

African Ministers Unite in Fight Against Backlogs



For hundreds of years conflict and strife have plagued different parts of the African continent. Now countries face a new war – the struggle against death and disease suffered by millions of Africans as a result of a lack of access to safe sanitation. Lani van Vuuren reports.

More than 30 of Africa's sanitation ministers pledged their allegiance to the war against open defecation and poor toilet facilities when they signed the Ministerial Declaration at the Africa-San 2008 conference, which took place in Durban in February. The event followed the first AfricaSan conference, held in Johannesburg in 2002, where a United Nations Millennium Development Goal (MDG) specifically for sanitation was created. This MDG aims to reduce, by half, the number of people without access to basic sanitation and hygiene by 2015.

The Durban conference focused the attention of Africa's sanitation leaders and technical experts on exploring ways of accelerating achievement of national and MDG targets for sanitation. Sanitation, or the lack of it, remains one of the most pressing development issues around the world. About 2.6 billion people do not have safe toilet facilities – almost 980 million are children under the age of 18.

The result is not surprising: millions of people die each year from preventable diseases. Diarrhoea, mostly as a result of poor hygiene and a lack of safe sanitation and potable

water, is the cause of 17% of deaths among children under the age of five. More than 4 100 children under five die every day due to diarrhoeal diseases – that is five times more than the number of children dying from HIV/AIDS.

But it is not just about health and dignity. According to UNICEF, there is compelling evidence that sanitation brings the single greatest return on investment of any development intervention (roughly US\$9 for every US\$1 spent). In the developing world, the costs of not investing in sanitation is huge – lost work days and

missed schools days are estimated to have an economic cost of around US\$38-billion per year, with sanitation accounting for 92% of this value.

AFRICA'S STAGGERING STATISTICS

In Africa, the situation is particularly grim. The continent has the lowest access figures in the world – about 600 million people currently do not have access to safe sanitation. The Joint Monitoring Programme (JMP) for Water Supply & Sanitation, coordinated by the World Health Organisation and UNICEF, estimates that only 38% of Africa's population have access to improved sanitation (2006 figures). Improved sanitation facilities are defined as flush or pour-flush toilets connected to sewerage systems or septic tanks, ventilated improved pits (VIPs), pit latrines with a slab and urine diversion toilets (shared toilet facilities are not regarded as 'improved sanitation').

People in rural and peri-urban areas seem worse off than their urban counterparts: less than a third of the African rural population use improved sanitation compared to just over half of the urban population. In 16 of the 54 African countries, less than 25% of the population uses an improved sanitation facility.

The continent as a whole is not on track to meet the MDGs, although it is recognised that there is great variation across countries. In fact, some countries have succeeded in sustaining expansions of sanitation coverage to more than 2% of their population each year. These include Senegal, Burkina Faso, Rwanda, Benin, Ethiopia and Mozambique.

"With eight years to go it is clear that most African countries are unlikely to reach their sanitation MDG targets unless approaches to sanitation change," said African Development Bank Director of Water and Sanitation

"The provision of sanitation is a key development intervention – without it, ill health dominates a life without dignity. Simply having access to sanitation increases health, well-being and economic productivity. Inadequate sanitation impacts individuals, households, communities and countries."

AMCOW President Bruno Jean-Richard Itoua

Kordjé Bedoumra. "For Africa to meet the MDGs for water and sanitation, the number of persons served would have to double from 350 million to 700 million by 2015. Even that would still leave 200 million people without services. Investments in the sector would also have to be doubled to some US\$26-billion," he said. According to Bedoumra, the inadequate progress in the attainment of the sanitation MDG was due, in part, to the strategy adopted. He added that the greater burden for the attainment of the goal lay with local authorities who did not have the funding to ensure the success of the programmes.

"It is heartening to note, however, that most countries have taken an active approach to improving access. The continent is a global leader in finding innovative ways to provide sanitation services to the very poor. Examples include sanitation marketing approaches being implemented in Benin, Tanzania, Uganda and Malawi."

TOILETS A PHYSICAL DANGER TO WOMEN, GIRLS

Outdated sensitivity to privacy and delicacy resulting in toilets being hidden from view are putting women and girls at greater risk of being violated.

