

GLAAS 2010

**UN-WATER GLOBAL ANNUAL ASSESSMENT
OF SANITATION AND DRINKING-WATER**

Targeting resources for better results



World Health
Organization

UN WATER

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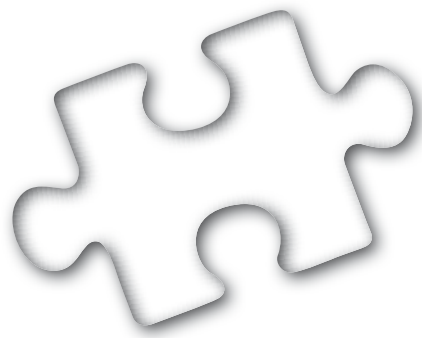
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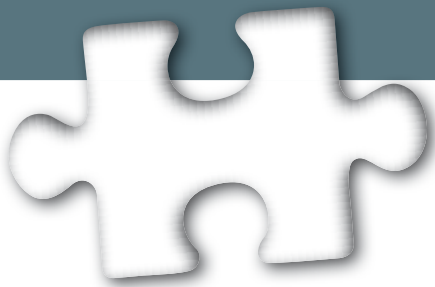
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GLAAS₂₀₁₀

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FOREWORD

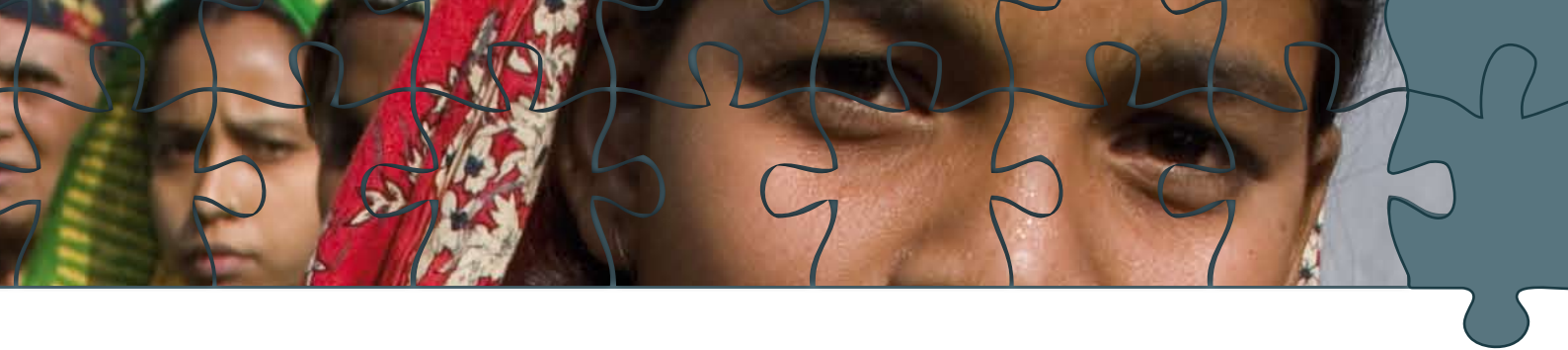
In 2008, over 2.6 billion people were living without access to improved sanitation facilities, and nearly 900 million people were not receiving their drinking-water from improved water sources. These stark figures are the headlines presented in *Progress on Sanitation and Drinking-water: 2010 Update*—the latest report of the World Health Organization (WHO)/United Nations Children’s Fund (UNICEF) Joint Monitoring Programme for Water Supply and Sanitation (JMP), published in March 2010. It describes a situation that is particularly grave with regard to sanitation, with less than half of the world’s rural population and only three quarters of its urban population using improved facilities.

Not surprisingly, diarrhoea is the second leading contributor to global burden of disease—ahead of heart disease and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Two and a half billion cases of diarrhoea occur in children under five years of age every year, and an estimated 1.5 million children die from it annually. Diarrhoeal diseases impose a very significant burden on the public health resources in countries where unsanitary conditions prevail, overwhelmingly the poorer countries of the world. Diarrhoeal diseases also affect the nutritional status of children, indirectly adding to the disease burden. It is a burden carried by individual households (not least in economic terms), by the health services (which often are literally overburdened) and by national economies. Not without reason, the WHO Commission on Macroeconomics and Health rated the extension of access to safe drinking-water and basic sanitation as a highly cost-effective health intervention.

The JMP report gives us the hard facts: statistics about the global situation and about the important disparities between regions, between rural and urban populations and between different socioeconomic strata. One might ask why this unsatisfactory situation continues when the problems associated with poor sanitation and unsafe drinking-water have been known for so long and solutions seem readily at hand.

The big question is: Where are the real bottlenecks? Are they in the formulation and implementation of policies? In the process of optimizing institutions and the arrangements between them? In the translation of political will into action? In the decision-making on the allocation of resources at national and international levels? Or in the current education and training programmes for professionals working in water and sanitation? The answer may be: “All of the above.”





The **UN-Water Global Annual Assessment of Sanitation and Drinking-Water (GLAAS)** was established to enhance our evidence base for answering the above questions and to inform the actions undertaken by UN-Water members and partners. GLAAS is expected to elucidate where efforts stagnate in achieving the Millennium Development Goal Target 7.C—to halve, by 2015, the proportion of the population without sustainable access to safe drinking-water and basic sanitation. It also highlights the challenges that need to be addressed by the United Nations system to collectively support its Member States. These challenges are duly recognized by UN-Water, which seeks to inform ongoing global policy dialogues about available solutions and to support Member States in overcoming them.

The first GLAAS report brings together survey data from 42 countries and 27 external support agencies and overlays this information, together with information from other databases, on the data presented by JMP on access to and use of basic sanitation and safe drinking-water. This composite information source is quite central to the actions undertaken by UN-Water members and partners and is facilitating action by the development partners. For example, the new initiative Sanitation and Water for All: A Global Framework for Action, which aims to bring sanitation and drinking-water issues “to the top table of development”, will bring the GLAAS report as a key information source to the attention of decision-makers at the highest level.

This GLAAS report initiates a series that will increasingly reach out to more Member States in the coming years. We hope that you will find it interesting and stimulating, and that it will inform your decisions and actions to bring safe water and basic sanitation to everyone who is currently without access.

Maria Neira
Director
Public Health and Environment
World Health Organization

Zafar Adeel
Chair, UN-Water
Director
Institute for Water, Environment and Health
United Nations University

UN-Water

UN-Water is a mechanism to strengthen coordination and coherence among all United Nations (UN) bodies dealing with a variety of water-related issues, such as health, farming, environment, energy, food, climate, sanitation and disasters. UN-Water was set up in 2003 through a decision by the High Level Committee on Programmes of the UN Chief Executive Board for Coordination. The Chair of UN-Water is chosen from one of the UN agencies for a two- to three-year term (the current chair is with the UN University), whereas the Secretariat is hosted by the UN Department of Economic and Social Affairs. UN-Water evolved from many years of close collaboration among UN agencies and a firm belief that still more can be done to strengthen the UN system in its efforts to work more effectively on water and sanitation issues, which are among the most urgent challenges of our time. UN-Water is not another UN agency. Instead, UN-Water adds value to existing UN programmes and projects and fosters more cooperation and information sharing among UN agencies and their partners.

UN-Water web site: <http://www.unwater.org>



UN-Water fosters coordination

UN-Water GLAAS and the UN Economic and Social Commission for Asia and the Pacific (UNESCAP) worked together to ensure that there would be no duplication of data collection efforts in Asia and the Pacific in 2009. In 2008, UNESCAP carried out a survey on sanitation in the framework of the International Year of Sanitation (UNESCAP, 2009). In 2009, UNESCAP was asked to contribute to the planned Asian Development Bank (ADB) report, *Asian Water Development Outlook 2010*, on household water security (ADB, in press). WHO and UNESCAP agreed that instead of a separate survey for Asia, the GLAAS survey could provide an evidence base for UNESCAP's work and UNESCAP could facilitate GLAAS data collection in its region.





