



AfricaSan East Africa Regional Meeting 2013

**Reviewing Sanitation Action Plans and
eThekweni Monitoring**

Meeting Report

The AMCOW East Africa Regional AfricaSan meeting was hosted in Addis Ababa from 12-13th April 2013. The purpose and focus of the sub-regional meeting was to bring countries together at a mid-point between AfricaSan conferences and in advance of the 4th AfricaSan conference to be held in Dakar, Senegal in May 2014. The meeting provided an opportunity for countries:

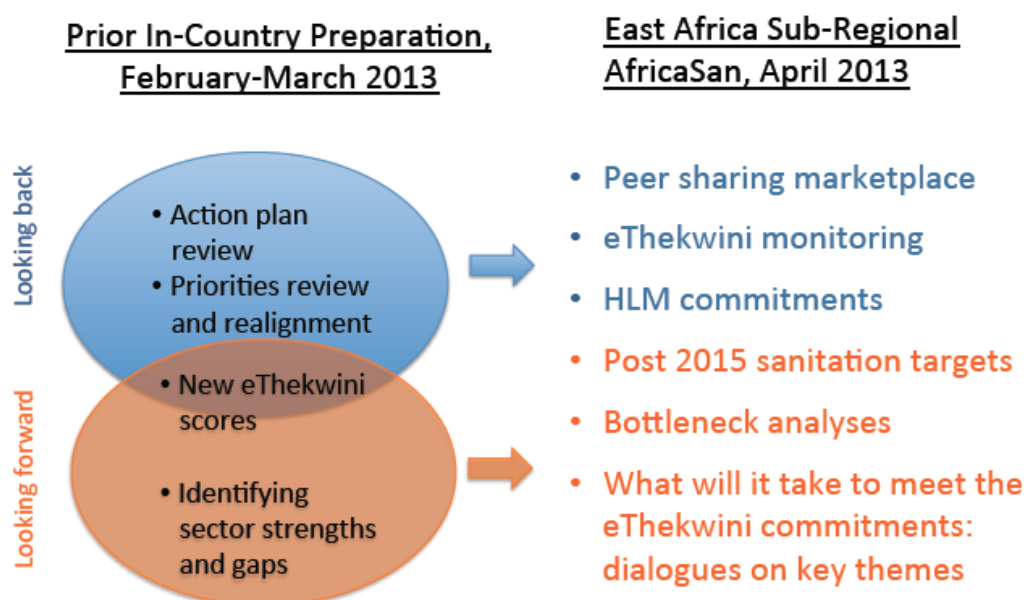
- to review progress on their Sanitation action plans,
- to review progress on the eThekwini commitments and
- to provide an opportunity for peer learning and knowledge sharing with other countries within their region.

Importantly the sub-regional meeting was not a one off event but part of the on-going AfricaSan process. In-country meetings held before the event, involving a number of sanitation stakeholders ensured that the meeting content reflected the felt needs of the sector (see diagram below).

The first half of the meeting focussed on looking back at what countries had achieved since the last AfricaSan conference in 2011. The second half of the meeting looked to the future with dialogue around poorly performing commitments and other sector gaps identified during preparation meetings as well as the implications of the proposed post-2015 sanitation targets.

The meeting was designed to be highly interactive allowing country participants to guide their own learning according to their context and needs. This proved especially useful given the diverse sanitation sector environment across East Africa.

Figure: AfricaSan Sub-Regional process flow



Over 50 participants from 10 out of 12 countries in the East Africa region participated in the Sub-Regional AfricaSan meeting. Nine countries carried out in-country preparation involving a wide sector group in advance of the main meeting (see annex 2 for details).

1. PROGRESS TOWARDS SANITATION SECTOR PRIORITIES

Sanitation sector stakeholders in-country reviewed progress against priorities identified in 2011, which for many countries formed the basis of Priority Sanitation Action Plans. Through a marketplace activity countries had the opportunity to showcase their “key wins” against the priorities and share some of the challenges they had experienced whilst addressing priorities. Inter-country interactions allowed participants to identify learning and experiences related to their own situation and to spend time discussing strategies and actions towards addressing priorities with peers.

The table in annex 3 summarises progress against priorities for the 8 countries that had undertaken in-country preparation meetings¹.

Following the marketplace Kenya shared experiences of developing and using a priority action plan on sanitation based on 5 identified priorities around implementing strategy and ODF roadmap, creating and sustaining demand, strengthening coordination, improving M+E and establishing sustainable financing mechanisms. Kenya has made considerable efforts to ensure that the action plan remains aligned with other sector processes and that there is follow-up and accountability for the action plan through embedding it in existing sector coordination activities.

¹ Burundi, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Tanzania, Uganda (Comoros also held a preparation meeting but did not undertake this activity).

