latrines).

There are many barriers to sanitation. These include: the lack of political priority afforded to the sector; fragmentation of the sector, both at institutional level and in partner interventions; a lack of human and financial resources; insufficient measures for the most vulnerable; uniform operational approaches that do not enable all communities to be reached; and a lack of sustainable large-scale results.

<sup>1</sup> WHO, UNICEF, Progress on Household Drinking Water, Sanitation and Hygiene 2000-2020: Five Years into the SDGs, 2021.

<sup>2</sup> Un-Water, OMS, GLAAS Report, National systems to support drinking-water, sanitation and hygiene: global status report 2019.

# RECOMMENDATIONS<sup>3</sup>

Given these challenges, SIF has produced a range of recommendations for governments and development partners, including United Nations agencies and stakeholders. Specific recommendations have also been developed for France and its implementation of its cooperation and international solidarity policy.

The next World Water Forum, to be held in Dakar in 2022, and particularly the UN Conference on the Midterm Review of the Water Action Decade scheduled for March 2023, should provide countries with an opportunity to tangibly renew their commitments for sanitation and accelerate their action.

At the international level, countries and development partners should:

- > Improve global governance of SDG 6 by setting up an inter-governmental body that is integrated into the UN system and which covers all SDG 6 issues.
- > Ensure that sanitation, especially rural sanitation, is placed on the agenda of the UN Conference on the Midterm Review of the Water Action Decade in March 2023.
- > Redress the imbalance in ODA allocations to water and sanitation and increase ODA for sanitation.
- > Direct ODA towards funding basic rural sanitation services and eliminating open defecation.
- > Support the Sanitation and Hygiene Fund to enable it to provide reliable, predictable and long-term support to countries seeking funding to implement their policies and plans for achieving access to sanitation for all.

At the national level, governments should:

- > Respect the right to sanitation under international law.
- > Provide political leadership on sanitation.

- > Develop inclusive policies to realise the right to sanitation.
- > Introduce action plans and a regulatory and monitoring system.
- > Fill human resource gaps.
- > Put effective measures in place to ensure no-one is left behind, specifically by making sanitation services more affordable.
- > Implement solutions along the sanitation chain that are tailored to the local situation and to local needs and that are linked to long-term objectives and flexible implementation arrangements.
- > Support the development of innovative solutions at all levels (infrastructure, supporting measures, institutional approach, funding).
- > Promote the collection and availability of data for the national and global monitoring of sanitation services.
- > Improve knowledge of the sector and policy impacts by conducting both local and national studies to underpin sanitation policies.
- > Increase public funding for sanitation.
- > Attract additional financing by leveraging funds from ODA partners, households and the private sector.

The lack of access to sanitation services remains a major barrier to development, particularly in the least developed and developing countries, in rural areas, and for the poor and vulnerable people. Achievement of the sanitation-related SDG targets by 2030 appears unlikely without substantial sector funding and unless this issue is moved up the political agenda and policies are effectively implemented. To ensure this major challenge can be successfully addressed, participatory approaches are required so that everybody, including the most vulnerable, is involved in the decision-making process.



# INTRODUCTION

830,000 people die each year from diarrhoea due to lack of sanitation. More than 10 years after the United Nations General Assembly's recognition of the human right to sanitation, and more than 5 years after the adoption of the 2030 Agenda for Sustainable Development, nearly 1 in every 2 people (3.6 billion people) still do not have access to safely managed sanitation facilities. Nearly 494 million do not have any type of toilet at all, leaving them no choice but to practise open defecation (OD)<sup>4</sup>. As the United Nations has repeatedly stressed, countries are not at all on track to achieve universal and equitable access to sanitation services by 2030.

UN-Water has drawn attention to the fact that the current sanitation coverage growth rate needs to increase fourfold worldwide, fifteen-fold in the Least Developed Countries (LDCs), and nine-fold in fragile countries if universal and equitable access to sanitation is to be achieved by 2030<sup>5</sup>. Coverage is particularly poor in rural areas, in LDCs and in developing countries (DCs). It is in these areas and countries that the greatest efforts need to be made to achieve access for all.

Sanitation is a human right. Under international law, governments have an obligation to do everything within their power to guarantee this right, specifically targeting the most vulnerable. However, and in spite of the overwhelming needs, to echo the expression used by sector stakeholders to describe governments' chronic political and financial under-investment in sanitation, sanitation remains the "poor relation of the WASH sector".

At global level, governments' public spending, and external ODA and private sector-funded expenditure on sanitation (excluding households) generally amount to half of the sum allocated to drinking water: in 2018/2019, 35% of the 19 billion USD total WASH expenditure was on sanitation, compared to 59% for water and 6% for hygiene<sup>6</sup>. This failure to prioritise sanitation is particularly acute in rural areas, with this sub-sector being under-funded in 92% of countries<sup>7</sup>. Only 63 out of 109 countries have a rural sanitation policy<sup>8</sup>.

Sanitation has considerable benefits for a range of sectors, including health, the economy, the environment and agriculture; it also fosters social inclusion. In contrast, lack of sanitation has particularly deleterious effects and disproportionately affects the most vulnerable. Why do countries not do more to improve sanitation services, especially in rural areas? All of these socio-economic impacts should prompt governments to accelerate action and develop or consolidate their rural sanitation policies. This would improve the mobilisation of domestic financial resources and also help attract external investment, from both development assistance partners and the private sector.

The World Water Forum (WWF), to be held in Dakar in 2022, and particularly the UN Conference on the Midterm Review of the Water Action Decade scheduled for March 2023, as well as SDG 6, need to mark a turning point to ensure countries renew their commitments for the sector. SIF will disseminate its recommendations during these strategic events not only to inform governments' efforts, but also to inform the work undertaken by France in its role as a WASH sector ODA donor. SIF works in the field to promote access to sanitation through our operational programmes, and we also conduct advocacy towards policymakers. SIF will be participating in the WWF, notably as a member of the Action Group on sanitation, and will closely monitor the preparatory work for the UN conference in 2023.

This advocacy study is aligned with this advocacy approach. Its aim is to provide a comprehensive assessment of access to rural sanitation in LDCs/DCs, highlight the positive socio-economic impacts of sanitation, identify the main barriers to universal access to sanitation and propose recommendations to address them.

<sup>4</sup> WHO, UNICEF, Progress on Household Drinking Water, Sanitation and Hygiene 2000-2020: Five Years into the SDGs, 2021.

<sup>5</sup> *Ibid.*

<sup>6</sup> Un-Water, WHO, GLAAS Report, National systems to support drinking-water, sanitation and hygiene: global status report 2019.

<sup>7</sup> *Ibid.*

<sup>8</sup> *Ibid.*







# 1 INSUFFICIENT RURAL SANITATION SERVICE COVERAGE

## COMMITMENTS AND AMBITION: UNIVERSAL AND EQUITABLE ACCESS TO SANITATION

**Sanitation is an internationally-recognised human right.** It derives from the rights guaranteed by the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR), both of which are legally binding on the countries that have ratified them<sup>9</sup>.

While the historic resolution taken by the United Nations General Assembly (UNGA) on 28 July 2010<sup>10</sup> recognised “the right to safe and clean drinking water and sanitation as a human right that is essential for the full enjoyment of life and all human rights” for the first time, this resolution did not meet with consensus<sup>11</sup> nor was it enshrined in a legally binding instrument. In 2013, the UNGA corrected this oversight by adopting, by consensus, a resolution<sup>12</sup> that states that “the human right to safe drinking water and sanitation is derived from the right to an adequate standard of living and is inextricably related to the right to the highest attainable standard of physical and mental health, as well as to the right to life and human dignity”, as recognised by the ICESCR and ICCPR.

This legal recognition means that countries have the tangible obligation to ensure access to good quality sanitation facilities. Under international law, governments must progressively ensure the full realisation of these rights as quickly as possible and report on their progress. Countries must take action without discrimination, prioritising the most disadvantaged<sup>13</sup>.

In 2015, further progress was made by the UNGA and the Human Rights Council. They recognised that the right to drinking water and the right to sanitation are closely related, but distinct and stated that: “the right to sanitation entitles everyone, without discrimination, to

have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, socially and culturally acceptable and that provides privacy and ensures dignity”<sup>14</sup>.

That same year, countries adopted the 2030 Agenda for Sustainable Development and its 17 Goals<sup>15</sup>, which includes target 6.2 that seeks to reduce inequalities in access to sanitation, as well as several other sanitation-related targets (figure 1).

The 2030 Agenda is akin to a real action plan for governments, enabling them to progressively reduce inequalities in access to services. For the global targets, governments must set their own national goals that are aligned to their specific priorities and which take their available resources and capacities into account. Governments should adhere to international human rights standards. The 2030 Agenda is based on the principles of universality and non-discrimination; no-one should be left behind.

The 2030 Agenda’s ambitions for access to sanitation services are clearly defined:

- > Governments should aim for ‘safely managed’ sanitation services, which means that excreta is safely managed at each step of the sanitation chain. Unfortunately, for most countries, achieving access to this level of service for everyone by 2030, including the most vulnerable, is unrealistic. They are therefore targeting the ‘basic’ service level in order to progressively achieve this objective (figure 2);
- > Access must be universal and special consideration should therefore be given to people in vulnerable situations and to ensuring services are affordable for all;
- > Open defecation should be eradicated;
- > Sanitation facilities should be installed in households, schools and healthcare facilities.

<sup>9</sup> 171 countries are party to the ICESCR and 173 countries are party to the ICCPR.

<sup>10</sup> UNGA, Resolution 64/292, The human right to water and sanitation, 28 July 2010, A/RES/64/292.

<sup>11</sup> 41 member states abstained, 122 member states voted for the resolution, no member states voted against it.

<sup>12</sup> UNGA, Resolution 68/157, The human right to water and sanitation, 12 February 2014, A/RES/68/157.

<sup>13</sup> For more information on the normative content of the right to sanitation, please see the Expert Review produced by Secours Islamique France and Coalition Eau entitled The Human Rights-Based Approach within the Water and Sanitation Sector, Added Value and Implementation Challenges for Development Cooperation, March 2021.

<sup>14</sup> UNGA, Resolution 70/69, The human rights to safe drinking water and sanitation, 17 December 2015, A/RES/70/169.

<sup>15</sup> UNGA, Resolution 70/1, Transforming our world: the 2030 Agenda for Sustainable Development, 25 September 2015, A/RES/70/1.





	Targets	Indicators
 6 CLEAN WATER AND SANITATION	<b>6.2</b> By 2030, achieve <b>access to adequate and equitable sanitation and hygiene for all and end open defecation</b> , paying special attention to the needs of women and girls and those in vulnerable situations.	<b>6.2.1</b> Proportion of population using: a) <b>safely managed</b> sanitation services; and b) a handwashing facility with soap and water.  <b>6.2.1</b> Population practising <b>open defecation</b> .
	<b>6.3.</b> By 2030, improve water quality by reducing pollution, eliminating dumping and minimising the release of hazardous chemicals and materials, <b>halving the proportion of untreated wastewater</b> and substantially increasing <b>recycling and safe reuse</b> globally.	<b>6.3.1</b> Proportion of <b>wastewater safely treated</b> .
	<b>6.a:</b> By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies.	<b>6.a.1:</b> Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan.
	<b>6.b:</b> Support and strengthen the participation of local communities in improving water and sanitation management.	<b>6.b.1:</b> Participation of local communities in water and sanitation management.
 1 NO POVERTY	<b>1.4</b> By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services...	<b>1.4.1</b> Proportion of population living in households with <b>access to basic services</b> (including access to basic drinking-water, basic sanitation and basic handwashing facilities).
 3 GOOD HEALTH AND WELL-BEING	<b>3.8</b> Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	[Proportion of <b>healthcare</b> facilities with <b>basic WASH services including basic sanitation</b> ].
 4 QUALITY EDUCATION	<b>4.a</b> Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.	<b>4.a.1</b> Proportion of schools with access to: [...] e) basic drinking water, f) single-sex basic sanitation facilities, and g) basic handwashing facilities.