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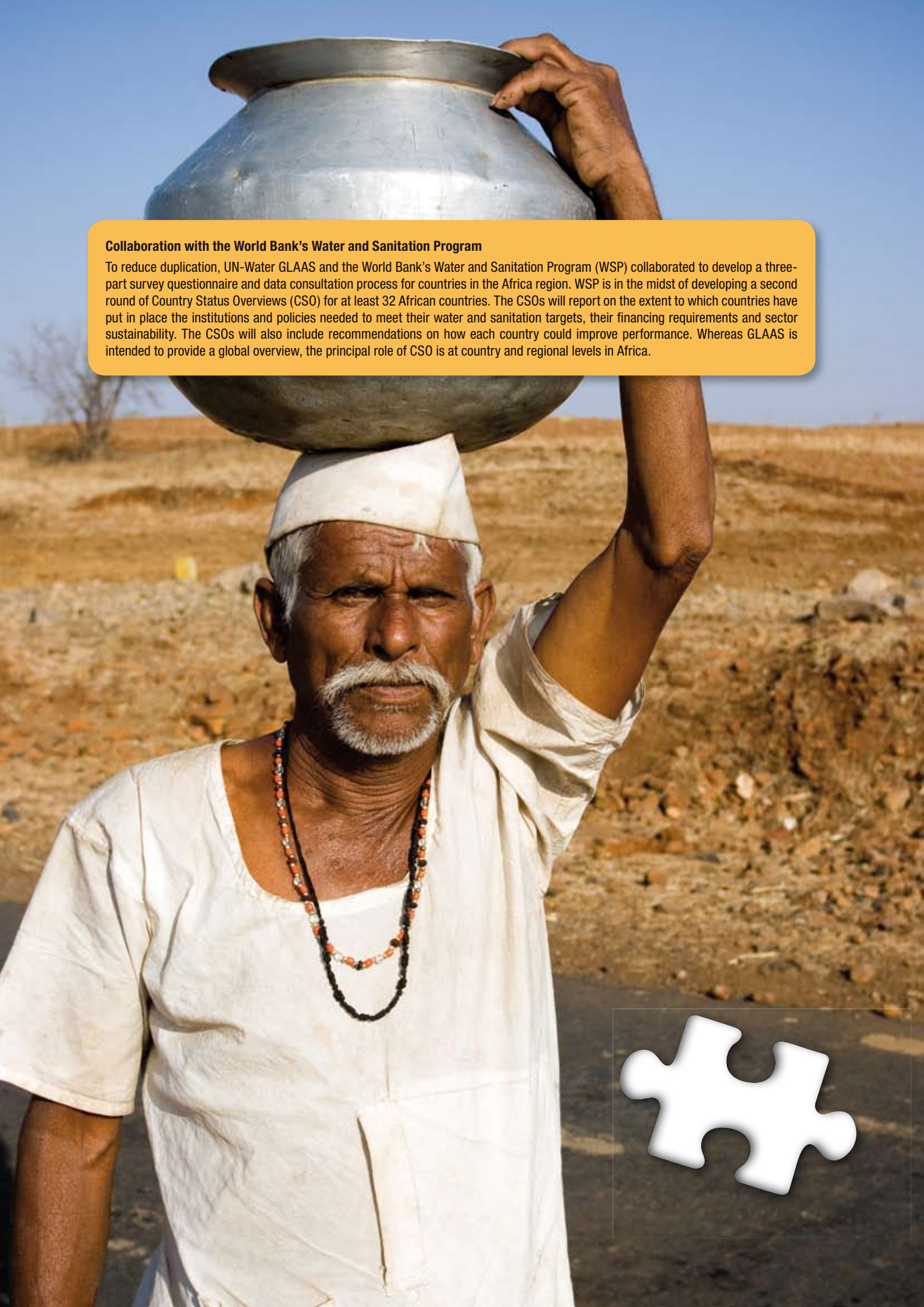
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Collaboration with the World Bank's Water and Sanitation Program

To reduce duplication, UN-Water GLAAS and the World Bank's Water and Sanitation Program (WSP) collaborated to develop a three-part survey questionnaire and data consultation process for countries in the Africa region. WSP is in the midst of developing a second round of Country Status Overviews (CSO) for at least 32 African countries. The CSOs will report on the extent to which countries have put in place the institutions and policies needed to meet their water and sanitation targets, their financing requirements and sector sustainability. The CSOs will also include recommendations on how each country could improve performance. Whereas GLAAS is intended to provide a global overview, the principal role of CSO is at country and regional levels in Africa.









ACRONYMS AND ABBREVIATIONS

ADB	Asian Development Bank
AFD	Agence Française de Développement
AfDB	African Development Bank
AfDF	African Development Fund, African Development Bank
AMCOW	African Ministers' Council on Water
AsDF	Asian Development Fund, Asian Development Bank
AusAid	Australian Agency for International Development
BMZ	German Federal Ministry for Economic Cooperation and Development
BRAC	(formerly) Bangladesh Rural Advancement Committee
CIS	Commonwealth of Independent States
CREPA	Regional Centre for Low Cost Water Supply and Sanitation
CSO	Country Status Overviews
DALY	disability-adjusted life year
DANIDA	Danish International Development Agency
DFID	Department for International Development, United Kingdom
DGIS	Directorate-General for International Cooperation, Netherlands
EC	European Commission
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GDP	gross domestic product
GLAAS	Global Annual Assessment of Sanitation and Drinking-Water
GNI	gross national income
GoAL WaSH	Governance, Advocacy and Leadership for Water, Sanitation and Hygiene
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
HR	human resources
IDA	International Development Association, World Bank
IDB	Inter-American Development Bank
IPAD	Portuguese Institute for Development Assistance
IRC	IRC International Water and Sanitation Centre
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
LDC	least developed country
LMIC	lower middle income country
MDG	Millennium Development Goal
NGO	nongovernmental organization
NORAD	Norwegian Agency for International Development
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
OECD-CRS	OECD Creditor Reporting System
OLIC	other low-income country
PDR	People's Democratic Republic
PIU	project implementation unit
PRSP	poverty reduction strategy paper
TICAD IV	Fourth Tokyo International Conference on African Development
UMIC	upper middle income country
UN	United Nations
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WHO	World Health Organization
WSP	Water and Sanitation Program, World Bank



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EXECUTIVE SUMMARY

Increasing people's access to sanitation and drinking-water brings large benefits to the development of individual countries through improvements in health outcomes and the economy. From recent World Health Organization (WHO) reports, we know that the impact of diarrhoeal disease on children is greater than the combined impact of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis and malaria; we also know that the provision of improved sanitation and drinking-water could reduce diarrhoeal diseases by nearly 90%. Latest estimates indicate that improvements in sanitation and drinking-water could reduce the number of children who die each year by 2.2 million. Huge savings in health-care costs and gains in productive days can therefore be realized by improving access to safe water and basic sanitation. As well, investing in sanitation and drinking-water brings very large economic returns—estimated by the World Bank to average approximately 2% of gross domestic product (GDP), rising to over 7% in some specific country contexts. However, the current status—as described in the recently published report by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)—of over 2.6 billion people not using improved sanitation and nearly 900 million people not using an improved source of drinking-water is surely unacceptable.

Recommendation 1

Developing countries and external support agencies to demonstrate greater political commitment to sanitation and drinking-water, given their central role in human and economic development

Despite these clear benefits for human development, many countries seem to allocate insufficient resources to meet the Millennium Development Goal (MDG) target for sanitation and drinking-water. When compared with other sectors, particularly the other major social sectors of education and health, sanitation and drinking-water receive a relatively low priority for both official development assistance (ODA) and domestic allocations. The total aid for all aspects of water, as measured by the Organisation for Economic Co-operation and Development (OECD), fell from 8% to 5% of total ODA between 1997 and 2008. During this same period, ODA for health increased from 7% to 12% of total ODA, while for education, the level remained at around 7%.

Furthermore, domestic and foreign aid resources for sanitation and drinking-water are not necessarily well targeted to where the needs are greatest (e.g. the poorest and unserved populations). In addition, less than half of the funding from external support agencies for water and sanitation goes to low-income countries, and a small proportion of these funds is allocated to the provision of basic services, where it would have the greatest impact on achieving the MDG target.

Recommendation 2

External support agencies and developing countries to consider how to better target resources to accelerate progress towards meeting the sanitation and drinking-water MDG target

Although nearly all the countries surveyed have clearly defined policies for urban and rural drinking-water, this is not always the case for sanitation. Sound policies, allied to effective institutions, are important for optimizing service delivery. Establishing clear roles and responsibilities for the different institutions involved in sanitation and drinking-water is also important, if good progress is to be made. Although many countries are strengthening their plans to meet the MDG sanitation and drinking-water target, much more rapid progress on their implementation is required if there is any chance of meeting the target in all regions and globally.



Even though information on budget allocations and expenditures is not always available, especially at the subnational level, the general picture shows that some countries are unable to absorb the current level of aid for sanitation and/or drinking-water. This needs to be addressed if donors are to be persuaded to commit more to these countries, which are often the ones with the greatest need. Funding from donors is, however, becoming more predictable, with more long-term projects and programmes being funded. Human resource capacity constraints also need to be considered by both external support agencies and developing countries, as the improvements required are likely to take a long time.

Spending on recurrent costs, as a percentage of the total spending for sanitation and drinking-water, varies considerably from country to country. There are also big variations in the proportion of recurrent costs allocated to salary and non-salary expenditures for replacement parts and essential operating inputs (e.g. fuel, electricity, transport).

Donors are increasing their coordination efforts, which is important, considering the large number of donors that operate in some recipient countries. Developing countries, however, need to strengthen multistakeholder inputs to planning, budgeting, implementation and monitoring. Untying of aid is also increasing, and donor harmonizing and alignment behind government processes are making some progress. A relatively new development is that donors are increasingly making specific commitments to increasing coverage and appear to be good at translating commitments into disbursements.

The large number of country and external support agency initiatives and partnerships reflects an important level of fragmentation over various sectors, adding a layer of complexity. The new initiative Sanitation and Water for All: A Global Framework for Action is trying to strengthen the international architecture and bring stronger political commitment to bear on water and sanitation, given that this is seen by many development partners as one of the major constraints to accelerating progress towards achieving the MDG target.

This report contains a large number of data and analyses on sanitation and drinking-water, making it a resource that can be used to strengthen policies and assist decision-makers.