2. ETHEKWINI MONITORING

AfricaSan+5 (2008) produced a Ministerial statement, the eThekwini Declaration making important commitments by African Governments to improve sanitation and get African countries on track to meet the sanitation MDG. Heads of State subsequently endorsed the eThekwini declaration at the AU Summit, 2008 through the Sharm el Sheik Declaration. AMCOW has the mandate to track progress against these commitments regionally.

The first all-Africa eThekwini commitments monitoring was reported at AfricaSan 3 (2011) and, while there was undoubtedly substantial progress made, there were limitations to the indicators and criteria used to measure progress. To address these limitations Ministers at AfricaSan 3 requested AMCOW - through the sanitation taskforce - to:

1. Review and propose indicators for those targets for which no indicators exist where necessary
2. Refine indicators for those targets which have now largely been met
3. Test and consult widely on the proposed new indicators and
4. To report back at the next AfricaSan meeting using the new proposed indicators

As a result the indicators used to monitor the eThekwini commitments on Sanitation have been changed to:

- More completely measure commitments by including those not previously monitored.
- Better measure implementation of commitments
- Streamline the monitoring process at country level by aligning to standardised UN-Water GLAAS and AMCOW Country Status Overview processes, which already exist at country level.

Whilst the indicators and criteria used to measure the eThekwini commitments have changed – the commitments themselves have not changed.

An initial desk-based score was shared with each country and through preparation meetings, countries fed into the process providing evidence to adjust scores where applicable. Countries that did not have either AMCOW-CSO or GLAAS data were requested to carry out an evidence based self-scoring exercise using the same indicators and criteria². The eThekwini monitoring baseline 2012 for East Africa is shown below.

National scores are shown as weighted averages of urban and rural scores and can be disaggregated to provide useful insights into progress for urban and rural settings.

Across the region there is a large variation in progress across countries in implementing the eThekwini commitments, however as each country is starting from an altogether different baseline, it is more useful to compare commitments than countries. Most countries have a policy and national sanitation plan with sanitation targets included in the PRSP, however implementation is not consistent across the region. Leadership and coordination of the sanitation sector have seen a lot of progress. The gender related commitment is not progressing so well and neither is the commitment to build and strengthen capacity. Allocation of at least 0.5% GDP to sanitation continues to be a low scoring commitment, as does the commitment to ensure that programmes are having an impact on vulnerable groups.

² Countries with no CSO/GLAAS data are Comoros, Djibouti, Eritrea and Tanzania. Tanzania self-scored are included; Comoros carried out an in-country preparation meeting as part of their continued involvement in the AfricaSan process, however as a previous version of the indicators and criteria were used for self-scoring the scores have not been included in the regional summary; Djibouti and Eritrea did not carry out preparation meetings and therefore did not self-score this time.

Table: eThekwini monitoring baseline 2012 – East Africa

eThekwini commitment on sanitation	Burundi	Comoros	Djibouti	Eritrea	Ethiopia	Kenya	Rwanda	Somalia	South Sudan	Sudan	Tanzania	Uganda	AVERAGE SCORE
3a To establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008	1.00				1.00	1.00	1.00	0.50	1.00	0.50	0.50	1.00	0.83
3b To establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015,					1.00	1.00	1.00	0.15	1.00	0.50	0.87	1.00	0.82
3c and take the necessary steps to ensure national sanitation programs are on track to meet these goals	0.00				0.83	1.00	1.00	0.12	0.50	0.50	0.87	1.00	0.65
4 To increase the profile of sanitation and hygiene in Poverty Reduction Strategy Papers and other relevant strategy related processes	0.50				1.00	0.50	1.00	0.10	1.00	1.00	1.00	1.00	0.79
5a To ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio	0.45				0.92	0.89	0.76	0.89	0.42	0.50	1.00	1.00	0.76
5b To establish one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders, including but not limited to those responsible for finance, health, water, education, gender	0.67				0.83	1.00	1.00	0.47	0.50	0.67	0.79	0.83	0.75
6a To establish specific public sector budget allocations for sanitation and hygiene programs	1.00				0.50	1.00	1.00	0.17	0.50	0.00	0.50	1.00	0.63
6b (our aspiration is that) these allocations should be a minimum of 0.5% of GDP for sanitation and hygiene								0.05					0.29
7a To use effective and sustainable approaches, such as household and community led initiatives, marketing for behaviour change, education programs, and caring for the environment,													
7b (which make a) specific impact upon the poor, women, children, youth and the unserved	0.00				0.00	0.00	0.50	0.12	0.00	0.50	0.37	0.00	0.17
8 To develop and implement sanitation information, monitoring systems and tools to track progress at local and national levels	0.00				0.50	1.00	1.00	0.25	0.50	0.50	0.50	1.00	0.58
8b (and to) work with global and regional bodies to produce a regular report on Africa's sanitation status, the first of which to be published by mid-2010	0.50				1.00	1.00	1.00	0.12	1.00	1.00	0.87	1.00	0.83
9 To recognize the gender and youth aspects of sanitation and hygiene, and involve women in all decision making levels so that policy, strategy and practice reflect gender sensitive approaches to sanitation and hygiene	0.00				0.75	0.25	0.75	0.38	0.50	0.25	0.75	0.25	0.43
10 To build and strengthen capacity for sanitation and hygiene implementation, including research and development, and support knowledge exchange and partnership development	0.25				0.75	0.50	0.80	0.16	0.50	0.35	0.75	0.72	0.53

* Sudan figures shown come from the desk-study and have not yet been reviewed at country level.