Figure 1: The SDGs and sanitation: targets and indicators.



**Note:** Improved sanitation facilities include: connection to a piped sewer system, septic tanks or pit latrines; pit latrines with slabs and ventilated improved pit latrines, and composting toilets.

Figure 2: The Joint Monitoring Programme (JMP) has defined a service ladder to benchmark and regularly compare sanitation progress across countries. This WHO and UNICEF-led programme is the official United Nations mechanism used for monitoring progress towards achievement of the SDG 6 targets.

## THE REALITY: ALARMING INEQUALITIES THAT AFFECT THE MOST VULNERABLE

**Progress has been made** (figure 3): between 2000 and 2020, the proportion of the global population with access to safely managed services increased from 28% to 54% (from 47% to 54% between 2015 and 2020).

Whereas the world's population grew by 1.7 billion between 2000 and 2020, 2.4 billion additional people gained access to safely managed sanitation services (amounting to a total of 4.2 billion people). The number of people practising open defecation halved over the same period, falling from 1.3 billion in 2000 to 494 million in 2020<sup>16</sup>.

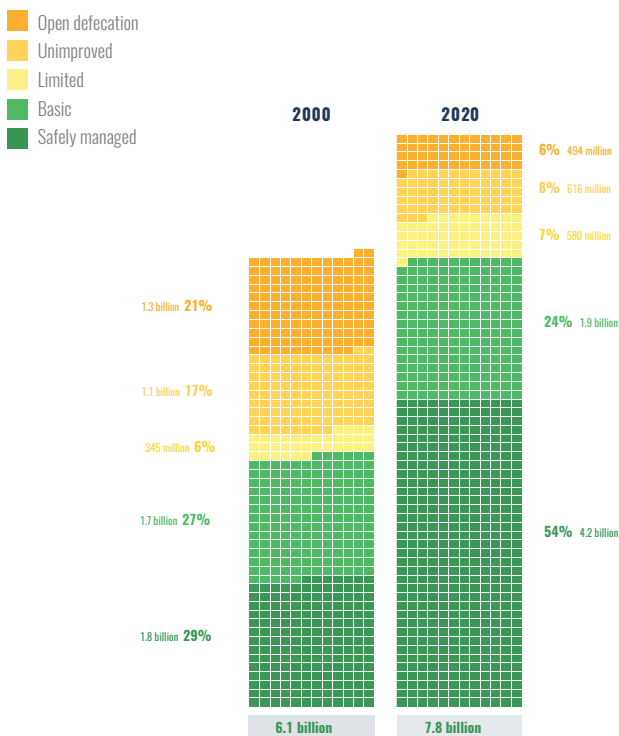


Figure 3<sup>17</sup>: Global population using different levels of sanitation services, 2000 and 2020 (each unit represents 10 million people).

Unfortunately, **the increase in service coverage remains insufficient**: in 2021, UN-Water, the United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO)<sup>18</sup> warned that, at the present rate, countries will never be able to achieve the SDG 6 targets by 2030 as coverage globally would be only 67% in 2030. This would leave 2.8 billion people behind without access to safely managed services.

**If countries wish to achieve SDG 6 by 2030, the current sanitation coverage growth rate needs to increase fourfold worldwide, fifteen-fold in the Least Developed Countries, and nine-fold in fragile countries<sup>19</sup>.**

In 2020, only 54% of the world's population had access to safely managed sanitation services. This means that nearly one in every two people still lacks access to improved sanitation facilities. In addition, only 24% use basic services, the level just below the safely managed sanitation service. 7% have a limited service, 8% use unimproved sanitation facilities and 6% still practise open defecation (figure 4)<sup>20</sup>.

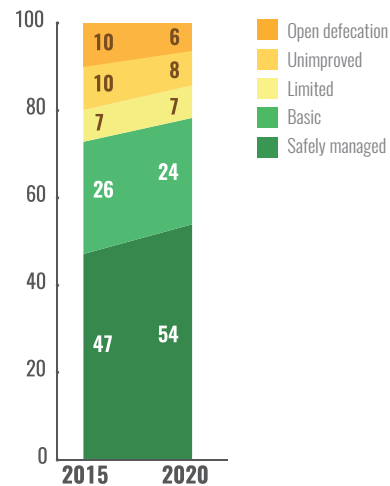


Figure 4<sup>21</sup>: Global sanitation coverage, 2015-2020 (%).

Despite the progress made, it can be seen that **inequalities** in access to services and service levels remain. A large proportion of the population is still without sanitation services. Furthermore, global data masks major disparities between different geographic areas and different socio-economic environments.

**LDCs and DCs are facing the greatest challenges.** In 2020, only just over 3 in every 10 people had access to a basic or safely managed service in sub-Saharan Africa while, in Europe, nearly 9 in 10 people had access to these same levels of service (figure 5).

While there are clear disparities between the world's countries and regions, with low-income countries recording the lowest sanitation coverage rates, there are also major disparities within countries. **The poorest population groups** are the most left behind. In 2017, in 48 of the 90 countries with disaggregated data, basic service coverage for the wealthiest quintile was at least twice as high as that for the poorest quintile<sup>22</sup>. In 2021, UNICEF and WHO once again highlighted that inequalities in access most severely affect the poorest quintile (20% of the population)<sup>23</sup>.

<sup>16</sup> Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2021. License: CC BY-NC-SA 3.0 IGO.

<sup>17</sup> Ibid.

<sup>18</sup> UN-Water is an inter-institutional entity that centralises and can coordinate the water and sanitation-related work of different UN agencies. There are 32 United Nations agencies working either directly or indirectly on water issues. These include WHO and UNICEF, who are responsible for monitoring SDG 6 progress under the Joint Monitoring Programme (JMP). The JMP is the official SDG 6 monitoring mechanism.

<sup>19</sup> UN-Water, Summary Progress Update 2021: SDG 6 – water and sanitation for all, 2021.

<sup>20</sup> Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2021. License: CC BY-NC-SA 3.0 IGO.

<sup>21</sup> Ibid.

<sup>22</sup> WHO, UNICEF, Progress on Household Drinking Water, Sanitation and Hygiene, 2000-2017. Special Focus on Inequalities, 2019.

<sup>23</sup> WHO, UNICEF, Progress on Household Drinking Water, Sanitation and Hygiene 2000-2020: Five Years into the SDGs, 2021.

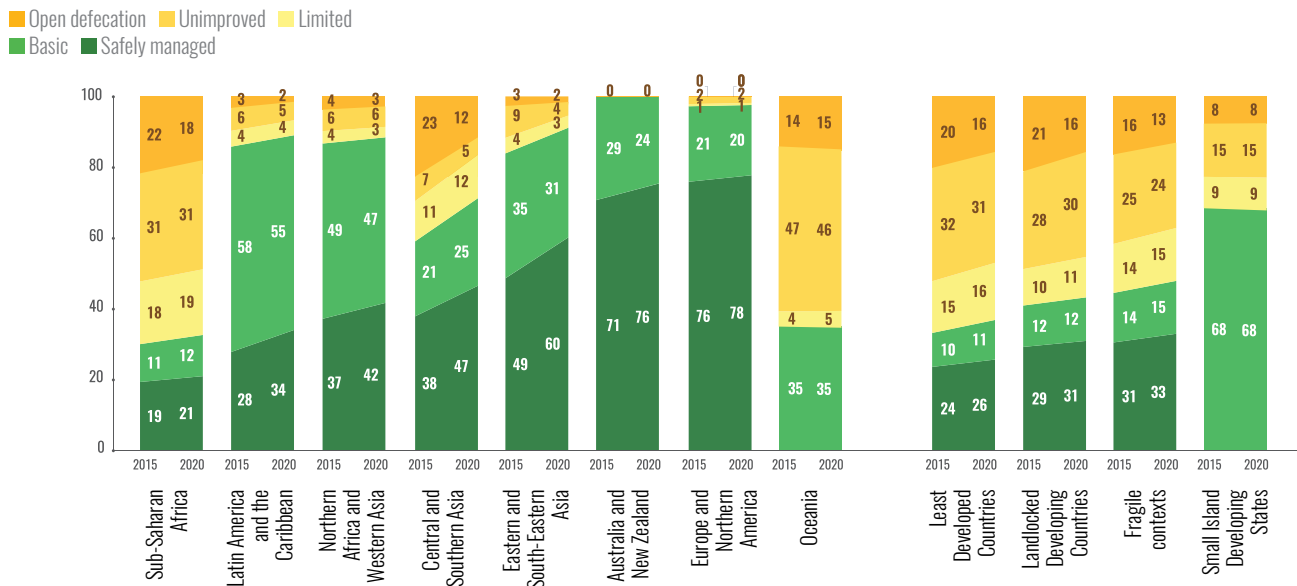


Figure 5<sup>24</sup>: Regional sanitation coverage, 2015-2020 (%).

## GROWING INEQUALITIES IN RURAL AREAS

The global monitoring of sanitation coverage by service level reveals that there are significant inequalities in coverage between people living in rural and in urban areas<sup>25</sup> (figure 6):

- > Globally, two-thirds of people without access to basic services live in rural areas, and half of these are in sub-Saharan Africa.
- > At the global level, between 2015 and 2020, safely managed service coverage in rural areas increased from 36% to 44%, compared to 57% and 62% in urban areas.
- > With regard to open defecation, the situation in LDCs, landlocked DCs and fragile countries is the same: 22% or 20% of people practise OD in rural areas, compared to only 2% to 4% in urban areas.
- > For limited and basic services:
  - 9% and 6% of the rural population in LDCs have access to limited and basic services respectively, compared to 29% and 21% of the urban population.
  - In the rural areas of DCs, 7% of the population has access to limited services and 7% has basic service coverage, compared to 22% and 24% of the urban population respectively.
- > For safely managed services, the difference between rural and urban areas is much less pronounced: in LDCs and DCs, coverage stands at 25% and 28% in rural areas, and 27% and 37% in urban areas.

It is to be noted that, while the majority of data sources that feed into the JMP database are disaggregated by urban and rural area, national definitions of these types of area vary, which can affect the direct comparison of data. Very few data sources systematically differentiate between peri-urban areas, informal settlements, or large villages and small towns, and remote rural areas. The analysis therefore needs to be refined by differentiating between sparsely and densely populated rural areas<sup>26</sup>. In sparsely populated rural areas, efforts should initially focus on tackling OD by encouraging people to install latrines without having to deal with sludge disposal. In more densely populated rural areas, the focus should be on addressing the issues of limited plot sizes, greywater management and sludge disposal.



<sup>24</sup> Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2021. License: CC BY-NC-SA 3.0 IGO.

<sup>25</sup> Ibid.

<sup>26</sup> Interview with Christophe Le Jallé, Deputy Director of pS-Eau.



Figure 6<sup>27</sup>: Rural and urban sanitation coverage by service level and SDG region, 2015-2020 (%).

### Open Defecation, a persistent issue among the most vulnerable in rural areas

Among the 1.7 billion people without basic sanitation services in 2020, 494 million practised OD, equating to 6% of the global population. 92% of the people practising OD live in rural areas.

According to the JMP in 2021, some progress has been made: in 17 countries, OD decreased by more than 5% between 2015 and 2020, and in 5 countries, open defecation has been reduced by more than 10%. Unfortunately, while many regions in the world are on track to eliminate OD by 2030, progress is extremely slow in sub-Saharan Africa, central Africa and southern Asia. According to the JMP, eliminating OD in LDCs will require a twofold acceleration in current rates of progress, which will be particularly hard to achieve in fragile contexts where OD rates have fallen only by 3 percentage points, from 16% in 2015 to 13% in 2020. Furthermore, certain countries could see OD rates rise as their populations increase.