Recommendation 3

Developing countries and external support agencies to strengthen national and subnational systems to plan, implement and monitor the delivery of sanitation and drinking-water services, especially to unserved populations

Recommendation 4

All stakeholders to work in partnership to support the development and implementation of national plans for sanitation and drinking-water, using their particular skills and resources and aligning with national systems



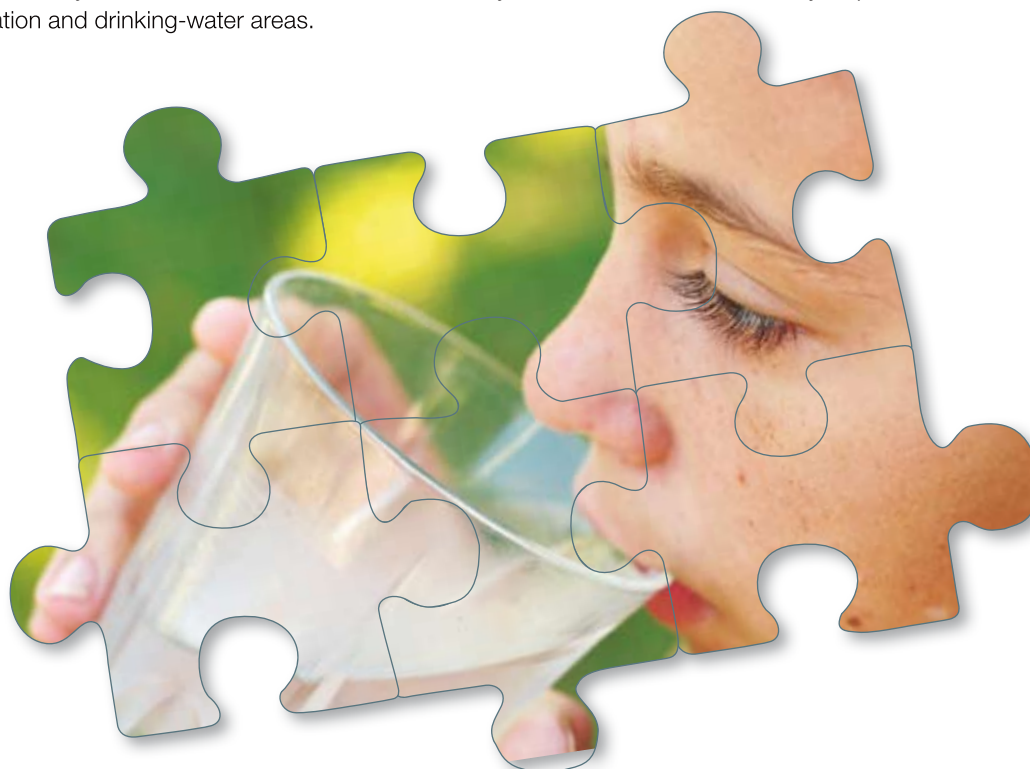
PURPOSE AND OVERVIEW

The purpose of the UN-Water Global Annual Assessment of Sanitation and Drinking-Water (GLAAS) is to provide key information, based on data collected from a large number of sources, concerning sanitation and drinking-water in the developing world: specifically, the use of sanitation and drinking-water services, government policies and institutions, investments of financial and human resources, foreign assistance and the influence of these factors on performance. UN-Water GLAAS strives to enable comparisons to be made across countries and regions and is expected to achieve global reporting within the coming years. This first report covers 42 countries and 27 external support agencies.

GLAAS is a UN-Water initiative, led by WHO. Launched as a pilot in September 2008, GLAAS aims to provide added value to sanitation and drinking-water monitoring efforts by integrating and strengthening the evidence base and helping to improve policy-making towards and beyond the MDG target. The characteristics of the assessment include:

- complementing existing initiatives, such as the JMP and the World Water Development reports, with a comprehensive, global and periodic analysis of sanitation and drinking-water, bringing together national, regional and global data (e.g. from the OECD, the World Bank, national agencies, bilateral and multilateral donors, international nongovernmental organizations [NGOs] and private foundations);
- focusing on the capacity of countries, with the support of donors, to improve sanitation and drinking-water service delivery and levels;
- recognizing the value of ongoing MDG monitoring initiatives being conducted at various levels within the United Nations (UN) system and by NGOs, multilateral agencies and governments;
- providing a situational analysis of donor aid activities, with a focus on trends, prioritization, targeting and coordination;
- developing a summary report of sanitation and drinking-water inputs and outputs, with the participation of country governments, donors, multilateral agencies and other partners;
- supporting evidence-based policy-making on sanitation and drinking-water at national, regional and global levels;
- being a technical resource for the political initiative Sanitation and Water for All: A Global Framework for Action, to accelerate progress towards achieving the water and sanitation MDG target.

UN-Water GLAAS is intended to reach senior-level policy-makers. It aims to help reduce the reporting burden of countries and external support agencies and to harmonize their different reporting mechanisms. By so doing, UN-Water GLAAS hopes to continually increase the information available to key decision-makers and thereby help to enhance accountability in the sanitation and drinking-water areas.





REPORT GUIDE

The UN-Water GLAAS 2010 report attempts to provide a deeper understanding of the catalysts for, and obstacles to, progress by integrating and summarizing sanitation and drinking-water data and trends in new ways that not only provide insight but also generate questions and new ideas for improving upon sanitation and drinking-water inputs and outputs.

There are three main parts to the GLAAS 2010 report:

- Part 1 presents an analysis of priority-setting, examines targeting of sanitation and drinking-water funds and external aid, and discusses the adequacy of financial flows.
- Part 2 discusses the sustainability of drinking-water and sanitation services along with current status and trends concerning sanitation and drinking-water policies, institutions, planning and monitoring, budgets and human resources in developing countries.
- Part 3 examines opportunities for improving performance through stakeholder coordination, aid alignment and mutual accountability.

Each part of the report begins with the key observations from the analysis. Highlights or examples are provided throughout the text and are shown in orange boxes. This report also provides conclusions, recommendations and a look into future assessments, as well as appendices containing the glossary, method, country and external support agency data, and the country income group categories as defined by the OECD.

This report presents charts and descriptive tabular summaries for numerous drinking-water and sanitation indicators and benchmarks. Financial data presented in the tables or charts are, in a majority of cases, for 2008. Tabular summaries present country data using a three-step ranking scale (green, yellow or red dots) that indicates a level of capacity or implementation. Where trend information is available, different shapes are used (e.g. up arrow, down arrow or equals sign) that will provide the reader with an indication of increasing, decreasing or static trends. If only a coloured dot is shown, there is no trend information available. Colour and shape keys are provided at the end of each table for clarity.

An aggregated progress score for each of the four areas reported (urban drinking-water, rural drinking-water, urban sanitation, rural sanitation) is calculated as a percentage of the total responses. The score is based on the individual country rankings, and its purpose is to allow the reader to quickly make comparisons between countries, between sanitation and drinking-water, and between urban and rural areas. It is not meant to measure absolute progress, but is included as a guide for the reader and for potential future tracking of progress. A green colour means a score of 1, a yellow colour is a score of 0.5 and a red colour represents a score of 0. For example, if urban sanitation receives a total of 11 responses (e.g. 4 greens, 5 yellows and 2 reds), the progress score would be $(4 \times 1) + (5 \times 0.5) + (2 \times 0) = 6.5$ out of 11, or 59%. Trend information is not assessed in determining a progress score.

Charts and tabular summaries will also generally indicate the number of responses that were considered in the analysis or particular question. This number will not necessarily equal the total number of respondents to the survey, as not every country or external support agency answered all parts of the surveys, and in many cases the data were collected from an already existing source (e.g. the OECD Creditor Reporting System [OECD-CRS]).

About hygiene

Hygiene promotion and education are essential to achieve health gains associated with improvements in basic coverage and increased service levels of sanitation and drinking-water. In GLAAS, we consider hygiene an important component of the “software” part of sanitation and drinking-water projects.



PART 1

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

There is increasing evidence available concerning the priorities, targeting and adequacy of financial flows in sanitation and drinking-water. Part 1 of this report looks at the case for investing in sanitation and drinking-water (section 1.1), at whether evidence shows that sanitation and drinking-water are prioritized by domestic and aid funds (section 1.2), at whether there are adequate financial resources to meet the internationally agreed target for sanitation and drinking-water (section 1.3) and at whether the resources available are well targeted (section 1.4).

KEY OBSERVATIONS

- 1.1 Unsafe water, inadequate sanitation and insufficient hygiene are the major risk factors for diarrhoeal disease, which is the second leading contributor to global burden of disease. For children under 15, this burden is greater than the combined impact of HIV/AIDS, malaria and tuberculosis.
- 1.2 In 2008, over 2.6 billion people did not use improved sanitation facilities, while nearly 900 million people did not use drinking-water from an improved source. Large urban and rural disparities exist in both sanitation and drinking-water; for example, less than half of the rural population used improved sanitation facilities in 2008, compared with 76% of the urban population.
- 1.3 The amount of development aid is increasing in absolute terms. Nevertheless, relative to other sectors, the sanitation and drinking-water share of development aid has markedly decreased over the period 1998–2008, despite its relevance to the achievement of almost all of the MDGs.
- 1.4 The median reported government spending on sanitation and drinking-water is 0.48% of GDP.
- 1.5 According to country respondents, the total allocation to sanitation and drinking-water is much less than that required to meet the MDG target.
- 1.6 Donor aid prioritization for sanitation and drinking-water is influenced by many factors. Coverage, poverty levels and established in-country presence are the factors most cited by responding external support agencies.
- 1.7 Aid for drinking-water and sanitation is generally not well targeted. Low-income countries receive only 42% of the total aid, and aid for basic sanitation and drinking-water services decreased from 27% to 16% over the period 2003–2008.
- 1.8 Countries indicate that they have generally not developed or applied criteria for the distribution of funding to unserved populations, especially with respect to sanitation.