After presenting the process and results of the eThekwini monitoring, participants were asked to consider four questions about how the process could be improved and how the information could be used at country level (see questions and responses in annex 4).

As countries reviewed their desk-based data taken from CSO and GLAAS sources, discrepancies were noted between the two. For instance, four countries did not agree with the sector leadership score, three didn't agree the budget line score. The in-country meetings proved useful in identifying these differences and bringing stakeholders together to present the evidence for score changes, both up and down. During group work participants came up with several suggestions for bringing global and country level processes together to improve consistency. Suggestions included harmonising indicators, synchronising timing of different processes through global / regional calendars and having a national taskforce or coordination group systematically involved in such processes.

As the AfricaSan and eThekwini monitoring process is already well established in most countries there are opportunities to make use of the process in-country. Suggestions from group work included for advocacy, informing strategic dialogue, developing more evidence based review processes and for the HLM monitoring.

3. SWA/HLM

The Sanitation and Water for All (SWA) secretariat team gave an overview of the SWA partnership and encouraged countries to consider aligning the preparation for the next AfricaSan with the preparation of the next High Level Meeting (HLM), which will take place one month before AfricaSan, in April 2014.

In presenting the plan for monitoring the 2010 and 2012 SWA HLM commitments they gave examples of how eThekweni and HLM commitments currently relate to each other in some countries and introduced the timelines for monitoring the commitments and preparing to make new ones both for Africasan and the HLM processes. Rwanda presented examples of how their government have made efforts to align both sets of commitments. Participants discussed practical ways of aligning the two processes in small groups.

During group-work several key messages emerged as follows:

- The HLM and AfricaSan preparation processes bring distinct added value and should not be merged, rather they should be better aligned. The HLM preparation facilitates dialogue with the ministers of finance and, in some countries, HLM commitments have more visibility because they are sometimes endorsed by Heads of State. The AfricaSan process has a special focus on sanitation and has achieved great government ownership.
- There are opportunities in countries for aligning the HLM monitoring process, the development of new commitments and the overall preparation of the HLM and AfricaSan in 2014. These include developing integrated calendars, carrying out joint preparatory meetings, developing joint action plans, and sharing focal points.
- Aligning commitments will also provide a powerful message for communication and high-level advocacy. One idea is to target parliamentarians with clear and well-aligned messages.

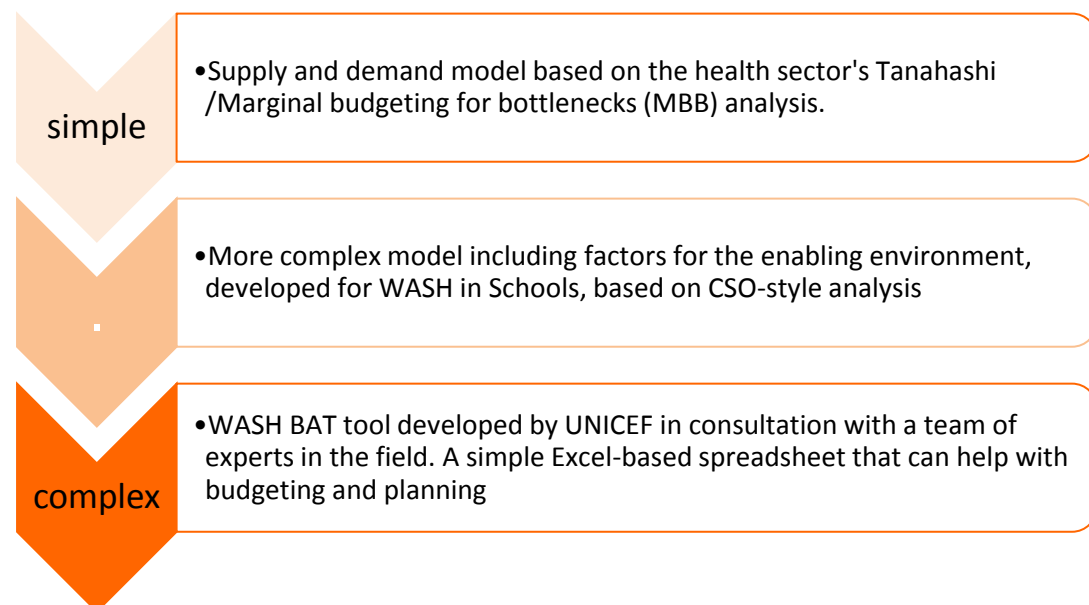
Groupwork responses can be found in annex 5

4. BOTTLENECK ANALYSIS TOOLS FOR SANITATION

A “bottleneck” is a factor that constrains progress in the delivery of goods or services to a target population, and the sustained consumption of that service. The propensity of sanitation to have multiple constraints at several levels often makes it hard to explain overall lack of progress in the sector. Through bottleneck analysis constraining factors can be systematically identified, prioritized and addressed.