### An increase in service levels in rural areas requires greater monitoring and supervision

Figure 6 illustrates the difference in urban and rural service levels, yet also shows that service levels in rural areas are improving over time. More people are switching from OD or unimproved latrines to better quality sanitation facilities. A growth in onsite sanitation systems (septic tanks, improved latrines) has contributed to this improvement. It has also been determined that, in 2020, for the first time, more people around the world used onsite sanitation systems than sewer connections, with this change being driven by strong growth in onsite sanitation facilities in rural areas, where they are better suited to the context<sup>28</sup>. While this points to service levels in rural areas improving, it also means that there is a greater need to monitor onsite excreta management and invest in proper sludge emptying, transport and treatment (largely non-existent in rural areas) in order to deliver safely managed services.

### An acceleration in efforts is essential.

Countries are far from achieving universal access to sanitation by 2030. Only 8 (developed) countries are on track<sup>29</sup>. Efforts to increase coverage need to be doubled to achieve universal access to basic services, and quadrupled to reach universal coverage with safely managed sanitation. In many countries, even greater efforts need to be made as these statistics reflect only a global average. Countries must honour their commitments. Although the sanitation sector remains largely under-prioritised and under-funded, particularly in rural areas, it is vital to remember that sanitation is a human right and a lever for social and economic development.

<sup>27</sup> Progress on household drinking water, sanitation and hygiene 2000-2020: five years into the SDGs. Geneva: World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2021. License: CC BY-NC-SA 3.0 IGO.

<sup>28</sup> Since 2000, the population with sewer connections has been increasing at an average of 0.51 percentage points per year, but growth in onsite systems has been faster, at 0.46 % points for septic tanks and 0.25 % points for improved latrines. In rural areas, growth in septic tanks and improved latrines coverage stands at 0.68 and 0.63 percentage points respectively, compared to 0.40 percentage points for sewer connections.

<sup>29</sup> WHO, UNICEF, Joint Monitoring Programme, 2021.





## 2 WHY IS SANITATION IMPORTANT?

Sanitation has been proven to have positive effects on public health, economic development and social inclusion. In contrast, lack of access to sanitation has serious negative impacts that should prompt policymakers and countries to accelerate action for universal and sustainable sanitation.

### PUBLIC HEALTH IMPACTS

According to the JMP (2021), 1.9 million deaths and 120 million disability-adjusted life years (DALYs)<sup>30</sup> could have been averted in 2016 by adequate access to WASH services.

Lack of access to sanitation causes diarrhoeal disease via contact with contaminated drinking water and hands, which results in around 830,000 deaths per year, including the deaths of 525,000 children under five, and 49 million DALYs<sup>31</sup>.

This includes diseases such as cholera, which can kill in just a few hours if left untreated. Diarrhoea is a major public health issue, especially in LDCs and DCs that lack adequate sanitation facilities.

Numerous studies have proven that access to sanitation reduces the prevalence of diarrhoeal disease. A systematic review of 11 studies, undertaken by Wolf et al. in 2014, found that improved sanitation can decrease diarrhoeal disease by 28%<sup>32</sup>. 3 other reviews of the impact of sanitation on diarrhoeal disease revealed an estimated average reduction of 32% to 36%<sup>33</sup>. According to the meta-analysis of 136 impact evaluations of WASH interventions conducted by L. Andres et al. in 2018<sup>34</sup>, children are 0.65 times less likely to develop diarrhoea after having received a WASH intervention<sup>35</sup>.

Sewer connections provide a greater reduction in diarrhoeal disease than onsite facilities or facilities without sewer connections<sup>36</sup>. In addition, latrines have only a small effect on diarrhoea risk when fewer than 20% of the households in a community have a latrine. However, when community latrine coverage reaches 20%, diarrhoea risk reduction increases linearly with latrine coverage. Beyond community coverage of 75%, risk reduction increases faster and non-linearly with latrine coverage<sup>37</sup>. The impact of sanitation on health is therefore closely linked to a large-scale holistic approach that targets all categories of household, as well as schools, healthcare facilities and public places: it is vital that no-one is left behind.

<sup>30</sup> This is a measure used by WHO expressed as the sum of years of life 'lost' due to premature mortality and the years lived with a disability.

<sup>31</sup> WHO, UNICEF, Joint Monitoring Programme, 2021.

<sup>32</sup> Esteves Mills J., Cumming O., The Impact of Water, Sanitation and Hygiene on Key Health and Social Outcomes: Review of Evidence, June 2016.

<sup>33</sup> Fewtrell et al., 2005; Waddington et al., 2009; Cairncross et al., 2010.

<sup>34</sup> Andres, Luis; Borja-Vega, Christian; Fenwick, Crystal; de Jesus Filho, Jaime; Gomez-Suarez, Ronald. 2018. Overview and Meta-Analysis of Global Water, Sanitation, and Hygiene Impact Evaluations. Policy Research Working Paper; No. 8444. The World Bank, Washington DC, May 2018.

<sup>35</sup> It is to be noted that the data here does not specify which impacts relate to water and which to sanitation.

<sup>36</sup> Esteves Mills J., Cumming O., The Impact of Water, Sanitation and Hygiene on Key Health and Social Outcomes: Review of Evidence, June 2016.

<sup>37</sup> Mark Radin, Marc Jeuland, Hua Wang, Dale Whittington, Benefit-Cost Analysis of Community Led Total Sanitation: Incorporating Results from Recent Evaluations, Journal of Benefit-Cost Analysis, May 2020.

## L'accès à l'assainissement en situation Access to sanitation in emergencies, a public health issue

According to the United Nations Refugee Agency (UNHCR), by the end of 2020, 82.4 million people were displaced by conflicts and violence<sup>38</sup>. Refugees, asylum seekers or internally displaced persons have the right to sanitation in emergency situations, especially as they are extremely vulnerable to disease. On average, children under five living in war-torn countries are 20 times more likely to die from diarrhoeal disease linked to a lack of WASH services than from direct violence due to the conflict<sup>39</sup>. According to the UNHCR, only 32% of households in 175 of the 220 camps that the organisation manages globally used basic sanitation services<sup>40</sup>. It is often difficult to install improved services in the camps and thus interventions should aim to reduce the number of people sharing latrines and to safely manage the excreta to prevent the outbreak of epidemics.

### WASH and livelihoods project - Nigeria

In 2019, SIF implemented a project in Farm Center displaced persons camp in Maiduguri in the north-east of Nigeria to improve WASH access for people affected by the conflict. SIF has built and rehabilitated latrines, showers and handwashing facilities inside the camp (using the SPHERE quality standards for emergency situations) with the participation of the camp's displaced persons. They were remunerated for their work, which helped them to supplement their livelihoods.

The sanitation and hygiene facilities were designed to be accessible to all beneficiaries, including children, women, the elderly and people with disabilities, whose needs were taken into account during the design phase.

In implementing this project, SIF has been supporting displaced families by providing them with access to safely managed water and sanitation services and has also been helping reduce the risk of disease and epidemics inside the camp.

### Rehabilitation of a secondary sewer network - Syria

In Syria, SIF is rehabilitating the secondary sewer network that connects a UNRWA-managed camp (United Nations Relief and Works Agency for Palestine Refugees in the Near East) to the neighbourhoods of Quneitra, Ghernata and Alabbasiah in Dar'a Governorate to encourage people to return to the area. The aim of this UN-Habitat-funded project, which is targeting 11,757 people, is to improve people's living conditions and access to safely managed WASH services, reduce the risk of disease and minimise soil contamination.

The sewer network connecting these neighbourhoods has been out of service since 2011. Public services were severely damaged during the conflict and millions of people fled the area. When the security situation began to improve in 2018, some families decided to return. The majority of the local infrastructure is still in ruins, partially damaged or out of service and a large number of the sewers are clogged or ineffective.

The project implemented in 2020 therefore seeks to encourage returnees to these neighbourhoods by improving their access to sanitation facilities. The growing influx of returnees means that sanitation capacities need to be improved to prevent water contamination and avoid overloading the existing sewer systems.



<sup>38</sup> UNHCR, Global trends forced displacement in 2020 (<https://www.unhcr.org/flagship-reports/globaltrends/>).

<sup>39</sup> WHO, UNICEF, Water Under Fire, 2019.

<sup>40</sup> WHO, UNICEF, State of the World's Sanitation: An urgent call to transform sanitation for better health, environments, economies and societies, 2020.



As for diarrhoeal diseases, adequate sanitation systems help combat **neglected tropical diseases**<sup>41</sup>. It has notably been proven that WASH interventions have a positive impact on reducing *Ascaris* infections (an intestinal parasitic worm), with children receiving WASH interventions being 0.5 less likely to develop this type of infection<sup>42</sup>. Similarly, the spread of **epidemic diseases**, such as COVID-19, cannot be halted without good sanitation and hygiene practices.

It has also been proven that lack of sanitation can cause **growth and developmental delays** in children due to repeated bouts of diarrhoea, infections and an unhygienic environment. According to Andres et al.<sup>43</sup>, child growth is 26% higher among children receiving a WASH intervention than for those children not receiving a WASH intervention. 860,000 child deaths attributable to undernutrition could be prevented with improved access to WASH<sup>44</sup>.

### Access to sanitation in healthcare facilities

In 2020, only 27 countries reported data on access to WASH services in healthcare facilities to WHO and UNICEF<sup>45</sup>. This data shows that, globally, more than 10% of healthcare facilities had no sanitation service, with this figure standing at 29% for sub-Saharan Africa. Two-thirds of healthcare facilities in LDCs had no basic sanitation service, which is defined as including at least 1 improved toilet for staff and 2 others for patients and people with disabilities. It is also to be noted that 56% of people living in rural areas around the world are without access to healthcare services, with this figure rising to 83% in Africa<sup>46</sup>.

The lack of data raises fears that the global situation could be much worse. Improving data collection in these healthcare facilities should be made a priority to ensure that countries can then take the necessary appropriate measures. Sanitation services in healthcare facilities are, of course, essential for ensuring the quality of the care provided and for minimising the risk of infection.

## ECONOMIC IMPACTS

Lack of access to sanitation generates costs and economic losses: medical costs and loss of income for families; loss of productivity; healthcare system and healthcare provision costs for the government; environmental pollution-related costs, which can require additional expenditure for water treatment, etc. In 2012, WHO produced figures on the estimated economic losses associated with lack of investment in WASH for 135 low- and middle-income countries. These economic losses varied by region and ranged from 0.5% (western Asia) to 3.2% (sub-Saharan Africa) of gross domestic product (GDP). A total of 260 billion USD is lost each year due to lack of water and sanitation coverage<sup>47</sup>.

In contrast, the provision of safe water supply and sanitation facilities at home and in the workplace enhances people's health and thus contributes to economic growth<sup>48</sup>. The economic return on improving sanitation coverage is 5.5 USD for each US dollar invested<sup>49</sup>. Investment in small-scale projects that provide water supply and basic sanitation coverage in Africa could generate an estimated total economic return of around 28.4 billion USD per year, which is nearly 5% of GDP<sup>50</sup>. In low-income countries with better access to improved water and sanitation services, the annual economic growth rate could reach 3.7%, compared to just 0.1% in countries without similar access to improved services<sup>51</sup>.

Access to safely managed water and sanitation services helps to develop local economy and create more decent jobs in all sectors of economy. Investing in the WASH sector can help create between 10 and 72 jobs<sup>52</sup> for each million US dollars invested. The market potential of water and sanitation services, along with the associated job creation opportunities, are expected to increase significantly over the next few decades. For sanitation, a study conducted in Bangladesh, Indonesia, Peru and Tanzania reveals a market potential for sanitation services of 700 million USD per year<sup>53</sup>.

Sanitation services are therefore vital, not only for maintaining a healthy workforce, but also for expanding local economies, creating decent jobs across economic sectors and improving livelihoods<sup>54</sup>.

<sup>41</sup> Parasitic infections transmitted by mosquitoes, the soil or in contaminated freshwater sources.

<sup>42</sup> Andres, Luis; Borja-Vega, Christian; Fenwick, Crystal; de Jesus Filho, Jaime; Gomez-Suarez, Ronald. 2018. Overview and Meta-Analysis of Global Water, Sanitation, and Hygiene Impact Evaluations. Policy Research Working Paper; No. 8444. The World Bank, Washington DC, May 2018.