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

1.1 THE BENEFITS OF INVESTING IN SANITATION AND DRINKING-WATER

Unsafe water, inadequate sanitation and insufficient hygiene are important factors contributing to poor health. Diarrhoea is caused mainly by the ingestion of pathogens, especially from unsafe drinking-water, contaminated food or unclean hands. Eighty-eight per cent of cases of diarrhoea worldwide are attributable to unsafe water, inadequate sanitation or insufficient hygiene. Childhood malnutrition causes about 35% of all deaths of children under the age of five years worldwide; it is estimated that 50% of childhood malnutrition is associated with repeated diarrhoea or intestinal nematode infections as a result of unsafe water, inadequate sanitation or insufficient hygiene (WHO, 2008a).

Diarrhoeal disease is the second leading contributor to global disease burden

TABLE 1: Global burden of disease, measured in DALYs, 2004

	Disease or injury	DALYs, all age groups (millions)	DALYs, children 0–14 years (millions)	Percentage of total DALYs, all age groups	Percentage of total DALYs, children 0–14 years
1	Lower respiratory infections	94.5	73.6	6.2	13.4
2	Diarrhoeal diseases	72.8	65.2	4.8	11.9
3	Unipolar depressive disorders	65.5	2.8	4.3	1.0
4	Ischaemic heart disease	62.6	0.3	4.1	0.06
5	HIV/AIDS	58.5	8.5	3.8	1.9
...					
11	Tuberculosis	34.2	3.4	2.2	0.6
12	Malaria	34.0	32.4	2.2	5.9

Source: WHO (2008b)

In a recent report by WHO (2008b), diarrhoeal disease is cited as the second leading contributor to global disease burden, which is measured in disability-adjusted life years (DALYs) (Table 1). For children under 15, this burden is greater than the combined impact of HIV/AIDs, malaria and tuberculosis. In 2009, WHO published a report on global health risks that shows that unsafe water, inadequate sanitation and insufficient hygiene contribute to 64 million DALYs and ranked fourth in the list of leading health risk factors in the world, behind childhood underweight, unsafe sex and alcohol use (WHO, 2009).

Reducing deaths of children ... 2.2 million deaths of children are preventable through improvements in hygiene behaviour and in the provision of basic sanitation and safe drinking-water

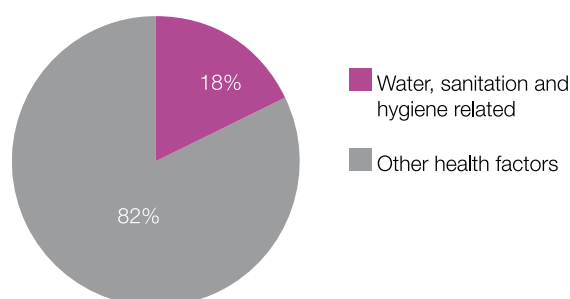


FIGURE 1: Percentage of deaths of children (0–14 years) attributable to unsafe drinking-water, inadequate sanitation or insufficient hygiene (from a total of 11.9 million deaths of children worldwide)

Source: WHO (2008a)

Increasing the number of people with access to safe drinking-water and improved sanitation brings health and broader livelihood benefits, while saving millions of lives each year. In 2008, WHO estimated that more than 2.2 million deaths of children per year could be prevented by the reduction of diarrhoeal and malnutrition impacts related to unsafe water, inadequate sanitation or insufficient hygiene (Figure 1) (WHO, 2008a).

Importance of sanitation and drinking-water is highlighted in the MDGs

MDG 7, which aims to ensure environmental sustainability, includes a target to “Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.” Indicators for monitoring progress towards this target include the proportion of the population using an improved drinking-water source and the proportion of the population using an improved sanitation facility. In determining progress towards the target, current coverage levels are compared against coverage levels estimated in the 1990 baseline year.

Cost effectiveness ... a WHO study shows a potential of US\$ 3–34 in economic benefits for every US\$ 1 invested in sanitation and drinking-water

The economic benefits of investing in drinking-water and sanitation have been investigated by WHO (Hutton & Haller, 2004) and come in several forms:

- health-care savings by health agencies and individuals;
- productive days gained per year (for those 15–59 years of age) and increased school attendance;
- time savings (working days gained) resulting from more convenient access to services;
- value of deaths averted (based on future earnings).

The study showed that achieving the water and sanitation MDG target could bring economic benefits, ranging from US\$ 3 to US\$ 34 per US\$ 1 invested, depending on the region. Additional improvement of drinking-water quality (e.g. point-of-use treatment), if sustained, could lead to a benefit ranging from US\$ 5 to US\$ 60 per US\$ 1 invested.



Economics of sanitation initiative

The World Bank's Water and Sanitation Program (WSP) has conducted studies in five South-east Asian countries—Cambodia, Indonesia, the Lao People's Democratic Republic, Viet Nam and the Philippines—to assess the economic impacts of poor sanitation. It was estimated that these countries lose an estimated US\$ 9 billion a year because of poor sanitation (based on 2005 prices). This equates to approximately 2% of their combined GDP, varying from 1.3% in the Philippines and Viet Nam to 2.3% in Indonesia, 5.6% in the Lao People's Democratic Republic and 7.2% in Cambodia (World Bank, 2008).

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Global coverage levels ... nearly 900 million people do not use drinking-water from an improved source, and over 2.6 billion people do not use improved sanitation facilities

While progress in providing access to sanitation and drinking-water services continues to be made in some countries, many are still struggling to achieve coverage goals and reduce the disease burden on their populations. The GLAAS 2010 report has been prepared within the context of the known status of the global coverage for sanitation (Figure 2) and drinking-water (Figure 3).

Use of improved sanitation

From 1990 to 2008, approximately 1.3 billion people gained access to improved sanitation, while the world's population increased by over 1.5 billion (from 5.3 to 6.8 billion) over the same period. Despite this considerable progress, the world is not on track to meet the MDG sanitation target by 2015. Only 62% of the world's population uses improved sanitation facilities, compared with 55% in 1990. Over 2.6 billion people do not use improved sanitation facilities, compared with an estimated 2.4 billion in 1990.

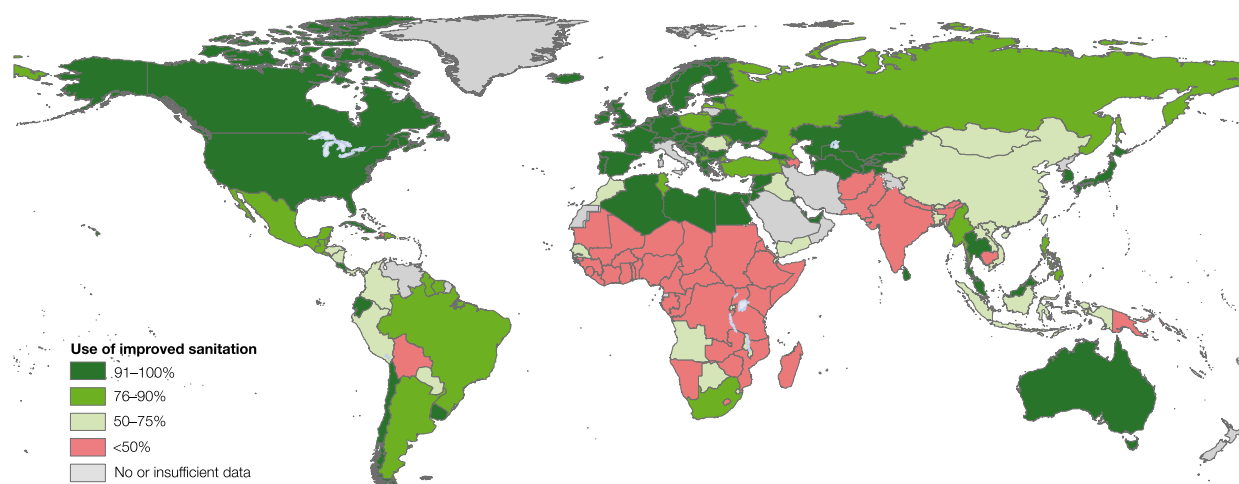


FIGURE 2: Use of improved sanitation, 2008

Source: WHO/UNICEF (2010)



Use of improved drinking-water sources

From 1990 to 2008, approximately 1.8 billion people gained access to drinking-water from an improved source. Currently, 87% of the world uses drinking-water from improved sources, compared with 78% in 1990. Nearly 900 million people do not use drinking-water from an improved source, compared with an estimated 1.2 billion in 1990.