To start the second half of the meeting, with it’s focus on *looking* forward, the bottleneck analysis session presented an overview of a range of bottleneck analysis tools (from fairly simple to complex) available to assist governments with planning. Analysis can be conducted at many different levels (national, regional, community), or at all levels and combined for a national overview. Different bottlenecks can be adjusted to achieve full coverage by a certain year.

Bottleneck analysis tools examples (increasing complexity):



After the overview, countries had the opportunity to look at key systems bottlenecks for sanitation using a modified version of the WASH BAT, which had a final field test in Sierra Leone (March 2013) and after minor revisions will be publicly available for use later in 2013.

5. POST 2015 TARGETS

In advance of the MDG's 2015 end-date, new targets for sanitation and hygiene are being shaped through a consultative process coordinated by the Joint Monitoring Programme for Water and Sanitation (JMP).

For sanitation the proposed new targets focus on the elimination of open defecation and achieving universal access at home as well as in schools and health centres. For hygiene the targets focus on access for all to handwashing facilities and menstrual hygiene management (MHM) facilities when at home or at schools or health centres.

The overall vision for post 2015 is that safe and sustainable sanitation and hygiene is used by all. Within that vision is a set of aspirational targets (summary targets) and more detailed, time bound targets with indicators.

Summary Targets:

1. Everyone has sanitation and hygiene at home;
2. All schools and health centres have sanitation and hygiene
3. Sanitation and hygiene services are equitable and sustainable.

Table: Detailed targets and indicators

Target	Indicators
<p>By 2025 no one practices open defecation, and inequalities in the practice of open defecation have been progressively eliminated.</p>	<p>Percentage of population reporting practicing open defecation</p> <ul style="list-style-type: none"> Percentage of households not using any sanitation facility. Percentage of households in which open defecation is practiced by any household member. Percentage of households with children under 5 reporting hygienic disposal of the stools of children under 5.
<p>By 2030 all schools and health centres provide all users with adequate sanitation facilities and inequalities in access has been progressively eliminated.</p> <p>By 2030 everyone uses a handwashing facility when at home, all schools and health centres provide users with adequate handwashing facilities and MHM facilities.</p>	<p>Percentage of pupils enrolled in primary and secondary schools providing adequate sanitation services</p> <ul style="list-style-type: none"> Percentage of primary and secondary schools with gender-separated sanitation facilities on or near premises, with at least one toilet for every 25 girls, at least one toilet for female school staff, a minimum of one toilet and one urinal for every 50 boys and at least one toilet for male school staff. <p>Percentage of beneficiaries using hospitals, health centres and clinics providing adequate sanitation services</p> <ul style="list-style-type: none"> Percentage of hospitals, health centres and clinics with improved gender separated sanitation facility on or near premises (at least one toilet for every 20 users at inpatient centres, at least four toilets – one each for staff, female, male and child patients – at outpatient centres).
<p>By 2040 everyone uses adequate sanitation at home, the excreta from at least half of schools, health centres and households with adequate sanitation are safely managed, and inequalities in access to all these services have been progressively reduced</p>	<p>Percentage of population using an adequate sanitation facility</p> <ul style="list-style-type: none"> Percentage of households using an adequate sanitation facility. Percentage of households in which the sanitation facility is used by all members of household (including men and women, boys and girls, elderly, people with disabilities) whenever needed. <p>Percentage of population living in households whose excreta are safely managed</p> <ul style="list-style-type: none"> Percentage of households with adequate sanitation whose excreta are safely managed. Share of human excreta that reaches designated disposal sites.
<p>All sanitation and hygiene services are delivered in a progressively affordable, accountable, financially and environmentally sustainable manner</p>	<p>Percentage of population using sanitation service providers registered with a regulatory authority (disaggregated by rural and urban).</p> <p>Percentage of population in the poorest quintile whose financial expenditure on water, sanitation and hygiene (total) is below 3% of the national poverty line (disaggregated by rural and urban).</p> <p>Ratio of annual revenue to annual expenditure on maintenance (including operating expenditures, capital maintenance, debt servicing) AND</p> <p>Ratio of annual expenditure on maintenance (including operating expenditures, capital maintenance, debt servicing) to annualized value of capital assets.</p> <p>Percentage of raw water quality tests within national standards for faecal contamination</p>

Countries were asked to reflect on whether the post 2015 sanitation and hygiene targets and timeframes were in line with their national policies and strategies and whether they were realistic and achievable. Most countries felt that the targets were indeed realistic and achievable. The target for the elimination of open defecation by 2025 resonated strongly with six countries already having such a target in their existing sector plans. Only one country already has a specific target for universal sanitation in schools and health centres and no countries noted that their policies and plans already include provisions for universal adequate sanitation at home by 2040. All countries expressed the need for raising awareness around the handwashing and menstrual hygiene targets since these were absent in national policy and discourse at the moment.