According to crime prevention expert Barbara Holtmann of the CSIR more than 50 000 rapes were recorded in the country in 2006/07. Of these more than 40% were girls under the age of 18. "Rape and/or sexual abuse in toilets is a real risk," she told delegates at the AfricaSan conference, held in Durban, in February. "Despite this, toilets are still being constructed away from mainstream activity with poor lighting and entrances hidden from sight. Poor girls are at real risk as they are unlikely to have safe toilets at home."

Even in urban environments, for instance, in shopping centres, women's toilets are often next to – and past the entrance of – men's toilets, providing a reason for men to loiter near to women's toilets.

According to Holtmann, toilets needed to be integrated into the mainstream areas of public places, including schools. Safety needed to be prioritised over delicacy. "Toilets need to be designed in such a way so that it is possible to see from the outside if there is someone inside (e.g. walls not reaching to the floor), and the entrance needs to be brightly lit," she said.





ETHIOPIA – WHERE POLITICAL WILL FOUND A WAY

Ethiopia, one of Africa’s largest countries (total population 80 million), is a prime example of what can be done with political will and commitment.

The country used to be on the lower end of country league tables on health and sanitation. However, in the last few years significant strides have been made to substantially improve the situation. The driving force for change is the country’s health services extension programme with its emphasis on provision of preventative healthcare at household level. Through the programme, female health extension workers are employed to deliver key health messages about hygiene and sanitation, disease prevention and control, family health services and health education and communication. Communities are encouraged to build their own toilets and improve their health through simple acts such as regular hand washing. To date, more than 24 500 health workers have been trained.

The country has managed to move more than 20% of its population from practising open defecation. By last year, 50,8% of Ethiopia’s people had access to at least minimum sanitation facilities (a traditional pit latrine). This is up from 11,5% in 2003. The country’s child mortality rate has also decreased significantly as a result.

“In Ethiopia we have realised the importance of sanitation and hygiene not only to the health of our people, but to our general economy. We cannot build our country without healthy citizens,” reported State Minister of Health Dr Shiferaw Teklemariam. “The process is driven by the Prime Minister, with integration of all the ministries responsible for hygiene and sanitation, namely Health, Water Resources and Education.”



CONTRIBUTING FACTORS

While Africa is by no means ‘one place’, explained Bedoumra, the country profiles showed some similarities in the issues faced by the majority of countries. One of the biggest problems is the overwhelming weight of on-site sanitation, which places the emphasis for sanitation on house-

holds rather than service or utility providers. As a result improved facilities remain out of reach for many families – statistics reveal that building a VIP would cost twice the monthly budget of the average African household.

Other issues arise from the pace of demographic growth. Populations in peri-urban settlements and slums are

growing up to two times faster than in planned areas. “The sector has to run hard just to stay still in terms of the proportion of people it covers,” noted Bedoumra.

Political will remains a problem in some countries. Financing for sanitation remains low in comparison to water and extremely low in comparison to other development sectors, such as health and education. Compounding this problem is the fact that the responsibility for providing sanitation has increasingly been devolved to lower tiers of government. However, this has often taken place without the necessary associated development of local capacity and technical support.

“The global sanitation crisis is driven by political neglect; the sector is plagued by a lack of political priority compared to other sectors such as health and education, compounded by a chronic lack of funding.”

Oliver Cumming, WaterAid

Another challenge is the fragmentation of the sector, for example, few countries have a ministry or department solely responsible for sanitation. “Usually sanitation is split between water, health and education ministries who take responsibility for small pieces of the overall puzzle, but rarely there is a lead organisation coordinating the different roles,” said Bedoumra.

SANITATION IN SOUTH AFRICA

How does South Africa compare with other African countries? A community

AMCOW President Bruno Jean-Richard Itoua and South African Minister of Water Affairs & Forestry Lindiwe Hendricks at AfricaSan 2008 in Durban.

survey undertaken by Statistics South Africa last year revealed that there has been steady progress in access to flush toilets and VIPs, and a related decrease in use of the bucket toilet system and those without any type of toilet facility. Most of the progress has been in the last five years.