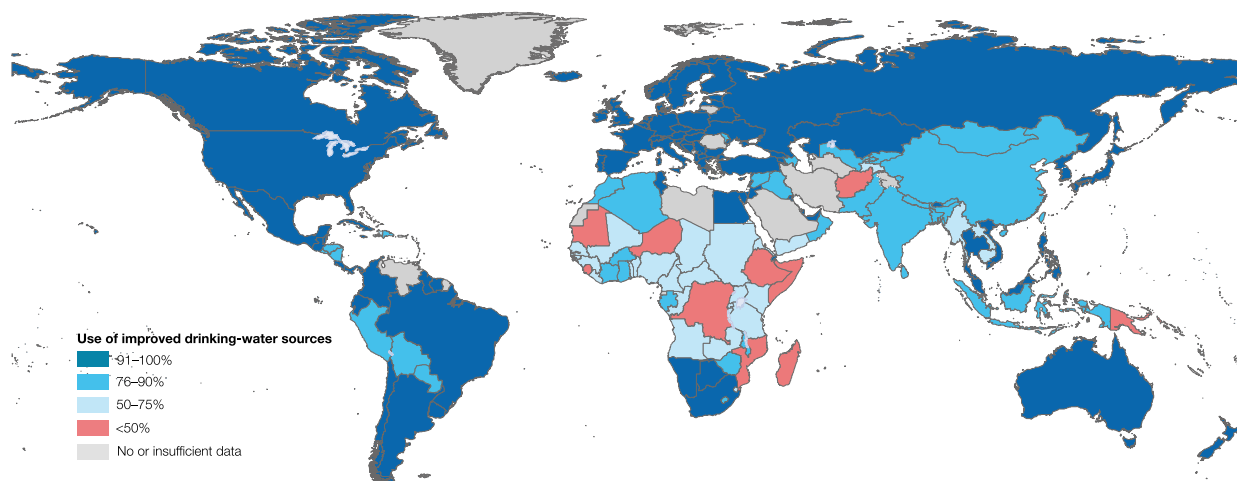


FIGURE 3: Use of improved drinking-water sources, 2008

Source: WHO/UNICEF (2010)



PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Disparity between urban and rural areas ... only 45% of the world's population living in rural areas uses improved sanitation facilities, compared with 76% of the urban population

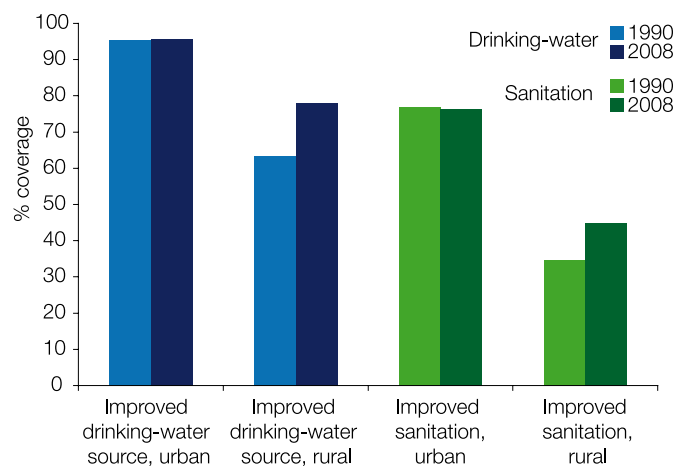


FIGURE 4: Global coverage levels, improved drinking-water sources and improved sanitation, urban and rural, 1990 and 2008

Source: WHO/UNICEF (2010)

Global coverage data suggest large urban/rural disparities in terms of the use of improved drinking-water sources and basic sanitation (Figure 4). While use of improved sanitation in rural areas has increased from 35% to 45% since 1990, there are still over 1.8 billion people in rural areas living without improved sanitation services. In comparison, 96% and 76% of people living in urban areas use improved drinking-water sources and improved sanitation, respectively. However, with the rapid urbanization that took place between 1990 and 2008, the urban population not using water from an improved source increased by 40 million, and the urban population not using improved sanitation increased by 260 million.

Children are at risk ... adequate sanitation and hygiene are lacking in rural schools

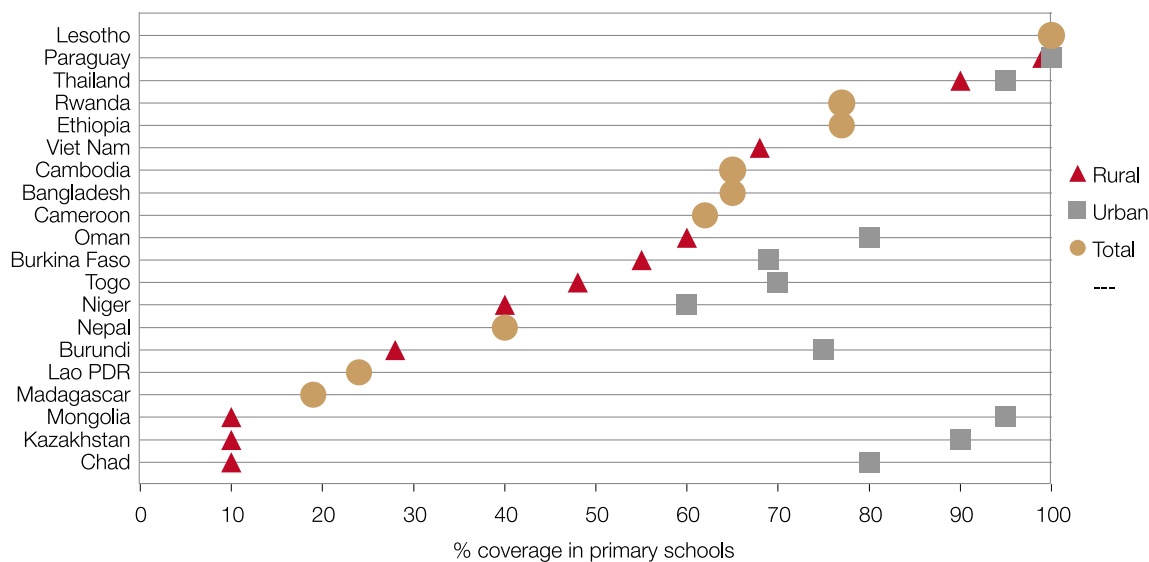


FIGURE 5: Access to sanitation and hygiene in primary schools: total, urban and rural

Sources: 2009–2010 CSO and GLAAS country survey results; WHO (2008c)

Countries have reported the estimated percentage of primary schools that have adequate sanitation facilities, including access to improved water and soap for hand-washing. For one half of the responding countries, the percentage of rural primary schools with adequate sanitation and hygiene facilities was less than 50%. All countries reported that over 60% of primary schools in urban areas have adequate sanitation and hygiene facilities, with four countries reporting that adequate sanitation and hygiene facilities are provided at 90% or more of urban primary schools. Figure 5 summarizes these data and is sorted by increasing rural primary school coverage. Twenty-four out of 26 countries report that hygiene education programmes are implemented in both urban and rural primary schools.

1.2 PRIORITIZATION OF SANITATION AND DRINKING-WATER

Establishing the priority of sanitation and drinking-water in relation to other aid sectors provides perspective for policy-makers. Sanitation and drinking-water have historically been perceived as relatively low in priority, compared with other social sectors, at both donor and developing country levels. Sanitation and hygiene education is especially difficult to place as a priority area due to the lack of clear identification of institutional roles and responsibilities for sanitation, the merging of sanitation with drinking-water services and the perception in some countries that sanitation is mainly a household issue.

Priority-setting ... drinking-water and sanitation are high priorities, but not among the top priority areas for external support agencies

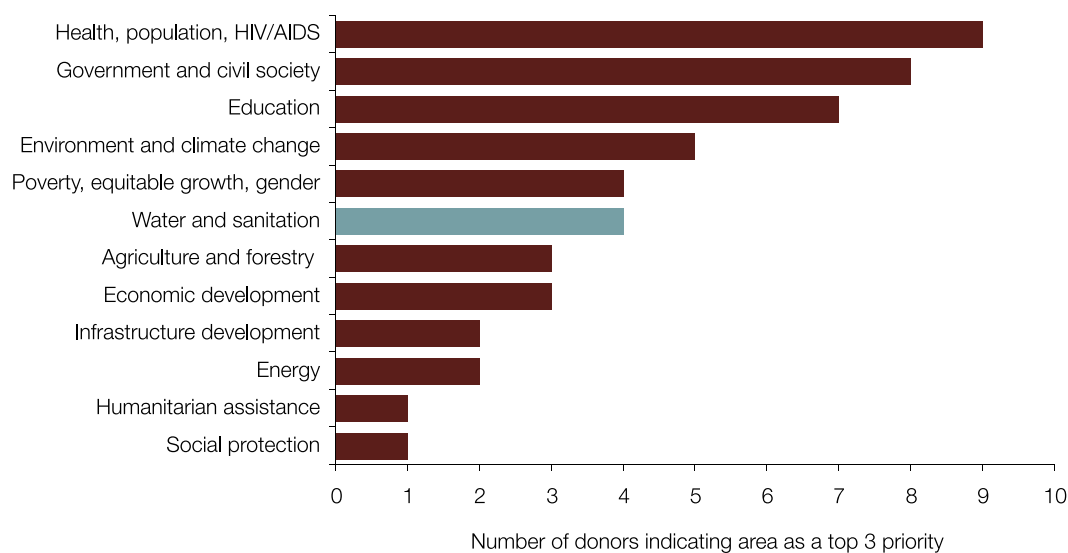


FIGURE 6: Priority areas for external support agencies (15 respondents)

Source: 2009–2010 GLAAS external support agency survey results

External support agencies were requested to indicate the top three priority areas for their organizations. As shown in Figure 6, the most frequently cited top-three priority sectors at donor level included 1) health, population and HIV/AIDS, 2) government and civil society and 3) education. Several external support agencies cited the use of criteria in selecting priority sectors, including 1) providing access to basic infrastructure services and 2) supporting the attainment of the MDG targets.



PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Aid commitments to water and sanitation comprised 5% (US\$ 7.4 billion) of reported development aid in 2008

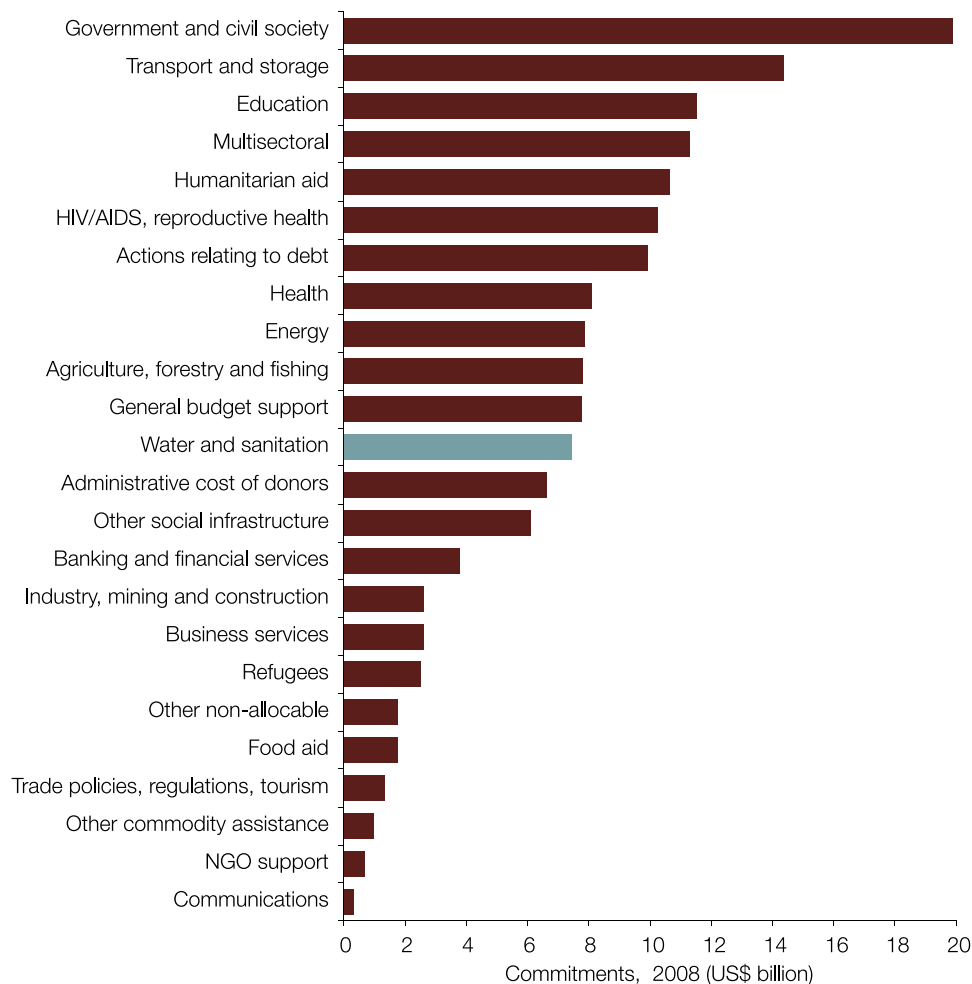


FIGURE 7: Sanitation and drinking-water aid commitments in relation to all other ODA commitments, 2008

Source: OECD (2010a)

A total of US\$ 158 billion in development aid commitments was reported for 2008. Commitments to water and sanitation comprised US\$ 7.4 billion (Figure 7), or 5% of all reported development aid. When compared with other development aid commitments, commitments to sanitation and drinking-water were lower than all other commitments for the social sectors, which include health and education, and lower than those for government and civil society, transport and storage, energy and agriculture.

Sanitation and drinking-water aid levels provide a relative measure of priorities, but investments in other areas are also beneficial

It should be recognized that considering only the total amount of allocable aid to sanitation and drinking-water will under-represent development efforts designed to ensure that improvements in access are sustainable. For instance, improving governance, strengthening local capital markets, improving regulatory policy-making and implementation, ensuring personal safety and community development not only benefit a wide range of sectors, but for some countries can be viewed as contributory first steps in the progression to sustainable access to drinking-water and sanitation services. Likewise, investments in water and sanitation provide wide-ranging benefits in other sectors as well, such as improved health, increased school attendance, and increased worker productivity and economic activity.

In comparison with health and education, the sanitation and drinking-water share of development aid has markedly decreased over the past decade

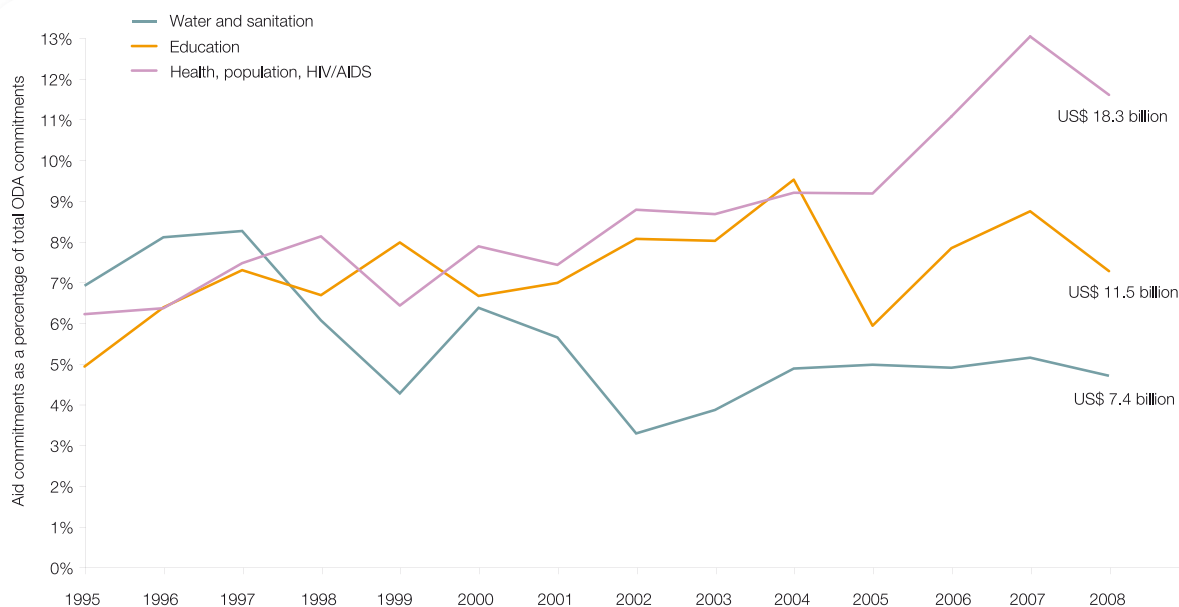


FIGURE 8: Trends in aid for water and sanitation, education, and health/population/HIV/AIDS, as a percentage of total ODA commitments, 1995–2008

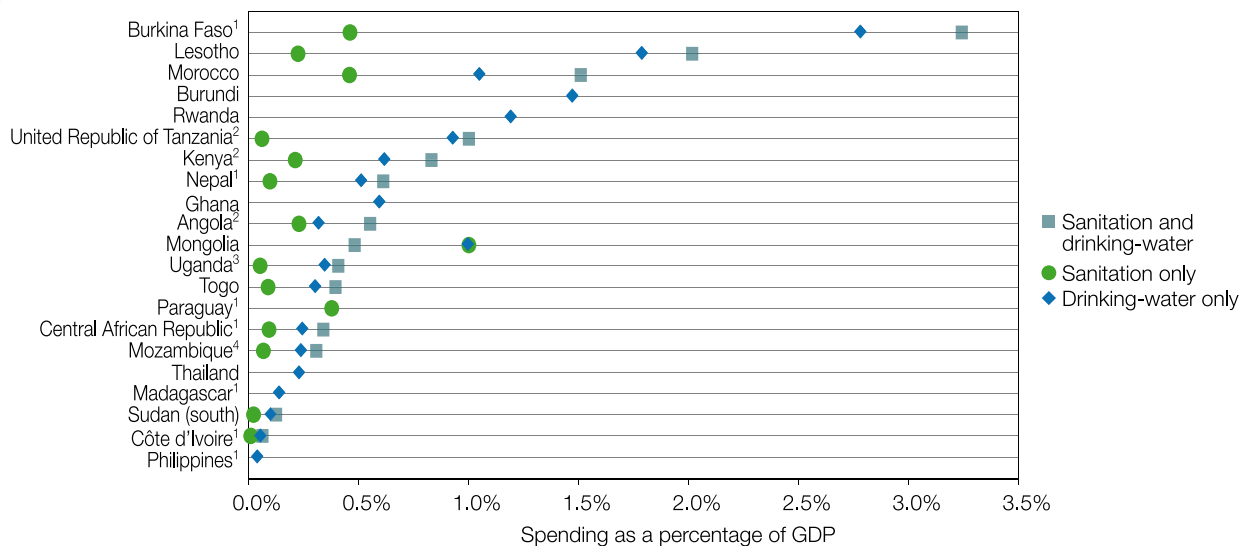
Source: OECD (2010a)

Historical data show that sanitation and drinking-water enjoyed more than 8% of total ODA in 1997. At that time, other social infrastructure sectors, such as health, education, population and reproductive health, received lower proportions of aid compared with sanitation and drinking-water. During the 11 years since 1997, however, the proportion of development aid allocated to sanitation and drinking-water fell from 8% to 5%, while development aid allocated to health increased from 7% to 11.5% and that for education remained steady at around 7% (Figure 8).



PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

For all responding countries, the median expenditure on drinking-water and sanitation is 0.48% of GDP



¹ Does not include regional or local government expenditures.

³ No urban utility data included.

² Anticipated 2009 expenditures.

⁴ 2007 expenditure data.

FIGURE 9: Spending (internal and external sources) on sanitation and drinking-water (2008 actual or 2009 budget), as a percentage of 2008 GDP

Sources: 2009–2010 CSO and GLAAS country survey results; World Bank (2010)

Countries report expenditures (from internal and external sources) between 0.04% and 2.8% of GDP for drinking-water and between 0.01% and 0.46% of GDP for sanitation (Figure 9). The median government spending on sanitation and drinking-water for 20 responding countries is 0.48% of GDP. It should be emphasized that several of the countries did not gather regional or local government expenditures for drinking-water and sanitation. Differences in the data sources make it difficult to directly compare countries using the information provided, especially in cases with a high level of decentralization; however, the data provide a potential baseline against which future trends may be compared.