For country feedback, see annex 6.

5. WHAT WILL IT TAKE TO MEET THE ETHEKWINI COMMITMENTS?

As part of the programme of looking forward to AfricaSan 4 and beyond 2015 four dialogue sessions took place focussing on low scoring eThekwini commitments as follows:

- To build and strengthen capacity for hygiene and sanitation implementation
- Establishing a sector budget and allocations of a minimum of 0.5% of GDP
- Making specific impact on poor, women, youth, children and the unserved.
- To develop and implement information monitoring systems and tools to track progress at local and national levels.

Each dialogue session started with a brief presentation given in most cases by a country that had identified the commitment in questions as a sanitation sector gap during their in-country preparation meeting. Once the issues in that country had been outlined, participants discussed and shared experiences, challenges and successes in mixed country groups. At the end of the sessions, country participants regrouped to pool their new knowledge and identify possible strategies to address their own needs.

In conclusion countries feedback to each other, from what they had discussed over the course of the meeting, one action they would take in the short term (1-3months) and one that they would take in the longer term (before May 2014). The table below outlines some of these actions giving a picture of the breadth of discussions that took place over the two days.

Country	Short term	Long term
Burundi	<ul style="list-style-type: none"> • Accelerate process of adoption of the national sanitation policy and action plan. 	<ul style="list-style-type: none"> • Develop hygiene and sanitation code and implementing legislation
Djibouti	<ul style="list-style-type: none"> • Reinvigorate the sector coordination group • Validate the PSAI • Implement an action plan 	<ul style="list-style-type: none"> • National advocacy for rural sanitation • Evaluate bottlenecks • Human resource capacity building
Ethiopia	<ul style="list-style-type: none"> • Finalise rural sanitation and hygiene bottleneck analysis 	<ul style="list-style-type: none"> • Establish parliamentary WASH committee to ensure transparency and accountability in regional and global commitments implementation
Kenya	<ul style="list-style-type: none"> • Harmonise the HLM and eThekwini commitments 	<ul style="list-style-type: none"> • Develop a tool to capture vulnerable and marginalised communities
Rwanda	<ul style="list-style-type: none"> • Finalisation of sanitation action plan in regard to eThekwini / HLM national commitments. 	<ul style="list-style-type: none"> • Regular monitoring and evaluation of the implementation of the eThekwini / SWA action plan
Somalia	<ul style="list-style-type: none"> • Establish WASH unit in the department of Public Health and coordination mechanism • Hold consultative meetings to adapt and finalise the sanitation policy and strategic plan (with representation from vulnerable and marginalised groups) 	<ul style="list-style-type: none"> • Mobilise people for national sanitation campaigns • Ensure that Hygiene and Sanitation are included in training curriculum and job descriptions for CHWs.

South Sudan	<ul style="list-style-type: none"> • Brief the leadership • Call a meeting with all sector partners 	<ul style="list-style-type: none"> • Develop a brief note for the leadership • Develop monitoring and tracking system tool
Tanzania	<ul style="list-style-type: none"> • Inclusion of “ODF” as one of the indicators in the national sanitation campaign 	<ul style="list-style-type: none"> • Strengthen the national supply chain for sanitation and hygiene services
Uganda	<ul style="list-style-type: none"> • Hold a meeting to share the post 2015 targets and develop strategies to influence review of policies, strategies, NDP 	<ul style="list-style-type: none"> • Establish a baseline for the post 2015 targets

Annex 1

List of Participants

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Annex 2

Country preparation and participation

Country	In-country preparation meeting	Participation during sub-regional AfricaSan meeting
Burundi	✓	✓
Comoros	✓	
Djibouti		✓
Eritrea		✓
Ethiopia	✓	✓
Kenya	✓	✓
Rwanda	✓	✓
Somalia	✓	✓
South Sudan	✓	✓
Sudan		
Tanzania	✓	✓
Uganda	✓	✓