<sup>43</sup> *Ibid.*

<sup>44</sup> Esteves Mills J., Cumming O., The Impact of Water, Sanitation and Hygiene on Key Health and Social Outcomes: Review of Evidence, June 2016.

<sup>45</sup> WHO, UNICEF, Global Progress Report on Water, Sanitation and Hygiene in Health Care Facilities: Fundamentals First, 2020.

<sup>46</sup> International Labour Organization, Global evidence on inequities in rural health protection. New data on rural deficits in health coverage for 174 countries, 2015.

<sup>47</sup> WHO, Global costs and benefits of drinking-water supply and sanitation interventions to reach MDG targets and universal coverage, 2012.

<sup>48</sup> WWAP (UNESCO World Water Assessment Programme), The United Nations World Water Development Report 2019: Leaving No One Behind, 2019.

<sup>49</sup> WHO, Global costs and benefits of drinking-water supply and sanitation interventions to reach MDG targets and universal coverage, 2012.

<sup>50</sup> United Nations Environment Programme, undated.

<sup>51</sup> WWAP, The United Nations World Water Development Report 2016: Water and Jobs, 2016.

<sup>52</sup> Water sector jobs can be divided into 3 categories: i) water resource management, particularly Integrated Water Resources Management, and the restoration and remediation of ecosystems; ii) water infrastructure construction, use and maintenance; iii) water-related service delivery, including water supply, sewerage, and wastewater management.

WWAP, The United Nations World Water Development Report 2016: Water and Jobs, 2016.

<sup>53</sup> WWAP, The United Nations World Water Development Report 2016: Water and Jobs, 2016.

<sup>54</sup> International Labour Organization, Water for Improved Rural Livelihoods. Decent Work in the Rural Economy. Policy Guidance Notes, 2019.

## IMPACT ON WATER RESOURCE AVAILABILITY AND ON AGRICULTURE

It is estimated that more than 80% of the world's wastewater – and more than 95% in some developing countries – is discharged untreated into the environment. This has adverse human health effects associated with reduced water quality, and negative environmental effects due to the degradation of water bodies and ecosystems<sup>55</sup>. In an overall context where global demand for freshwater is constantly increasing, and where ever greater pressure is being placed on (the limited) water resources through over-exploitation, pollution and climate change, improving wastewater management needs to be made a priority.

Wastewater can be recycled and reused, for instance in agriculture (irrigation, aquaculture, fertiliser), for energy production (biogas) and to help manage ecosystems (water source recharge). Provided that adequate treatment mechanisms, incentive measures and suitable management arrangements to cover the not inconsiderable costs are put in place, wastewater reuse can have considerable health benefits and can also lead to improvements in livelihoods, food security and energy security.

In the agricultural sector, although farmers are increasingly turning to unconventional water sources such as wastewater, this remains a largely under-exploited resource (between 2% and 7% of the world's total irrigated area<sup>56</sup>) and one that is often not safely managed (the share of area irrigated with unsafe wastewater is probably ten times larger than the area irrigated with treated wastewater<sup>57</sup>). Given that 70% of water use is agriculture-related, and that the rural economy and rural communities' livelihoods largely revolve around agriculture, it appears essential to develop wastewater reuse.

### Project to improve water resource management for domestic and agricultural use through greywater recycling – Gaza Strip, Palestine

Since 2018, SIF has been implementing a project to recycle greywater for domestic and agricultural use in a number of governorates in the Gaza Strip. During the initial pilot phase involving around a hundred vulnerable households, we developed a household-level greywater treatment technique. The second phase, which is currently underway, will provide 100 additional households with greywater treatment facilities and raise the awareness of both communities and institutions of the advantages of this type of treatment. The key impacts identified during the first phase can be broken down into the following categories:

- > **Economic:** the use of treated water for irrigation and domestic uses (toilets) has helped expand crop growing, creating new sources of income, and helped reduce the beneficiaries' water bills. In addition, households are spending less on septic tank emptying and being issued with fewer fines from the council as their tanks no longer overflow;
- > **Health and environmental:** now that less wastewater is being illegally discharged into the households' immediate environment, households' hygiene conditions have improved and there is less environmental pollution;
- > **Social:** there is less conflict between households and their neighbours due to overflowing septic tanks.



<sup>55</sup> WWAP, The United Nations World Water Development Report 2017. Wastewater – The Untapped Resource, 2017.

<sup>56</sup> Drechsel & Evans, Wastewater Use in Irrigated Agriculture, 2010.

<sup>57</sup> Ibid.

## SOCIAL IMPACTS

As communities progress up the sanitation service ladder, so the benefits change. These range from time savings due to sanitation facilities being nearer to dwellings, to intangible benefits such as dignity, privacy, comfort and safety, through to gender equality and access to education. In contrast, lack of sanitation results in vulnerable people being excluded. Too many people are still being left behind and suffering disproportionately from inequalities in access.

### Dignity, safety, comfort

Without access to services, people have no choice but to practise OD, leaving them exposed to safety risks, the threat of physical, mental and sexual abuse, a lack of comfort and privacy and feelings of shame. People are also exposed to these same risks in places where sanitation facilities are inadequate, poorly maintained, insufficient in number and shared between a large number of people; risks that are even greater for children, women and people with disabilities. In 2018, M. Radin et al. conducted a cost-benefit analysis of Community-Led Total Sanitation (CLTS) based on 14 studies from low- and middle-income countries<sup>58</sup>. The authors identified the benefits as being time savings from no longer having to leave the house to defecate, improved privacy, aesthetics, safety, dignity and convenience.

### Inclusion of vulnerable people

There is very little data available on the benefits of sanitation for specific sub-population groups as the majority of studies list the costs and benefits for the population as a whole. There are still too few studies that cover the full range of economic and social benefits of improved WASH services, and of sanitation in particular, or that compare the barriers to services faced by vulnerable groups with those of the entire population. Nevertheless, the studies that have been conducted, coupled with our experience in the field, demonstrate the importance of taking the most vulnerable into account when planning sanitation interventions on the ground.

### > Age, disability, health status

People with physical disabilities or mental illnesses make up a disproportionate share of the population that lack access to water and sanitation. Sanitation facilities are not always designed to meet their needs. At the same time, the ill and disabled may have fewer available financial resources as they do not always have an income and many countries do not have a social safety net, which means they are unable to afford sanitation facilities.

In addition, there may be stigma attached to some illnesses (such as HIV/AIDS) meaning that the people affected are refused access to facilities. Access issues also affect children, people with chronic illnesses and the elderly. There is a risk that children could receive inferior sanitation services should priority for using the facilities be given to adults, and schools may provide poor or even no services.

Improving access to sanitation is essential for fostering social inclusion for all.

### > Gender

Each time they have to walk long distances to go to the toilet or go outside in the middle of the night to practise open defecation, women and children run the risk of (physical, mental and sexual) abuse.

Lack of sanitation and sanitation facilities for menstrual hygiene management in schools and workplaces leads to high levels of absenteeism among women and girls. They are also discriminated against on the job market, leading to a loss of earnings. The taboo surrounding menstruation can also mean that the specific sanitation-related needs of women and girls are not properly taken into account, forcing them to practise poor sanitation and only use the toilets after dark, thereby jeopardising their safety.

When children fall ill due to lack of sanitation, it is predominantly the women who have to take time off work and stay at home to look after them.

There are also health risks that are specific to women. For example, pregnant women who suffer from infections linked to a lack of sanitation are more likely to die during childbirth than those who remain in good health.

### > Poverty

People living in poverty have to pay higher costs to access WASH services than people who are better off, even though the services provided are often of worse quality. The poorest households are those that benefit the least from public investment in sanitation. Sanitation coverage is lowest in rural areas and only a minority of countries are on track to eliminate open defecation among the poorest rural dwellers<sup>59</sup>. The most disadvantaged and marginalised groups often live in substandard and informal dwellings, surrounded by the wastewater discharge of their neighbours and by pollution, which can be vectors of disease if the area is not cleaned. Although the normative content of human rights and the 2030 Agenda goals seek to ensure that services are affordable for the poor, in reality, investment in sanitation most commonly ends up benefiting wealthier households, who are already connected to the sewer system<sup>60</sup>.

<sup>58</sup> Mark Radin, Marc Jeuland, Hua Wang, Dale Whittington, Benefit-Cost Analysis of Community Led Total Sanitation: Incorporating Results from Recent Evaluations, *Journal of Benefit-Cost Analysis*, May 2020.

<sup>59</sup> WHO, UNICEF, *State of the World's Sanitation, 2020*.

<sup>60</sup> Andres, Luis A., et al., *Doing More with Less: Smarter Subsidies for Water Supply and Sanitation*, the World Bank, Washington DC, 2019.

**Marginalised groups and groups who are discriminated against on the basis of their nationality, their ethnicity, their religion, their language or their lifestyle are also more likely to be discriminated against when it comes to accessing water supply or sanitation services. Refugees, asylum seekers and migrants struggle to access services, despite the fact that rights to WASH should be guaranteed throughout the entire migratory cycle.**

**People who rely exclusively on facilities provided by the State (for instance, people in institutions such as prisons, refugee camps, hospitals, health centres and schools) also often have limited access to services and thus need to be made a priority.**

**People affected by humanitarian emergencies, conflicts or climate disasters will have access to only limited services, which undermines their needs and leaves them more exposed to outbreaks of fatal waterborne diseases and epidemics.**

### Access to education

Access to sanitation is also a determining factor for access to education and jobs for all children, including young girls. The impacts of a lack of sanitation services on school attendance and academic performance can manifest themselves through the following pathways<sup>61</sup>:

- > Pupil absence due to diarrhoeal disease and/or respiratory infections. According to the meta-analysis of 136 impact evaluations of WASH interventions conducted by L. Andres et al.<sup>62</sup>, the odds of missing school were reduced by a factor of 0.69 for students who had benefited from a WASH intervention.
- > Girls' absence due to difficulty managing menstrual hygiene.
- > Truancy associated with fear of assault: pupils of schools where WASH facilities do not provide adequate privacy and safety may fear assault, which could lead to a decision not to attend school.
- > Reduced cognitive function and performance associated with neglected tropical disease infections. Chronic worm infections have an impact on education and intellectual achievement. Children suffering from intense infections with whipworm miss double the number of schooldays than their infection-free peers<sup>63</sup>.



<sup>61</sup> Esteves Mills J., Cumming O., The Impact of Water, Sanitation and Hygiene on Key Health and Social Outcomes: Review of Evidence, June 2016.

<sup>62</sup> Andres, Luis; Borja-Vega, Christian; Fenwick, Crystal; de Jesus Filho, Jaime; Gomez-Suarez, Ronald. 2018. Overview and Meta-Analysis of Global Water, Sanitation, and Hygiene Impact Evaluations. Policy Research Working Paper: No. 8444. The World Bank, Washington DC, May 2018.

<sup>63</sup> WHO, 2005.

## Access to sanitation in schools

The most recent JMP report on WASH in schools reveals that, in 2019, 63% of schools had a basic sanitation service, 18% had a limited service and 19% had no sanitation service at all<sup>64</sup>. This means that around 367 million children were attending schools that had no sanitation facilities. In rural areas, the figures are even more alarming than the global average: only 44% of rural schools had a basic sanitation service and 22% had no service. The children and teachers have no option but to use unimproved facilities, such as dry toilets without slabs, buckets or OD.

Nearly a quarter of children whose school had no sanitation service lived in LDCs. While global coverage of basic sanitation services in schools has increased by 0.7 percentage points per year since 2015, achieving universal access by 2030 would require a five-fold increase in the current rates of progress.

## Mahihitsy project - Madagascar

In Madagascar, SIF has been working in the rural areas of Morombe district and in the slums of Antananarivo since 2014. In 2021, SIF is implementing an education project in 5 public primary schools in Antananarivo and 9 schools in Morombe that includes WASH-related activities.