The eThekweni declaration sets targets for spending on sanitation for African governments

As an example of governments' commitment to spending on sanitation, the eThekweni declaration, signed by over 30 African government ministers in Durban in February 2008, recognized the importance of sanitation and committed their governments to establishing specific public sector budget allocations for sanitation, with the aim of spending 0.5% of GDP on sanitation.

Source: WSP-Africa (2008)



1.3 ADEQUACY OF FINANCIAL FLOWS

To determine the adequacy of financial flows either for national governments or globally, current and/or projected financial expenditures must be assessed against estimated financial needs. At the global level, there have been several assessments of financial needs to meet the MDG target for sanitation and drinking-water in 2015. Conversely, there is a large gap in knowledge concerning current funding sources for sanitation and drinking-water. Country governments may be able to quantify government spending, although not always for sanitation and not always for regional and local government inputs. OECD donor financing amounts are generally well known. However, the amount being invested by non-OECD donors, the private sector or NGOs and the amount spent directly by households (e.g. on-site sanitation or self supply of water) are less well known.

Thirty-five out of 37 countries report that financial flows are insufficient to achieve the MDG target for sanitation

Countries were requested to estimate whether the financial flows to sanitation and drinking-water were adequate to finance the achievement of the MDG target. The responses present a bleak picture, with only two countries (Kenya and South Africa) estimated to have more than 75% of what is needed for sanitation (Table 2), and five countries estimated to have more than 75% of what is needed to achieve the MDG target in drinking-water.

However, several countries indicated insufficient funds but, according to JMP estimates, are “on track” to reach the MDG target in either sanitation or drinking-water, or both. Further investigation into these discrepancies will assess whether financial flows are sufficient in these countries.

TABLE 2: Adequacy of financing

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	▲	▲	▲	▲
Burkina Faso	▲	▲	▲	▲
Burundi	▲	▲	=	=
Cameroon	=	=	=	=
Central African Republic	-	-	-	-
Chad	▼	▼	▼	▼
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	▲	▲	●	●
Lesotho	▲	▲	▲	▲
Madagascar	▲	▲	▲	▲
Mali	▲	▲	▼	▼
Mauritania	▲	▼	=	=
Mozambique	●	●	●	●
Niger	=	●	-	▼
Rwanda	▲	▲	▲	▲
Senegal	=	▲	▲	▲
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●●	●●	●●	●●
Togo	●	▼	=	=
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	-	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	-	▲	▲	▲
Cambodia	▲	▲	▼	=
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	=	=	=	▲
Mongolia	=	=	=	=
Nepal	▲	▲	▲	▲
Philippines	=	=	▼	▼
Thailand	=	=	=	=
Timor-Leste	=	▲	=	-
Viet Nam	▲	▲	▲	▲
Northern Africa, Western Asia				
Morocco	▲	▲	▲	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	=	=	=	=
Paraguay	▼	=	▼	▼
Progress score	38%	45%	26%	22%
Colour key: Are financial flows sufficient to meet the MDG?				
●	More than 75% of needs			
●	Between 50% and 75% of needs			
●	Less than 50% of needs			
-	No information			
Shape key: Over the past three years, has the amount of available funds in relation to financial needs been increasing, been decreasing or remained unchanged?				
▲ ▲ ▲	Increasing trend			
= = =	No change in trend			
▼ ▼ ▼	Decreasing trend			
● ● ●	No trend information			

Source: 2009–2010 CSO and GLAAS country survey results

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

The total amount of development aid for sanitation and drinking-water increased to over US\$ 7.4 billion in 2008

External development assistance to sanitation and drinking-water is provided by countries, multilateral organizations, NGOs and private foundations. Aid is provided through various channels and for various purposes, including general budget support and sectoral budget support, as well as to projects directly for infrastructure development, planning, training, advocacy, education and monitoring. Financial aid can be in the form of grants, concessional loans or credits and may cover the majority of national (government and external, but not including household) spending on sanitation and drinking-water—in some countries, near 90%.

Aid commitments (2006–2008 average)

In 2008, the grant and loan aid commitments of bilateral and multilateral external support agencies to sanitation and drinking-water amounted to more than US\$ 7.4 billion (as reported to OECD-CRS). Of this amount, US\$ 3.9 billion was in the form of grants, whereas US\$ 3.5 billion was in the form of concessional loans. Figure 10 shows the geographical distribution of US\$ 6.7 billion in annual average commitments made from 2006 to 2008 (in 2007 constant US\$).

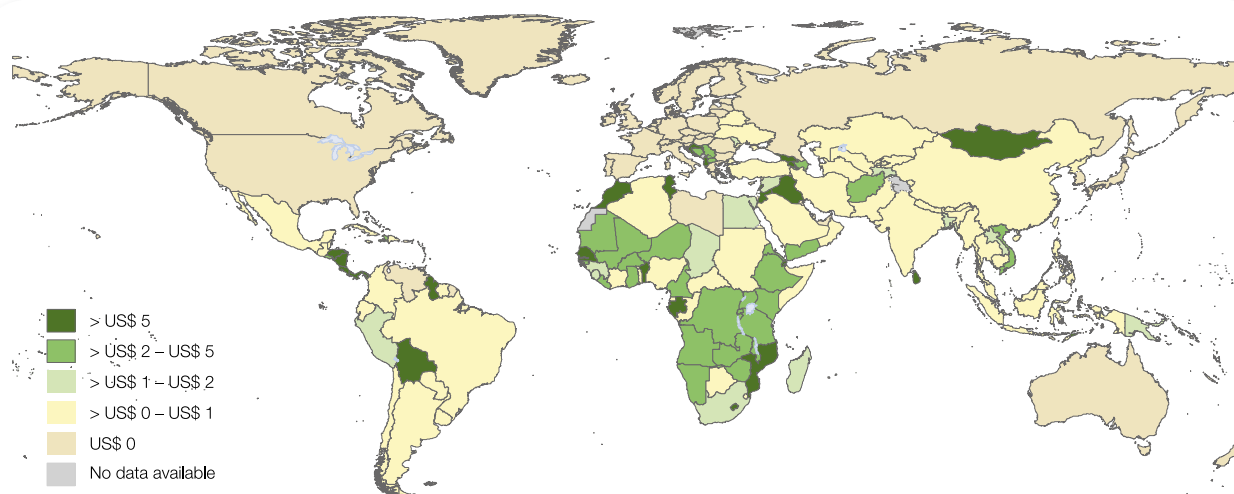


FIGURE 10: Commitments per capita made to sanitation and drinking-water, 2006–2008 average

Source: OECD (2010a)



Aid disbursements (2008)

Disbursement data are available for OECD Development Assistance Committee members and several multilateral agencies. Their total external aid disbursements for sanitation and drinking-water amounted to US\$ 5.3 billion in 2008 (Figure 11).

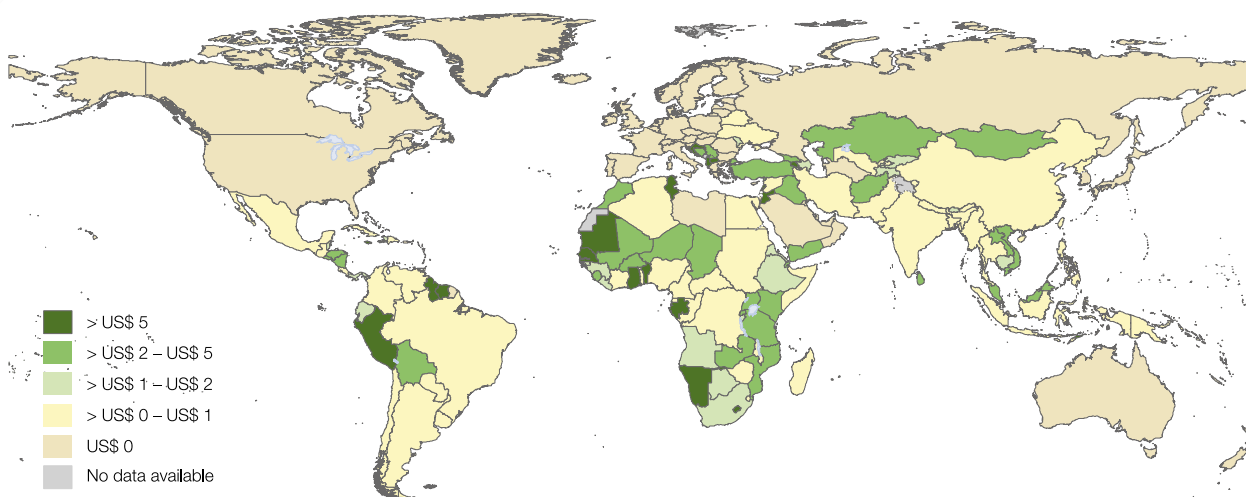


FIGURE 11: Disbursements per capita made to sanitation and drinking-water, 2008

Source: OECD (2010a)

Non-concessional loan commitments (2008)

Non-concessional loan commitments (i.e. “other official flows” not classified as ODA) to drinking-water and sanitation increased from US\$ 2.0 billion in 2006 to US\$ 3.3 billion in 2008, a 61% increase over the two-year period. Recipients of non-concessional lending are shown in Figure 12.