Annex 3

Key areas of progress against priorities

Country	Priority	Key areas of progress
Burundi	To establish, revise, update and adopt national policies on sanitation and hygiene	<ul style="list-style-type: none"> • National water policy • Water code • National basic sanitation policy (PNHAB) - in progress • Code of hygiene - in progress • National sanitation policy (PNA) - being adopted • National sanitation strategy
	Establishing specific budgetary allocation for the public sector in favour of sanitation and hygiene programmes	<ul style="list-style-type: none"> • Financing scheme for water sector and sanitation in rural areas being developed • Budget lines for sector financing in the various institutions • Institutional reforms for water and sanitation sector ongoing • Financing strategy under development (sector working group in place)
	Use effective and sustainable approaches that have a specific impact on the poor, women, children, young people and unserved	<ul style="list-style-type: none"> • Community led total sanitation (CLTS) identified and used at a limited scale (pilot)
Ethiopia	Advocacy for stronger institutional arrangement for environmental health in general and sanitation and hygiene in particular	<ul style="list-style-type: none"> • Use of SWA as an advocacy where high officials participated in the planning meeting • Concept note on establishing a separate institution for WASH was drafted and discussed in NHSTF and forwarded to officials. • NHSTF is established to plan, monitor and oversee sanitation and hygiene development • WIF ratified and signed and One WASH plan established • MOU improved to include MOFED and signed
	<p>Advocacy for establishing public sector budget line for S&H and enhance tracking and mobilization of financial resources to address the gap in funding.</p> <p>Promote more effective targeting of investment using WASH inventory data, Woreda WASH Planning, and</p>	<ul style="list-style-type: none"> • Separate budget for W&S apportioned in WIF - 30% sanitation and 70% water • Government has organized HEP and deployed over 38,000 HEWS and paid by government • The NWI data which is released recently becomes the basis for preparing action plans for the sector • Government has designed SAP where budgets are identified for meeting the MDG target and beyond.

	strengthened regional and district WASH structures based upon the revise WASH MoU.	<ul style="list-style-type: none"> • GSF fund is another example for raising sector funding
	Cascade the implementation of the national sanitation and hygiene Strategic Action Plan (SAP) and the CLTSH guideline as well as the minimum standards for latrine technology options	<ul style="list-style-type: none"> • SAP finalized and being operational but not distributed • CLTSH implementation guideline finalized and being used • Minimum latrine technology options designed and distributed • School and health facility WASH designs completed, manuals prepared
Kenya	Endorse & disseminate National Sanitation & Hygiene strategy	<ul style="list-style-type: none"> • Finalization of strategy • Government approval • Dissemination to district and county teams for inclusion in county and district plans
	Realisation of the ODF Rural Kenya Road Map	<ul style="list-style-type: none"> • Finalization of roadmap • Government approval • Dissemination to district and county teams. • Decentralized training to suit the new devolved government system
	Institutionalise the Interagency Co-ordinating committee	<ul style="list-style-type: none"> • Revision of TORs and reporting tools for ICC and affiliate technical working groups • Formalization of ICC membership • Dissemination of information and reports by the National CLTS hub & ESH TWG
	Establish a sustainable financing mechanism with proper targeting and implementation	<ul style="list-style-type: none"> • Mobilisation of districts own funds for sanitation
	Create demand for sanitation / sanitation marketing to scale up coverage	<ul style="list-style-type: none"> • Kenya celebrated its first ODF district – Nambale • Sanitation marketing formative research initiated to inform a national BCC Campaign and sanitation product development
	Develop and improve on M+E system	<ul style="list-style-type: none"> • Development of M+E tools and framework integrated with CLTS roadmap • M+E tools and framework adopted by stakeholders
Rwanda	Increasing sector finance (Sanitation funding)	<ul style="list-style-type: none"> • The combined water and sanitation budget for MININFRA was 1.5% of the total national budget July 2012-June 2013. • For 2009 the sector has specific line budget for sanitation. In the next financial year the sector is even introducing a separate program dedicated to access to sanitation in parallel with access to

		water supply
	Community Led Total Sanitation campaign initiated by the Government of Rwanda	<ul style="list-style-type: none"> The Government of Rwanda adopted the Community Based Environmental Health Promotion Program (CBEHPP) instead of CLTS approach. This was based on the good experience of working with CHWs to promote other health indicators. The approach empowers the community to solve their hygiene and sanitation related issues. National awareness campaigns on hygiene and sanitation were carried out from the national to the decentralized levels, to reach the total sanitation coverage.
	Solid Waste Management awareness campaign and classification waste and reception sites/black water	<ul style="list-style-type: none"> Solid Waste Management Awareness campaign was carried from 2010-2012. Public places, cities, administrative entities are the champions in implement this campaign which resulted in the high ranking of Kigali among the cleanest cities in Africa. Every district has allocated a dump site for solid waste management. Big cities are developing sanitation master plan which will resolve some of the challenges faced now. Solid waste collection companies, associations and cooperatives have been supported and have signed contracts with Sector's executives who monitor their activities. Studies for faecal sludge treatment plant are ongoing and will be implemented in three secondary towns and the city of Kigali
	Form and operationalize hygiene clubs in all villages in Rwanda to implement the currently launched CBEHPP (to support above actions)	<ul style="list-style-type: none"> 99% of villages in Rwanda have hygiene clubs. They established CHCs executive committees and agreed on the roles and responsibilities in hygiene promotion. 18% of the CHCs are fully functional, and the target is to reach 35% by end of 2014. The functionality goes with increased financing in capacity building of Community members and hygiene promotion materials, including M&E tools.
Somalia	<i>Somalia has not previously established country priorities, however some gains have been made in the sanitation sector in the last year.</i>	<ul style="list-style-type: none"> Full consultation process involving all three zones took place in advance of the AfricaSan sub-regional meeting. Health sector strategic plans have been developed for the whole country and include targets for hygiene and sanitation. There is a broad agreement on hygiene and sanitation strategies at country level (CLTS, WASH in Schools and Community Health Workers)
South	Developing an action / investment plan and	<ul style="list-style-type: none"> Development of a comprehensive four years (2012-15) action and investment plan for Rural WASH