The latrines in the schools in Antananarivo, which are partially or entirely out of service due to lack of maintenance, are being rehabilitated and upgraded. The parents' associations and headteachers will be responsible for sanitation facilities management and maintenance. School hygiene clubs, set up by the schoolchildren, will also help clean the toilets on a daily basis and raise their peers' awareness of good hygiene practices and proper use of the latrines.

In Morombe, latrine blocks are being built in the schools to ensure there are a sufficient number of separate toilets and help eliminate OD. To ensure their sustainable operation, SIF will assist the parents' associations and headteachers to put a sanitation facilities management plan in place and will distribute maintenance and hygiene kits to the schools.

Sanitation can have significant socio-economic benefits, particularly for the most vulnerable. However, in a large number of countries, political commitment and financial investment in these services remain insufficient. In addition, sector knowledge needs to be improved so that this can be used to underpin policy design and evaluation. In particular, disaggregated and refined data is required on: the sanitation sector as a sector in its own right, separate to water supply; the type of facilities used and the sanitation chain; the holistic view of the impacts of sanitation, especially the social impacts, and of factors of vulnerability.



<sup>64</sup> UNICEF, WHO, Progress on Drinking Water, Sanitation and Hygiene in Schools: Special Focus on COVID-19, 2020.





### 3 WHAT ARE THE BARRIERS TO SANITATION?

With the legal recognition of sanitation as a human right, followed by the adoption of SDG 6, countries are firmly committed to progressively achieving universal access to sanitation services. The human rights principles of universality and non-discrimination, which also underpin the 2030 Agenda, require countries to ‘leave no-one behind’ and to implement inclusive processes for achieving this goal.

Rather than adopting a simple service and infrastructure provision-based approach, which has proven to have limited impact and sustainability, governments have a duty to address the structural and root causes of inequalities by improving their national WASH systems. Under the human rights-based approach, now widely used in development programming, the government plays a central role in facilitating empowerment and should do everything in its power to respect, protect and implement the right to sanitation, report on its actions, and institutionalise public participation in decision-making<sup>65</sup>.

Unfortunately, actually implementing the right to sanitation in the field remains a challenge. Progress is being hampered by the low political priority afforded to the sector, poor policy implementation and monitoring (where policies exist), lack of knowledge for improving sector planning, and chronic under-funding.

#### PUBLIC POLICY AND GOVERNANCE

##### Policies and plans

National water and sanitation policies set out the priority objectives for the sector. To support these policies, governments develop national plans that describe how the policies are to be implemented. These plans can assign responsibilities to ministries and stakeholders, set minimum requirements and timeframes for policy implementation, and allocate human and financial resources. The UN-Water and WHO-led GLAAS report for 2018/2019 indicated that only 63 out of 109 countries had a rural sanitation policy, 38 were in the process of developing or revising their policy, and 7 had no rural sanitation policy at all, nor had they begun developing one<sup>66</sup>.

##### National sanitation targets

While the majority of countries set targets for water supply that extend beyond basic services, this is not the case for sanitation as most national targets still do not include requirements for the safe management of excreta, either on or offsite.

As far as rural sanitation is concerned, only 14 out of the 87 countries reporting data to GLAAS (16%) had rural sanitation coverage targets that referenced safely managed services, whereas 37 of these 87 countries (more than 40%) had basic sanitation coverage targets<sup>67</sup>. Although three-quarters of countries in which open defecation is still being practised have developed a policy to eliminate OD, only two-thirds of them have set targets for implementing their policy.

Most countries are prioritising the attainment of basic or limited services over setting national targets for higher levels of service, particularly in rural areas. In comparison, nearly three-quarters of countries have included at least one of the safely managed service criteria for both urban and rural drinking water.

This may reflect the lower levels of sanitation coverage compared to drinking water, indicating that there is a need to catch up on basic sanitation services. Furthermore, with regard to timeframes, most countries have not set universal access targets for sanitation for 2030, i.e. for all of their population, even at the basic or limited service level<sup>68</sup>.

The JMP has warned that significant improvements are required to increase sanitation coverage, and at a far faster rate of progress than any seen to date.

##### Implementation of policies and plans

The sanitation sector can be broken down into the institutional and field intervention levels. Uncoordinated interventions in a given area (e.g. a district, province, or region) can create inefficiencies, duplication and perverse incentives, thereby hampering progress. This typically happens when different ministries work on rural sanitation

<sup>65</sup> For more information on the human rights-based approach in the WASH sector, please see the Study brief produced by Secours Islamique France and Coalition Eau entitled The Human Rights-Based Approach within the Water and Sanitation Sector, Added Value and Implementation Challenges for Development Cooperation, March 2021.

<sup>66</sup> UN-Water, WHO, GLAAS report, National Systems to Support Drinking-Water, Sanitation and Hygiene: Global Status Report 2019.

<sup>67</sup> *Ibid.*

<sup>68</sup> *Ibid.*

in different ways, when national and local entities have different approaches, and when partners work in an isolated manner. A lack of clear division of responsibilities between administrative entities is also counter-productive<sup>69</sup>.

The sector also suffers from a lack of human resources to implement WASH plans. Human resources are more likely to be insufficient in rural than in urban areas: 43% of countries with rural sanitation plans have conducted human resource assessments for these plans, and

only 6% report having sufficient human resources to implement their plans. Not only is there a lack of funds for training and recruiting human resources, but the sector also remains unattractive. Due to lack of regulation, in many countries, this amounts to low-paid informal work, which can pose a significant risk to workers' health when they are not provided with the appropriate protection. Workers may also experience stigma, particularly septic tank emptiers.

## Insufficient measures for the most vulnerable

Countries have committed to actions to target and reach people living in vulnerable situations. These populations vary widely by country and are generally unaware of the socio-economic impacts of improved sanitation and struggle to access current subsidies. Their situation requires specific strategies that are based on a sound understanding of their circumstances. According to the 2018/2019 GLAAS survey, where measures are in place to support access to sanitation, the most commonly targeted vulnerable groups include poor populations, people living in remote and hard-to-reach areas, and people living with disabilities. The most overlooked groups are indigenous populations and ethnic minorities. Although more than two-thirds of countries have specific measures in their policies and plans to address poor populations, countries dependent on official

development assistance often develop policies that are overly-ambitious. They set targets that are unrealistic given their national capacities<sup>70</sup>: less than 35% have corresponding measures for monitoring and financing that are consistently applied to reach poor populations with sanitation services. References to 'pro-poor' measures are far more common in political declarations than in financing plans and monitoring mechanisms for tracking the extension of service provision to poor populations (figure 7)<sup>71</sup>. The percentage of countries that consistently apply financial measures targeting poor populations is relatively constant across income groups, indicating that financial targeting of poor populations is not necessarily related to the country's income level and may signal a global lack of prioritisation of this issue: the most vulnerable populations are left behind regardless of the country's income level.

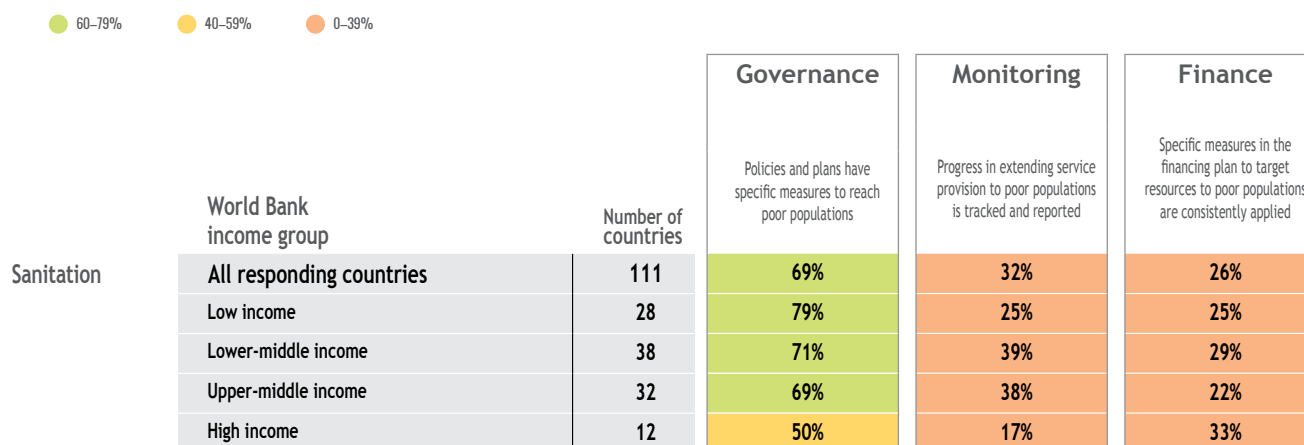


Figure 7<sup>72</sup>: Measures to extend services to poor populations by income group.

<sup>69</sup> World Bank Group, Plan International, WSSCC, SNV, WaterAid, UNICEF, Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability. A Call to Action, October 2019.

<sup>70</sup> Ménard et al., 2018.

<sup>71</sup> Un-Water, WHO, GLAAS report, National Systems to Support Drinking-Water, Sanitation and Hygiene: Global Status Report 2019.

<sup>72</sup> Reproduced from "National systems to support drinking-water, sanitation and hygiene: global status report 2019". UN-Water global analysis and assessment of sanitation and drinking-water. Geneva: World Health Organization: 2019. Licence: CC BY-NC-SA 3.0 IGO. Source: GLAAS 2018/2019 country survey.





While there is a range of measures available for reducing inequalities in access for all vulnerable groups, one of the key measures in efforts to leave no-one behind is the affordability of services, which is also an obligation under the human right to water and sanitation.

Governments and public services should regulate payment for services and ensure that everybody can afford basic services. Water and sanitation-related expenditure generally consists of occasional yet substantial expenses, such as connection costs, as well as recurring costs for repairs and maintenance, all of which need to be factored into the affordability thresholds set by governments or inter-governmental organisations. All rigorous affordability assessments need to take the wealth or incomes of the population into account, as well as WASH subsidies or any other social benefits awarded by the government.

For households in vulnerable situations, a common bottleneck is the availability of funds to pay the initial investment costs. Many households are willing to take out a repayable loan to pay up-front capital costs, which they then pay off over subsequent years. Micro-finance, which can play a vital role in addressing the water and sanitation financing gap, is growing but remains rare<sup>73</sup>. There are still many barriers to expanding micro-finance to vulnerable groups, including the lack of services in rural areas. Furthermore, capital costs for sanitation infrastructure may not be considered an eligible or viable purpose for getting a loan and, even if they are, interest rates may be high and vulnerable households in particular are likely to lack collateral to offer against a loan.

Financial schemes such as fee exemption schemes and reduced tariffs may help make WASH services more affordable for populations living in vulnerable situations. However, countries are still more likely to have financial schemes for affordability in place for drinking water than sanitation. Such financial schemes are even less common for rural sanitation, with only 18% of countries with these schemes reporting that they were widely used<sup>74</sup>.

In addition, where these schemes and instruments are in place, the main challenge lies in ensuring that they effectively reach the people that need them the most. It is necessary to ensure that public subsidies and funding reach the most marginalised and poorest people and groups, who are usually not 'yet' connected to an official network, can live in informal dwellings with no official occupancy documents or in remote rural areas, and who are often overlooked (if not deliberately ignored) by current planning and policy development processes. There has been limited analysis of WASH affordability that distinguishes different contexts, such as urban versus rural, households connected a piped system versus those not connected, and consumers of various types of water sources, and the literature rarely encompasses sanitation and hygiene<sup>75</sup>.

<sup>73</sup> WWAP, The United Nations World Water Development Report 2019: Leaving No One Behind, 2019.

<sup>74</sup> UN-Water, WHO, GLAAS report, National Systems to Support Drinking-Water, Sanitation and Hygiene: Global Status Report 2019.

<sup>75</sup> WWAP, The United Nations World Water Development Report 2019: Leaving No One Behind, 2019.