At present, about 85% of households have access to improved and adequate sanitation facilities, compared to 80,4% in 2001. An estimated 60,4% of South African households have a flush toilet, 21,5% have unimproved pit latrines, 6,8% have VIPs, 4,1% use a urine diversion toilet, 2,3% have bucket toilets, 0,4% have a chemical toilet and 8,6% have no sanitation.

“As a government we have committed to creating a better life for our people, which has resulted in us driving massive programmes to provide not only sanitation to our people, but also clean water, electricity and housing,” said Minister for Water Affairs & Forestry Lindiwe Hendricks. “In rolling out these programmes we have been confronted with new challenges; in the area of sanitation these include additional burden placed on wastewater treatment plants, the increased demand for waterborne sanitation even where there is inadequate water resources to accommodate such requests; a continuous moving target because of the growth of new informal settlements; and VIPs filling up.”

Hendricks admitted that the lack of capacity – especially at local government level, was another hindrance in the delivery of sustainable sanitation. “Our skills are being divided among many infrastructure projects,



Lani van Vuuren

ETHEKWINI DECLARATION

At the AfricaSan 2008 conference around 30 sanitation ministers and heads of delegations pledged to:

- ◆ Bring the messages, outcomes and commitments made at AfricaSan to the attention of the African Union;
- ◆ Support the leadership of African Ministerial Council on Water (AMCOW) to track the implementation of the eThekweni Declaration;
- ◆ Establish, review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008;
- ◆ Increase the profile of sanitation and hygiene in poverty reductions strategy plans;
- ◆ Ensure that one, principal, accountable institution takes clear leadership of the national sanitation portfolio, establishing one coordinating body with specific responsibility for sanitation and hygiene, involving all stakeholders, including those responsible for finance, health, water, education, gender and local government;
- ◆ Establish specific public sector budget allocations for sanitation and hygiene programmes;
- ◆ Use effective and sustainable approaches, such as households and community-led initiatives, marketing for behaviour change, educational programmes, and caring for the environment, which make a specific impact on the poor, women, children, youth and the unserved;
- ◆ Develop and implement sanitation information, monitoring systems and tools to track progress at local and national levels and to work with global and regional bodies to produce a regular regional report on Africa's sanitation status, the first of which to be published by mid-2010;
- ◆ Recognise the gender and youth aspects of sanitation and hygiene, and involve women in all decision-making levels;
- ◆ Build and strengthen capacity for S&H implementation, including R&D and support knowledge exchange and partnership development; and
- ◆ Give special attention to countries or areas which are emerging from conflict or natural disasters.



Kathy Eales

Around 0,4% of South African households still make use of chemical toilets.

including the Gautrain, the stadiums for the Soccer World Cup and basic housing, to name a few. Another cause for concern has been the escalating costs of implementing sanitation. We need to find ways of making it more affordable.”

“More than 4 100 children under five die worldwide every day as a result of diarrhoea caused by a lack of basic sanitation and hygiene. These are not merely numbers and statistics, these are real children.”

Thérèse Dooley, UNICEF

ACTION PLAN

Apart from the Ministerial Declaration, in which Africa sanitation ministers committed to intensifying their sanitation delivery efforts, the most important outcome of the AfricaSan 2008 conference was an action plan focusing on strategic areas, to improve monitoring of sanitation and hygiene in the region and accelerate

sanitation and hygiene programmes regionally and in selected countries across the region.

The Ministerial Declaration and Action Plan will be presented at the African Union (AU) Water and Sanitation Summit to take place in Egypt in July at the next General Assembly of the AU in Sharm el Sheikh where the support of Heads of State will be sought.

“AfricaSan 2008 was never going to be another ‘talk shop’. We wanted to review the present situation honestly and provide clear actions for the way forward, said Bruno Jean-Richard Itoua, President of the African Ministerial Council on Water. “The Ministerial Declaration and the Action Plan are a clear indication that sanitation is at last becoming a priority issue in African countries. This political commitment will provide a new dynamic in the fight to bring health and dignity to the people of Africa.” 



Lani van Vuuren

Access to basic sanitation remains a luxury for about 600 million people in Africa.