Sudan	implementing the sanitation strategic framework	<p>both at the state and national levels completed. This exercise concluded through a wide participatory consultative process encouraging bottom up planning leading to national plan.</p> <ul style="list-style-type: none"> • The Ministry of Water Resources and Irrigation has also initiated development of institutional and legal framework leading to water bills; and investment plan for urban water supply component with support from GIZ
	Increasing budgetary allocations for rural and urban sanitation	<ul style="list-style-type: none"> • Austerity Measures undertaken by RSS severely affected this. The total allocation for the sector is less than 1%
	Streamline and scale-up implementation of CLTS	<ul style="list-style-type: none"> • The Country has aligned its focus of support for sanitation and hygiene towards the goal of eliminating open defecation (ODF) through interventions that are rooted in generating stronger community demand for services, focused on behaviour and social change, and committed to local innovation. The institutionalization of CLTS for scaling up rural sanitation and realization of ODF communities has increasingly gained momentum across the country. • The Country has adopted CLTS as official approach to household sanitation and is considering the appropriateness of introducing Sanitation Marketing • An estimated population of over 55,000 covered by CLTS
Tanzania	Finalise, approve and disseminate policy	<ul style="list-style-type: none"> • Policy submitted to cabinet secretariat • Issues were raised and responded to • Submission of final draft policy document to cabinet in August this year
	Clarify financing requirements	<ul style="list-style-type: none"> • Partial financial needs assessment completed for National Sanitation Campaign (and 4 year campaign funded) • Broader financial needs assessment to be funded by June 2013
	Strengthen monitoring and evaluation systems	<ul style="list-style-type: none"> • Harmonizing national monitoring system is in progress • System and database in place by December, 2013 • Harmonized system in use by April, 2014
	Develop Adequate Capacity at all levels	<ul style="list-style-type: none"> • Human resources capacity development plan completed. • To develop comprehensive capacity development strategy with links to monitoring and accountability systems (by Sept. 2013)

Uganda	Financing resource allocation and budget line and revision of MoU	<ul style="list-style-type: none"> • Parliamentary forum has started lobbying GoU to meet commitment [of 0.5% GDP] • Organised a meeting for MPs for WASH advocacy & formed a WASH parliamentary forum • Financial contribution of NGOs reported in the ASPR , to be further refined in M&E System being developed. • MWE has made contribution to the budget line established in 2009/10, other ministries are yet to do so • MoH prepared a proposal and got the Uganda (Global) Sanitation Fund.
	Scale up supply and demand for sanitation and hygiene services and products	<ul style="list-style-type: none"> • CLTS mainstreamed ministries, NGOs and LGs, Plus in relevant community & health inspectorate training institutions. Sanmark still under development. • Uptake has been too slow and approach being reviewed. Learning forums continuing. • Social media network set up, but are currently not being used. • Sanitation as a business studies have been undertaken. Involvement of Private Water Operators has commenced. • Coordination of CLTS & scaling up the campaign for total sanitation is ongoing • Studies for followup after achieving ODF are planned: To identify factors for sustaining ODF.
	Disseminate policies and strategies at all levels	<ul style="list-style-type: none"> • Policies and strategies are disseminated at national, regional and district fora

Annex 4

Group work on eThekwini Monitoring Session

Measuring commitment 7a

Q. What are you monitoring that could be used to measure the commitment to "use effective and sustainable approaches, such as household and community led initiatives, marketing for behavior change, targeted at the poor, women, children, youth and the unserved"?

Note: This question was included as a result of there being little comparable information contained within GLAAS to measure this commitment. The same information will be collected from each sub-Region and used to develop the indicator for the next eThekwini monitoring.