## LACK OF DATA FOR MONITORING ACCESS TO SERVICES

Alongside insufficient funding and human resources, many countries report a lack of or inconsistent data for developing policies and action plans. Comprehensive data that accurately reflects the reality in different regions and the situation of different population groups is essential for identifying gaps and targeting vulnerable groups who are being left behind. While the majority of countries have data on OD rates or basic sanitation service coverage, less than half have safely managed service coverage statistics. Furthermore, the data available for the different services levels is not disaggregated to identify inequalities: in many countries, official figures do not fully capture the affordability of services or discrimination in access to sanitation<sup>76</sup>.

A number of countries are already struggling to implement routine data collection systems to report on safe faecal sludge and wastewater management or on the performance of sanitation systems not connected to a sewer network. Given that nearly half of the world's population uses systems that are not connected to sewers, it is clear that there is an acute lack of data for service monitoring and reporting. Some countries have no service monitoring and reporting agencies in place at all. Only 14% of countries have regulatory authorities that set and monitor faecal sludge management standards in rural areas (this figure stands at 21% for urban areas), and 40% have regulatory authorities that set standards for the design, construction and use of wastewater treatment plants. In countries where WASH service provision monitoring agencies do exist, these are overburdened or lack the resources needed to conduct the monitoring and reporting required. Monitoring and surveillance of the sector is being severely hampered by a lack of funds and human resources.

## OPERATIONAL APPROACHES AND INNOVATION

Although sanitation service coverage is increasing, this does not mean that all households use the services provided. In many regions, sanitation remains a taboo and, to convince them of its importance, communities need to be made aware of its impacts, particularly for public health. Thus, over recent decades, rural sanitation sector planning has changed, shifting from infrastructure provision-based approaches to approaches based on social and behavioural factors that focus on social mobilisation and behaviour change, such as CLTS. Whereas health education interventions have met with limited success, the CLTS approach has emerged as a viable alternative for ending OD and has been promoted by the main WASH sector donors, such as the World Bank, UNICEF and the Water Supply and Sanitation Collaborative Council's Global Sanitation Fund (WSSCC). It has now been implemented in 60 countries and is mentioned in the rural sanitation policies of around 30 countries<sup>77</sup>. CLTS takes a different approach to other health education interventions. Instead of teaching people about the health benefits that households can obtain from improved sanitation, CLTS seeks to trigger behaviour change by engendering a sense of disgust among village residents who practise open defecation, leading to a community rather than individual response. However, while this approach can be effective for raising people's awareness of the need to use household or community latrines, ensuring long-term facilities maintenance and sustaining

behaviour change have proved to be an issue. Moreover, in certain regions, this approach has failed, which should prompt authorities and stakeholders to examine the reasons for this, adapt their approaches accordingly and innovate. Approaches based on marketing mechanisms have also been developed, such as sanitation marketing for example, which applies social and commercial marketing practices to scale up the demand and supply for improved sanitation facilities. While these approaches have been an important step forward, they have not been a universal success.

Applying a uniform approach across vast areas or an entire country does not always work and is simply not sufficient for ensuring everyone can be reached. In addition, some rural sanitation initiatives have lacked a clear focus on learning and results – as well as on understanding what works where and why, and how to achieve the best impacts with the resources invested<sup>78</sup>.

A key element of the success of rural sanitation sector intervention programming is the timeframe. To achieve optimal health outcomes and the right to sanitation for all, programmes need to be conceptualised over the long-term to ensure everybody within a given area can be reached. Interventions should be aligned with institutional capacities and existing resources, and help strengthen the local system by supporting the authorities. Public participation in programme design, implementation and monitoring is also vital for ensuring ownership and the sustainability of the services provided. Sanitation services need to be expanded beyond households by including schools, healthcare facilities and public places, and mechanisms need to be put in place to coordinate both financial flows and the stakeholders responsible for services in social institutions. Approaches need to be tailored to the context and adapted using learning reviews and monitoring systems<sup>79</sup>.

A long-term approach is particularly important for ensuring the most vulnerable people can be reached, not only through adequate funding mechanisms but also by behaviour change programmes. Even if effective in the short-term (by significantly reducing OD in communities, for example), change can only be lasting and sustainable if good practices are adapted, maintained and transmitted within the community<sup>80</sup>. Educating and raising the awareness of children and young people is crucial in this regard, as is involving communities in sanitation service management.

<sup>76</sup> UNGA, Resolution 70/69, The human rights to safe drinking water and sanitation, 17 December 2015, A/RES/70/169.

<sup>77</sup> Mark Radin, Marc Jeuland, Hua Wang, Dale Whittington. Benefit-Cost Analysis of Community Led Total Sanitation: Incorporating Results from Recent Evaluations, Journal of Benefit-Cost Analysis, May 2020.

<sup>78</sup> World Bank Group, Plan International, WSSCC, SNV, WaterAid, UNICEF, Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability. A Call to Action, October 2019.

<sup>79</sup> *Ibid.*

<sup>80</sup> WWAP, The United Nations World Water Development Report 2019: Leaving No One Behind, 2019.

## Sustainable access to WASH services for returnees and host communities - Chad

Since 2013, the crisis in the Central African Republic has led to an influx of refugees and returnees in the southern regions of Chad, creating pressure on natural resources and existing WASH infrastructure. To respond to the needs in these areas, SIF partnered with UNICEF to develop a WASH project that focused on capacity-building and community participation in service management (2018-2020). The aim of the project was to tackle waterborne diseases by improving access to water and sanitation services and encouraging the use of good hygiene practices.

The 88 target villages (more than 46,000 people) were identified as priority areas in the government of Chad's 2030 OD eradication action plan (ODF 2030). The CLTS approach was used and effectively raised beneficiaries' awareness of the

importance of sanitation. Communities received awareness-raising prior to each activity to build their understanding of the objectives and implementation method. They also received training on good hygiene practices and service management. In addition, communities worked on an action plan in anticipation of SIF's departure at the project close.

At the end of the project, 80% of villages were open defecation free, and 89% of households had built a latrine. Diarrhoeal morbidity, which stood at 48% before the project, had fallen to 11%. However, this approach requires the long-term intervention of the authorities and service operators to ensure lasting behaviour change and sustainable operation of the facilities. To improve the particularly vulnerable circumstances of refugees and host communities, an integrated approach is required that combines WASH projects with livelihood development programmes.



## INSUFFICIENT FUNDING

### Overall sector funding

Current levels of funding for WASH services are not even in line with the capital costs needed to meet basic WASH service requirements by 2030 (figure 8). The investment needed to achieve safely managed WASH services is much greater: current annual investment needs to be tripled to reach the 114 billion USD required.

For rural sanitation and hygiene, the level of annual investment needs to be multiplied by 6. Furthermore, these funding needs estimates do not include service operations and maintenance (O&M) costs, which means that actual funding needs are much greater.

Just as important is the financial viability of O&M services, as these are vital for preventing the deterioration of facilities and minimising breakdowns.

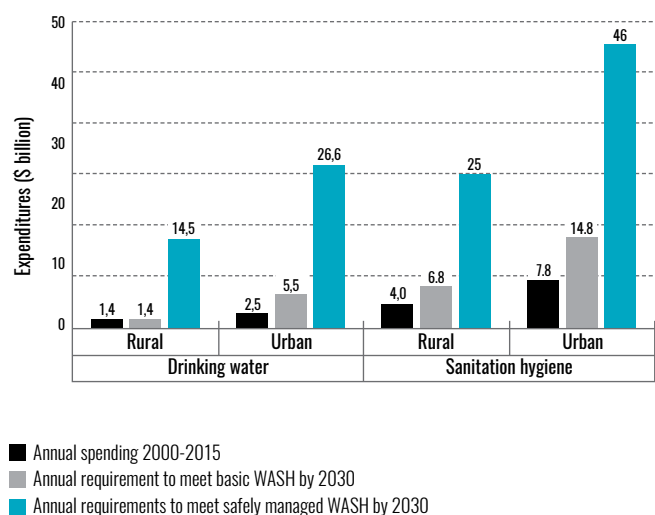


Figure 8<sup>81</sup>: Additional resources needed to meet targets for basic and safely managed WASH services.

Globally, government spending and external ODA and private sector expenditure on sanitation (excluding households) are generally one half those for drinking water. In 2018/2019, sanitation accounted for 35% of the 19 billion USD total WASH expenditure, compared to 59% for drinking water and 6% for hygiene<sup>82</sup>.

### State-allocated financial resources

According to the 2018/2019 GLAAS survey, over 80% of countries reported insufficient financing to meet their national WASH targets (figure 9)<sup>83</sup>, or their targets for WASH in healthcare facilities and schools. Rural sanitation is particularly affected by this lack of funding as 92% of countries reported insufficient financing for this sub-sector.

WASH area	Percentage of countries reporting sufficient finance <sup>a</sup>
Urban/rural drinking-water (n=78)	21% / 15%
Urban/rural sanitation (n=74)	14% / 8%
Hygiene (n=67)	4%
WASH in health care facilities (n=69)	12%
WASH in schools (n=71)	8%

<sup>a</sup> In the GLAAS 2018/2019 country survey, sufficient finance was defined as more than 75% of what is needed to meet national targets.  
Source: GLAAS 2018/2019 country survey.

Figure 9<sup>84</sup>: Is financing allocated to WASH sufficient to meet national targets?

For rural sanitation, more than 79% of countries with national plans have developed cost estimates for implementation of their plans, yet only 7% reported they had sufficient finance to implement them (figure 10)<sup>85</sup>. With so few countries having the financial resources required to implement their plans, governments need to carefully prioritise financial allocations to WASH and improve resource mobilisation for the sector, especially for rural sanitation.

Subsector	Number of countries with national plans	Percentage of countries with national plans that have been costed	Percentage of countries with costed plans reporting sufficient finance to implement plan <sup>a</sup>
Urban sanitation	94	82%	15%
Rural sanitation	90	79%	7%
Urban drinking-water	95	77%	13%
Rural drinking-water	91	85%	12%
Hygiene	80	60%	9%

<sup>a</sup> In the GLAAS 2018/2019 country survey, sufficient finance was defined as having more than 75% of what is needed to implement national WASH plans.  
Source: GLAAS 2018/2019 country survey.

Figure 10<sup>86</sup>: Number and percentage of countries with national WASH plans that have been costed and supported by sufficient financial resources.

<sup>81</sup> Source: World Bank Group; UNICEF. 2017. Sanitation and Water for All: How Can the Financing Gap Be Filled?. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/26458>

<sup>82</sup> UN-Water, WHO, GLAAS report, National Systems to Support Drinking-Water, Sanitation and Hygiene: Global Status Report 2019.

<sup>83</sup> It should be noted that country estimates are based on national coverage targets and services levels, many of which do not fully consider all the elements of safely managed services (accessibility, availability, quality and faecal sludge management).

<sup>84</sup> Reproduced from "National systems to support drinking-water, sanitation and hygiene: global status report 2019". UN-Water global analysis and assessment of sanitation and drinking-water. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Source: GLAAS 2018/2019 country survey.

<sup>85</sup> UN-Water, WHO, GLAAS report, National Systems to Support Drinking-Water, Sanitation and Hygiene: Global Status Report 2019.

<sup>86</sup> Reproduced from "National systems to support drinking-water, sanitation and hygiene: global status report 2019". UN-Water global analysis and assessment of sanitation and drinking-water. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.  
Source: GLAAS 2018/2019 country survey.

While there are a few exceptions, most governments struggle to prioritise rural sanitation in the national agenda and to make progressive financial commitments. In 2017, 73% of countries had no financing plan that was consistently followed to address this lack of resources<sup>87</sup>. The effective mobilisation of financing to achieve national sanitation targets is being hampered by weak institutional structures for the sector. While, globally, countries' WASH budgets have, on average, been increasing moderately over recent years (11.1% increase between the GLAAS 2016/2017 cycle and the 2018/2019 cycle), a number of countries have decreased their WASH budgets: 9 of the 24 countries providing data on their national budgets over the same period reported budget decreases, and 5 of these 9 had reduced their sanitation budget by 1.2% per year<sup>88</sup>.

Sanitation remains a taboo; it does not often feature in public debate and is not regularly covered by the media. This lack of public pressure on policymakers is preventing the sector from being seen as a priority. Improving the accountability of the authorities and raising public awareness, particularly in rural areas, appears vital for moving the sanitation sector up the political agenda and mobilising sufficient funding.

### Availability of budget data and expenditure reports

National financial systems to support decision-making need to be strengthened. In countries that have financing plans for the WASH sector, these plans are insufficiently used in decision-making. Furthermore, more than 75% of countries do not have disaggregated budget or expenditure data for water and sanitation as most countries lack systems for collecting comprehensive financial data.

In addition, fewer than half of countries use performance indicators on expenditure and cost-effectiveness, which could limit governments' ability to make informed adjustments in WASH budget allocations or spending priorities<sup>89</sup>. The main reported limiting factors are the fragmentation of sector roles among ministries and institutions and the complexity of extracting information on drinking water and sanitation from broader ministry budget line items.



<sup>87</sup> World Bank Group, Plan International, WSSCC, SNV, WaterAid, UNICEF, Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability. A Call to Action, October 2019.

<sup>88</sup> UN-Water, WHO, GLAAS report, National Systems to Support Drinking-Water, Sanitation and Hygiene: Global Status Report 2019.

<sup>89</sup> *Ibid.*



## Main sources of financing and cost recovery

In most countries, sanitation costs are predominantly borne by households (68%) (the government covers 19%), who have to pay sewer connection fees, pit emptying fees or the cost of onsite sanitation facilities (latrines, pits and onsite treatment systems, for example).

While households should contribute towards paying for services, governments need to increase their commitments: a system that relies entirely on household contributions will only ever create inequalities as not all households will be able to afford the fees. According to the GLAAS 2018/2019 country survey, over one half of the responding countries indicated that user tariffs were insufficient to recover O&M costs. Furthermore, despite some countries having policies and regulation on coverage of O&M costs by user fees, and even though there are tariff structures in place that maintain affordability for low-income populations, many service providers and communities continue to struggle balancing cost recovery and affordable tariffs for services.

The approach most often cited by GLAAS 2018/2019 survey respondents for subsidising insufficient cost recovery was the use of national or local government funds.

Moreover, it is not possible for household contributions alone to cover the costs of the entire sanitation chain. In order to meet all the transport, treatment, discharge and reuse costs, substantial, coordinated and planned investment from governments is required. Financing is also required for the institutions and regulatory authorities responsible for ensuring the good governance of the sector.

Governments need to commit more funding to the sanitation sector, particularly in countries with the lowest coverage and where open defecation is still being practised. In addition to introducing taxes, governments need to attract additional technical and financial resources from ODA donor countries and the private sector.



## Increase and more effectively target ODA to help countries close financial gaps for sanitation<sup>90</sup>

### > ODA for the WASH sector

The WASH sector suffers from a large funding shortfall. 9 billion USD of the total ODA commitments of 196 billion USD were allocated to water and sanitation in 2017. ODA for WASH increased between 2015 and 2017, but this was in response to a dramatic decrease in commitments for the sector between 2013 and 2016, and so cannot be considered an additional financial effort. Disbursements have remained relatively stable yet on a slight upward trajectory, rising from 6.9 billion USD in 2017 to 7.6 billion USD in 2018.

### > Sanitation and drinking water

Historically, significantly less ODA has been allocated to sanitation than drinking water. The most recent Organisation for Economic Co-operation and Development data indicates that sanitation received 37% of aid disbursements in 2017 compared to 63% for drinking water.

In 2018, an estimated 1 billion USD was allocated to sanitation, half of the amount allocated to drinking water.

### > Aid targeting

In 2017, sub-Saharan Africa received a large share of aid commitments for WASH (nearly 3 billion USD). This is a positive trend reversal that needs to be continued: between 2012 and 2015, aid commitments to sub-Saharan Africa fell from 38% to 20% of overall WASH aid. Nevertheless, the ratio of loans to subsidies (donations) continues to mean that support is easier to come by for solvent countries than for countries with weaker economies where needs are greatest. Loans are not suitable for funding rural sanitation in LDCs.



### SIF's advocacy for increasing French ODA to the sanitation sector

France is one of the top five providers of ODA for WASH out of all the Development Assistance Committee donor countries, having allocated 1.73 billion USD to WASH, in 2019. This was a massive increase of 123% compared to 2018, when commitments stood at 773.6 million USD. While of course welcoming France's commitment to the sector, SIF nonetheless deplors that 86.6% of France's bilateral ODA for WASH is in the form of loans. Only 13.4% of France's ODA was donations in 2019, which means that this aid is not reaching the vast majority of countries that need it the most<sup>91</sup>. In addition, France, like other donors, focuses heavily on funding major infrastructure projects, particularly for water and in urban and peri-urban areas. In 2019, France allocated 85% of its bilateral ODA to financing large-scale systems<sup>92</sup>. ODA spending on sanitation, and on basic WASH services in general, is therefore relatively low.

SIF has been working for years now to urge France to commit 50% of its WASH ODA to sanitation and to ensure an equal share of donations and loans. We have conducted a series of advocacy campaigns to raise public awareness of issues surrounding the lack of sanitation around the world and call upon the French government to improve its ODA commitments. SIF and Coalition Eau first launched the *Parlons Toilettes* (Let's Talk About Toilets) campaign in 2014; this ran until 2017 and took on a variety of forms, including a street exhibition and a display of posters in public toilets in a number of cities in France. The recent *L'eau ne se mérite pas, c'est un droit !* (Water Isn't Earned, It's a Right) campaign led by Coalition Eau in

2020 served as a reminder that France should provide an equal share of loans and donations and commit 50% of its ODA to the sanitation sector.

The campaigning carried out by both SIF and the public has led to progress being made on these issues within the French Ministry for Europe and Foreign Affairs (MEAE). From 2018, SIF worked with the MEAE to jointly construct the new France's International Strategy for Water and Sanitation (2020-2030). Adopted in 2020, it contains a number of our recommendations and, notably: it affirms the need to increase the share of bilateral loans to better target LDCs; and commits to redressing the balance of funding between water and sanitation, allocating 50% of ODA to the sanitation sector. This is a major step towards more effectively targeting France's bilateral ODA to the needs of its partner countries. However, SIF is remaining vigilant: these commitments are not covered in detail in the programming and framework act on inclusive development and tackling global inequalities adopted by Parliament in 2021. Water and sanitation is defined as the 4th sector priority and relevant strategic focus areas are included that refer to the MEAE strategy; however, measures for financing these commitments have not been set out in detail. SIF will keep a close eye on the amounts of ODA that France allocates to the sector over the coming years.

<sup>91</sup> Coalition Eau, ONGAWA, Open Consultants, WaterAid, *Panorama financier du secteur de l'eau et de l'assainissement : Opportunités pour améliorer l'APD Eau et Assainissement de l'Union européenne, de la France, de l'Allemagne et de l'Espagne*, 2021. [Only in French]

<sup>92</sup> *Ibid.*





## Improve knowledge of the sector

The lack of large-scale documented and sustainable results for sanitation, based on past investment, is hampering the development of a renewed ambition for the sector. Countries' ability to sustain their progress is a real challenge. This is undermining any weak political support the sector may have and inhibits the mobilisation of new resources.

Impact and cost-benefit studies form the basis of the argument for the rural sanitation sector as they provide solid evidence that can be presented to: i) national and local policymakers in order to push this issue up the political agenda; ii) households to convince them of the importance of investing in this sector; iii) financial partners to raise the necessary funds. Properly conducted impact assessments provide robust evidence that can be used to inform investment decisions, improve policy design, adjust current interventions and improve transparency and accountability.

A number of findings have come out of this present study, including:

> **The sanitation sector is under-represented in WASH impact studies.** According to the meta-analysis of 136 WASH impact evaluations conducted in 2018 by L. Andres et al., just 7% covered sanitation only and 29% assessed integrated WASH projects. The remaining studies covered water quality (39%), hygiene (17%) and water supply (8%)<sup>93</sup>.

> **Meta-analyses are useful for identifying key trends.** The impact studies available are not always of the same quality and can produce different results, making them difficult to use. Rigorous meta-analyses, where studies can be selected based on strict criteria, are essential for recognising key trends.

> **There is a lack of studies that cover all factors.** While the impacts of WASH interventions on reducing the incidence of diarrhoea are widely documented, similar analyses on other well-being and health-related outcomes, such as school attendance or child development, are largely absent. Studies assessing the effectiveness of WASH interventions have historically focused on water quality, providing little information on the effectiveness of other interventions, such as sanitation and hygiene behaviour change<sup>94</sup>. According to the literature review conducted for this study, the impacts of sanitation on other sectors, such as the environment, agriculture and the economy, are also poorly documented.

<sup>93</sup> Andres, Luis; Borja-Vega, Christian; Fenwick, Crystal; de Jesus Filho, Jaime; Gomez-Suarez, Ronald. 2018. Overview and Meta-Analysis of Global Water, Sanitation, and Hygiene Impact Evaluations. Policy Research Working Paper; No. 8444. The World Bank, Washington DC, May 2018.

<sup>94</sup> *Ibid.*





## 4 RECOMMENDATIONS FOR ACHIEVING UNIVERSAL ACCESS TO SANITATION IN RURAL AREAS

Lack of access to sanitation services remains a major barrier to development, particularly in the least developed and developing countries, in rural areas, and for people living in vulnerable situations. Achievement of the sanitation-related SDG targets by 2030 appears unlikely without substantial sector funding and unless this issue is moved up the political agenda and policies are effectively implemented. One of the key challenges is eradicating open defecation among the poorest rural communities in sub-Saharan Africa and southern Asia.

Countries have a number of opportunities to affirm their commitment to sanitation, and to rural sanitation in particular, at the highest political level: the World Water Forum, to be held in Dakar in 2022, and notably the UN Conference on the Midterm Review of the Water Action Decade scheduled for March 2023, the first high-level inter-governmental conference on water to be held since 1977.

Alarmed by the difficulties observed in countries' implementation of SDG 6, and by the fact that many other SDGs depend on the successful achievement of SDG 6, UN-Water is urging countries to take greater action through the SDG 6 Global Acceleration Framework<sup>95</sup> and its 5 accelerators, which were included in the declarations made by countries attending the Water Dialogues for Results Conference held in Bonn in July 2021 (preparatory conference for the 2023 conference)<sup>96</sup>:

- **Governance:** improve vertical and horizontal governance and intensify cooperation among stakeholders, sectors and countries.
- **Financing:** governments, national and international financial institutions and multi-lateral actors need to improve targeting and the effective use of existing funding, mobilise domestic resources and attract additional investment from private and public sources.
- **Data and information:** decision-making should be data-based. Decision-makers need access to quality disaggregated data for analysing, planning and implementing their action plans in order to leave no one behind.

- **Capacity development:** capacity-building needs to take an inclusive approach, both at the institutional and human resource levels.
- **Innovation:** promote and replicate innovative approaches, combine traditional knowledge with modern technology.

In light of the sector challenges highlighted in this study and the upcoming global political deadlines, SIF has produced the following recommendations, which we consider vital for improving access to services in rural areas. These recommendations are aimed at countries and development partners, including UN agencies and stakeholders. Specific recommendations have also been developed for France and its implementation of its cooperation and international solidarity policy.

### GLOBAL GOVERNANCE OF SDG 6

#### Move sanitation to the top of the 2023 Conference agenda

As the stated aim of the UN-Water accelerators for water and sanitation and the 2023 Conference is to take steps to improve both water and sanitation by addressing SDG 6 as a whole, sanitation should not be relegated to second place on the agenda.

UN-Water and the UN Special Rapporteur on the human rights to safe drinking water and sanitation must ensure that sanitation is included on the Conference agenda. SIF recommends that France supports this recommendation throughout the Conference preparatory process, particularly with the Netherlands and Tadjikistan, the countries that are jointly organising this event.