- Number of ODF communities (2)
- Number of households with handwashing facilities
- Number of schools / health centres with handwashing facilities
- Number of fully functioning community hygiene clubs
- Number of communities triggered and / or followed up
- Latrine coverage
- [Existence of] guidelines on ratio of women, youth, unserved in Community Health Clubs.
- Planning based on disaggregated data from sub-regional levels (for example districts)

Improving consistency of information across processes

Q. In general how can we bring together global and country level processes to improve consistency of information?

Through harmonization of indicators (2)

By having a common timing period [synchronization] and global / regional calendars (2)

Through streamlining the sources of information

Through having an established national coordination framework for water and sanitation that is involved in the different processes

Through having an inclusive taskforce for reporting

Having a clear feedback mechanism

Having wide consultations on data collection

By integrating global action plans into country plans

Sharing global / regional processes with academic and research institutions

Making use of the established AfricaSan / eThekwini monitoring process

Q. What else could you use the eThekwini monitoring process for in your country?

Planning activities

M+E - sector processes, routine monitoring

Budgeting

To inform policy and strategic dialogue

Developing a more evidence based review process

As part of the HLM monitoring

Advocacy

Bench-marking

Annex 5

Group discussion – HLM/SWA commitments

1. Aligning HLM and AfricaSan preparation processes

How can the process of preparing for 2014 HLM and 2014 AfricaSan be better aligned at country level? Who should be involved? In which timeframe?

- Review the progress of HLM and AfricaSan commitments in a joint meeting
- Carry out integrated meetings involving both HLM and AfricaSan preparation
- Develop and share integrated timelines and schedules for the meetings
- Develop a combined plan of action that addresses both commitments
- Engage all ministers as early as possible: Finance, Water, Sanitation, Health, Housing etc.
- Identify the partners involved in both SWA and AfricaSan. Also include those left out but very relevant
- Have the same focal points for both processes (or share information among the different focal points)

2. Aligning HLM and AfricaSan commitments

How should EThekwini and HLM commitments look in 2014? (Is there value in having the AfricaSan commitments included in HLM commitments or vice-versa?)

- AfricaSan's outcomes should feed into HLM with updates and propositions vis-à-vis EThekwini commitments.
- An integration of commitments would make it easier to monitor them.
- The HLM and EThekwini complement one another. Need to be refined further.
- Both processes/commitments have its distinct value (e.g. the HLM reproaches the technical ministries to the Minister/Ministry of Finance). If merged the added value can be lost.
- HLM is about global resource mobilization and EThekwini is more operational
- EThekwini could be the monitoring arm of the HLM
- HLM commitments in 2014 should reference EThekwini commitments

3. Improving high level advocacy on commitments

How can we communicate progress on HLM and EThekwini commitments and the two dialogue processes to high level audiences? (How do we package the information? What role can Civil Society Organization/the media play?)

- Well align commitments to make communication stronger (i.e. communicating the same message)
- Use parliamentary sanitation forum/committee to bring together high-level audiences
- Use parliamentary commission to evaluate government's progress in implementing both HLM and EThekwini commitments.
- Ask President Kufuor to write to/visit presidents in countries
- Encourage sector partners to be engaged in both processes
- Encourage NGO networks to be proactively involved in joint sector review processes
- Use opportunities (e.g. issue of report) to bring Ministry of Finance/Health /Water together in country (not only at the HLM)

Annex 6

Post 2015 Sanitation and Hygiene Targets East Africa Feedback

1. Are the post 2015 sanitation and hygiene targets, timeframes in line with your national policy?
2. Are they realistic and achievable?
3. Your suggestions and recommendations for process of consultation in country

Are the post 2015 sanitation and hygiene targets and timeframes:	Burundi	Djibouti	Ethiopia	Kenya	Rwanda	Somalia	South Sudan	Tanzania	Uganda
1. In line with national policy? a. 2025 No OD	yes	No policy exists for sanitation and hygiene beyond 2015	yes	Not quite – universal access But ODF by end of 2013	Yes aims for 100% by 2017	Not quite Separate draft sanitation policies for 2 zones – neither exactly aligned	yes	Yes (OD is at 11% in 2010)	ODF not in policy – approaches exist
b. 2030 universal sanitation in schools, health centres			Not in policy	Not in policy- no target. But achievable		Not realistic Seriously off track		yes	
c. 2030 handwashing at			yes			Targets can help guide		No target for hygiene	

home						policies and strategic plan			
d. 2030 Handwashing and Menstrual Hygiene Management			No policy			No mention of hygiene or institutional sanitation		No target in policy .. no mention of schools, clinics	
e. 2040 Universal adequate sanitation at home			Not part of policy						
f. 2040 progress in safe management of excreta			No policy	yes					
2. Realistic and achievable?	yes	no	yes for all- if adequate can be agreed on		Yes enshrined in EDPRS II	1a not achievable for Somalia	yes	Yes except for hygiene	Yes depending on resources
3. Suggestions for country process general	Financial resource mobilisation required	Advocacy required with all stakeholders to mobilise financial resources for sanitation and hygiene	Provide proposed targets with definitions to all participant countries with request to initiate consultative process at country level	i)Develop investment plan for sanitation ii) strengthen M&E iii) strengthen capacity iv) strengthen coordination	Put in place a Sanitation and Hygiene Technical Working Group	Fullsupport from regional international actors reqd to accelerate progress in Somalia	Massive Financial and human resources needed	Delay hygiene targets	Start with NSWG review of policies and strategies