Given the global pandemic and rising environmental pollution, sanitation should be included for its public health and environmental implications. To help mitigate climate change, wastewater reuse should also be identified as a priority for action to help tackle droughts and, more generally, to preserve the water resource.

<sup>95</sup> UN-Water, The Sustainable Development Goal 6 Global Acceleration Framework, 2020.

<sup>96</sup> For more information on the Water Dialogues, please see the following website: <https://waterdialogues4results.com/>

### Hold regular high-level meetings on SDG 6

Unlike other sectors, there is no inter-governmental mechanism for the WASH sector that enables regular consultations between countries, UN agencies, and civil society stakeholders, or that produces high-level political recommendations on implementing the SDG 6 targets and on corrective measures where required. An inter-governmental body needs to be set up that is integrated into the UN system and which covers all SDG 6 issues. This process should be inclusive and participatory.

The UN Conference in 2023 should recognise the introduction of these regular high-level meetings.

France, which in its international water and sanitation strategy recommends improving global water governance by creating an inter-governmental committee with a political mandate integrated into the UN system, should do everything in its diplomatic power to ensure this committee becomes a reality in 2023.

### Redress the imbalance in WASH ODA allocations to water and sanitation and increase the amounts allocated

Development and humanitarian aid policies and programmes, as well as ODA resources for the sanitation sector, should be targeted at LDCs and DCs, as well as at the most vulnerable and marginalised population groups.

The sanitation sector, particularly rural sanitation, should be made a global priority for ODA donors: ODA should be more evenly split between the water and sanitation sectors, with more funding allocated to rural sanitation in order to eliminate open defecation and introduce basic services. To enable the effective implementation of the human rights-based approach in field-based plans and programmes, and to successfully tackle inequalities in access, ODA funding for sanitation must be predictable, long-term, multi-annual and reliable. Long-term investment is required to achieve effective outcomes in the sanitation sector.

ODA donor countries should support the Sanitation and Hygiene Fund, which is replacing the WSSCC, to enable it to provide reliable, predictable and long-term support to countries seeking funding to implement their policies and plans for achieving access to sanitation for all. France needs to uphold the commitments it has set out in its international water and sanitation strategy by raising its share of bilateral donations to better target LDCs and DCs. 50% of its WASH ODA should target these countries as they have the greatest needs. France must also uphold its commitment to redress the imbalance in funding to water and sanitation by allocating 50% of its WASH ODA to sanitation.

France should target its ODA funding to rural sanitation in order to eradicate open defecation and introduce basic services.



## NATIONAL SANITATION SECTOR GOVERNANCE

### Respect international law

Countries need to uphold their commitments under international law and do everything in their power to respect, protect and promote the right to sanitation. Governments should develop legal and regulatory frameworks that are aligned to the human rights-based approach and to the principles and criteria that underpin the human right to sanitation.

### Provide political leadership on sanitation

The sanitation sector must be made a high-level political priority, particularly in countries with poor coverage. National and local governments should develop political leadership, define priorities and targets, and provide an overview. For this overview, it will be vital to ensure the various ministries and authorities concerned (and which are often fragmented) cooperate effectively. As sanitation has a multi-sector impact, governments must establish clear sanitation-related mandates for all of the sectors concerned (agencies and local authorities in charge of education, health, agriculture, local development plans, etc.).

### Develop inclusive policies to realise the right to sanitation

In order to define realistic and achievable goals, policymakers need to take the available resources, context-specific factors and the population's vulnerability factors into account. To this end, an enabling environment for enacting reforms and defining goals should be established: institutional arrangements should be inclusive to enable civil society, including the most vulnerable, to be involved in discussions and decision-making, and in monitoring the policies put in place. To ensure their successful implementation, these policies need to have legitimacy and be properly understood, which means that they have to be widely disseminated to all stakeholders, particularly those at a local level.

Governments are accountable for realising the human right to sanitation and for meeting their reporting obligations. To oversee the government's actions, it is vital that citizens, as rights-holders, have the capacity to monitor these actions, are able to claim their rights and report violations of these rights when necessary.

Partners (donors, NGOs, civil society) must align with nationally and locally approved strategies and work in a coordinated manner, supporting the authorities. Depending on needs, partners may be required to build the capacities of the authorities responsible for improving public policy and institutionalising national sanitation systems. Governments should lead coordination efforts and inter-sector dialogue between the various stakeholders, ensuring the involvement of civil society.

### Introduce action plans and a regulatory and monitoring system

Sanitation policies need to be accompanied by action plans, and human and financial resources. Plans should target improving access to sanitation services (along the entire sanitation chain) by factoring in the needs and priorities of all the sectors concerned, as well as of people living in vulnerable situations. These plans need to include goals that are to be achieved by clearly defined deadlines and which have corresponding monitoring and performance indicators.

Governments should create institutions to monitor and regulate the actions of the government, service operators and users. Service provision, including services delivered by private operators and informal actors, needs to be regulated and monitored using specific quality criteria, and this along the entire sanitation chain.



### Fill human resource gaps

WASH training tailored to different sanitation chain-related jobs should be put in place in countries with insufficient human resources and the greatest needs. Specific focus should be paid to training on non-discrimination and equality issues.

Working conditions should ensure the health and safety of workers, and the roles and skills of people working in the informal sector should be recognised so that they can be transferred to the formal sector.

### Leave no-one behind

Countries should have non-discriminatory sanitation policies that prioritise the most vulnerable. This will require setting priorities within WASH systems, allocating sufficient and adequate human and financial resources, and introducing monitoring systems that can identify inequalities and discrimination, monitor progress towards universal service coverage and enable governments to take corrective action.

Governments should consider all vulnerability factors affecting the different population groups and adapt sanitation facilities and services accordingly. The circumstances of children, women, and people who are sick or living with disabilities should particularly be taken into account.

Governments must also improve the affordability of sanitation services for the poorest households.

Reducing the cost of service provision is one way of improving affordability without affecting the service level, for instance via: technological innovations to reduce infrastructure production costs; optimising procurement and scales (buying materials in bulk, exploiting economies of scale); and improving management practices to enhance planning.

In addition to reducing service provision costs, governments should develop targeted and transparent subsidy measures for the most vulnerable. Policymakers often have the option of: i) subsidising activities to promote household investment in sanitation and social behaviour change; or ii) subsidising service costs, differentiating between equipment costs and O&M expenditure.

It has been proven that subsidies that boost community participation are effective because they empower vulnerable groups to allocate resources towards their own priorities. Community and user participation in planning, implementation, monitoring and evaluation processes can foster greater accountability and improved service performance, with benefits for poor and vulnerable households.

Introducing fees – ideally the main source of service provision funding – involves finding a difficult balance between a number of objectives, namely cost recovery, cost-effectiveness, fairness and affordability. Developing pricing structures is a real challenge that each country needs to monitor and improve in line with local contexts.



## OPERATIONAL APPROACHES

### Implement solutions along the sanitation chain that are tailored to the local situation

Ensuring access to safely managed services, at different levels and in different regions, and which particularly target the poor and people living in vulnerable situations, requires the implementation of solutions tailored to the local situation and needs, not only for infrastructure but also for collecting, transporting, treating and safely disposing of human waste. Socio-cultural practices and a range of viewpoints need to be factored into sanitation facility design, location and conditions of use to ensure that the services provided are suitable and sustainable. To this end, it is crucial to ensure that communities are involved in policies and programmes.

Different sanitation systems can be used such as sewers or onsite facilities. While the use of onsite sanitation systems is expanding, many local authorities still too often incorrectly consider sewer systems to be the only 'viable' option; however, installing these systems creates local development challenges, plus they are more expensive. Strategies and plans should promote both types of systems and highlight the importance of ensuring the quality of the entire sanitation chain.

### Introduce area-wide programming with long-term objectives and evidence-based and adaptive implementation

A long-term view should be taken when programming interventions in the rural sanitation sector in order to ensure performance levels and improvements to local WASH systems and that everybody can be reached. This also involves expanding sanitation services beyond households by including schools, healthcare facilities and public places. Approaches need to be tailored to the context and adapted using learning reviews and monitoring systems<sup>97</sup>. Long-term programming is particularly vital for ensuring the most vulnerable can be reached, not only through financing mechanisms but also by behaviour change programmes.

### Support innovation

The profusion and complexity of contexts, coupled with current climate change issues, resource pollution, and ever-increasing conflicts and crises, should prompt the development of innovative solutions at all levels (infrastructure, supporting measures, institutional approach, and financing).

Countries should particularly support innovations that target access in rural areas and the most vulnerable by creating favourable regulatory conditions and providing financial support.

Governments should promote research in the sector and knowledge-sharing. Partnerships with academic institutions or NGOs are to be encouraged.

The improvements made to the approaches used, namely the shift from service provision to community participation and behaviour change approaches, require practices to be enhanced and adapted to ensure services remain sustainable and all of the most vulnerable people can be reached.

## DATA COLLECTION FOR MONITORING POLICIES AND SECTOR KNOWLEDGE

### Improve the availability of data for national and global sanitation service monitoring

Governments should set up their national-level monitoring systems using disaggregated data to assess progress based on a range of parameters, such as urban/rural/peri-urban/devolved rural areas, vulnerability factors and wealth quintiles. An effective monitoring system will enable countries to identify and address gaps, adapt WASH systems and anticipate crises (epidemics, climate shocks, etc.). To this end, governments should urgently improve their data collection methods, whether through household surveys or using the monitoring mechanisms of the authorities in charge of regulating sanitation systems.

Governments, UN agencies and donors should support partner countries with collecting disaggregated data.



<sup>97</sup> World Bank Group, Plan International, WSSCC, SNV, WaterAid, UNICEF, Delivering Rural Sanitation Programs at Scale, with Equity and Sustainability. A Call to Action, October 2019.

### Underpin sanitation policies with local and national studies

Improving knowledge of the socio-economic impacts of improved sanitation on the population through studies and research will help persuade policymakers and households of the merits of politically and financially investing in sanitation, particularly in rural areas. Local studies will provide more credible evidence for convincing local policymakers that investing in sanitation can lead to significant improvements in people's well-being. Local level cost-benefit analyses should inform national policymakers' investment decisions for sanitation. Economic analyses should also help raise funding for sanitation from governments, households, the private sector and external partners.

In addition, surveys and governmental reporting systems should include sanitation-related behaviour and results indicators. Targeted research can also help address significant knowledge gaps regarding the impacts of poor sanitation on well-being and the economy. Further research is required on the benefits for communities with access to improved sanitation and on the benefits that each sanitation option can provide. Specific country-level studies on the value to life and the value of time can provide a better understanding of the extent of sanitation's impacts on health and time.

## FUNDING

### Increase public funding

In most countries, insufficient financial resources are a major barrier to increasing investment and achieving sanitation targets. Governments should commit more funding to the sanitation sector, particularly in countries with the lowest coverage and where open defecation is still being practised.

Countries need a robust financial system upon which to base their budget decisions, with disaggregated data for water and sanitation, urban and rural areas, different population groups, etc. They should also set up specific budget monitoring for sanitation.

### Attract additional resources

Governments need to attract additional technical and financial resources from ODA donor countries and the private sector.

Accelerating private investment in the sector requires an enabling environment and a robust regulatory system. Sector experts are calling for the strategic use of development assistance funding as a guarantee for larger private investment. Blended finance is a highly promising option, but all stakeholders have to be ready to accept roles and approaches that differ from their traditional operational procedures in order to effectively close the funding gap.

More specifically, the results monitoring of blended finance programmes requires flexibility and awareness of the level of performance expected by the private sector, as well as recognition and acceptance of the fact that the majority of the target population cannot be reached by private investment alone.

Blended finance approaches will require potentially complex and innovative combinations of development funding, private finance and government subsidies to ensure that all target groups are being reached and that no-one is being left behind<sup>98</sup>.





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