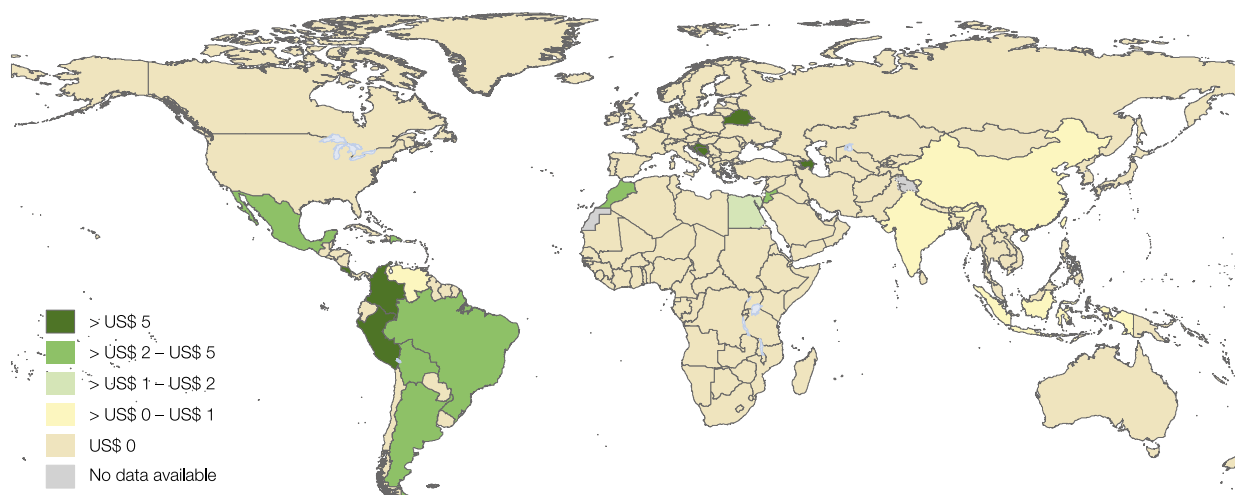


FIGURE 12: Non-concessional loan commitments per capita made to sanitation and drinking-water, 2008

Source: OECD (2010a)

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Global cost estimates to reach the sanitation and drinking-water MDG target vary due to the inclusion or exclusion of different costs or assumptions and range from US\$ 6.7 billion to US\$ 75 billion per year

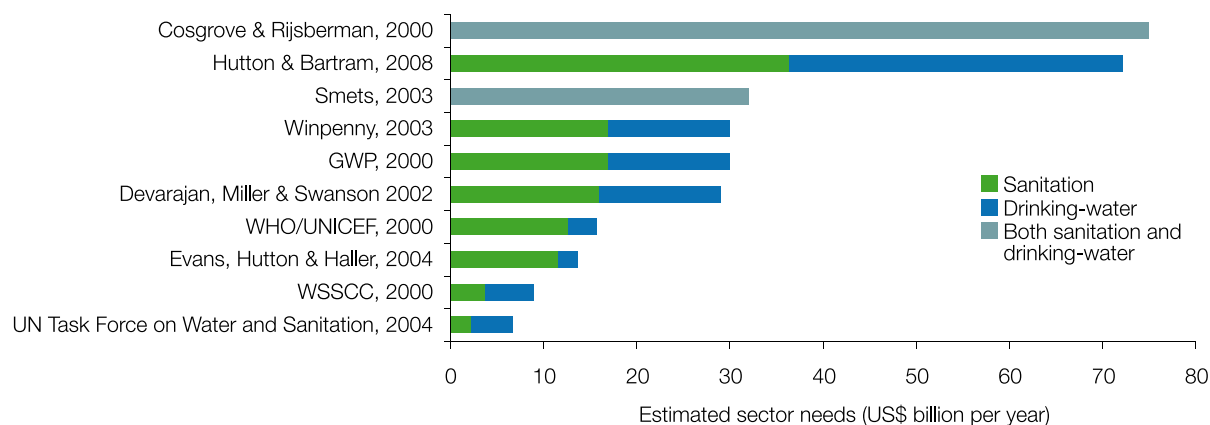


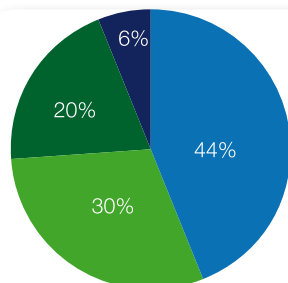
FIGURE 13: Summary of cost estimates to reach the sanitation and drinking-water MDG target

Sources: Fonseca & Cardone (2005); Hutton & Bartram (2008)

The global cost estimates for meeting the sanitation and drinking-water MDG target range from US\$ 6.7 billion to US\$ 75 billion per year (Figure 13). While there is a 10-fold variation in the costs presented in Figure 13, it is difficult to directly compare these estimates, as they make different assumptions with respect to baseline years, population growth, costs of technology and levels of service. Some of the cost estimates include only the costs of new capital infrastructure and do not consider the costs of maintaining or rehabilitating existing infrastructure. Additionally, most estimates do not include the costs of support services or institutional capacity to ensure that systems are planned, installed and maintained adequately (Fonseca & Cardone, 2005).



Nearly 75% of the estimated financing needs for sanitation and drinking-water consist of recurrent capital and maintenance for existing services



- Recurrent capital and maintenance needs, existing drinking-water
- Recurrent capital and maintenance needs, existing sanitation
- Capital needs, new sanitation coverage
- Capital needs, new drinking-water coverage

FIGURE 14: Breakdown of estimated needs to attain the drinking-water and sanitation MDG target

Source: Adapted from Hutton & Bartram (2008)

Highlighting the relative importance and cost implications of maintaining existing systems, a recently performed analysis estimated that the cost of maintaining and replacing existing services was nearly 75% of annual needs to attain the MDG target for sanitation and drinking-water. Investment needs for new sanitation services comprised 20% of needs, and capital investment requirements for new drinking-water services were 6% of needs (Figure 14).

WSP costing model comparisons

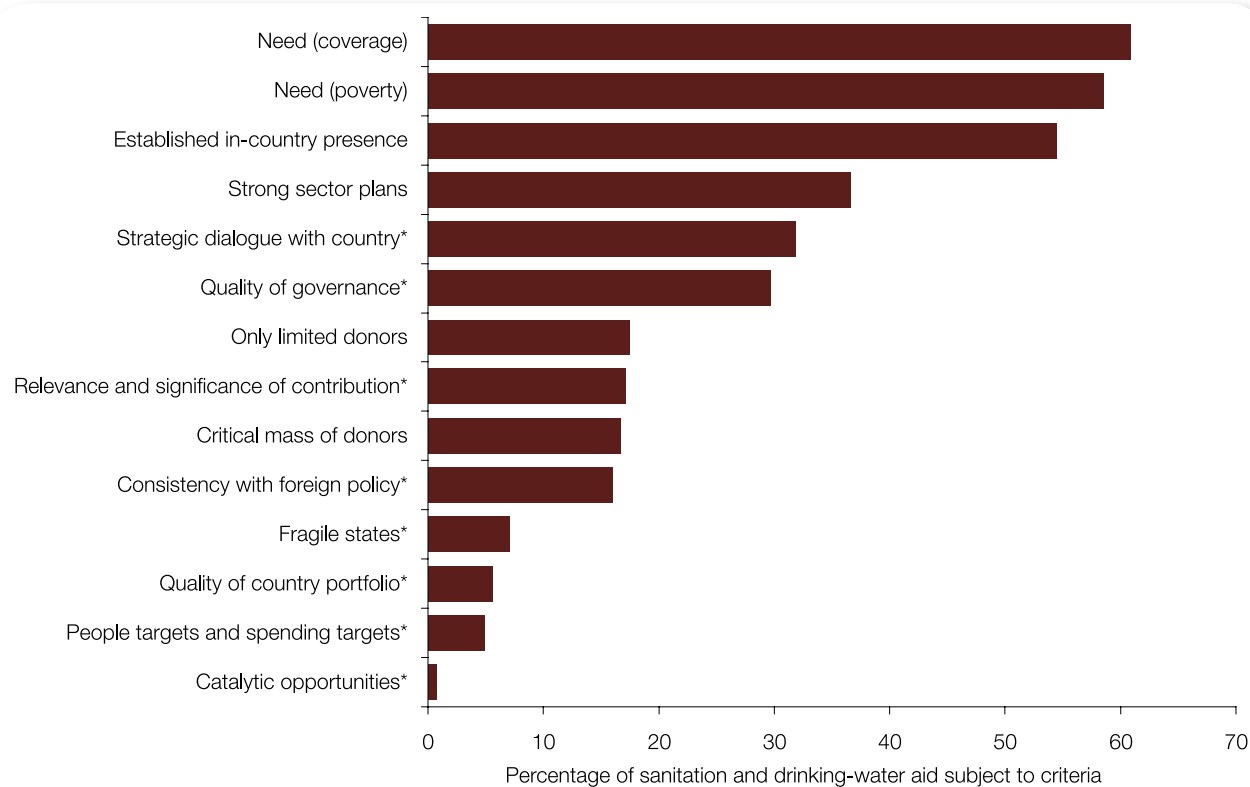
WSP-Africa is performing a comparative assessment of four models that estimate the financing requirements for meeting the water supply and sanitation MDG target at country level. The four models reviewed include a model from WaterAid (an international NGO), a WSP model, the Hutton & Bartram (2008) model and a World Bank Africa Infrastructure Country Diagnostic model. The analysis compares the strengths and weaknesses of the models and their sensitivity to input variables. Based on the results of the assessment, WSP-Africa plans to choose or develop a revised model to support the Country Status Overviews (CSO) for 32 countries in sub-Saharan Africa. The CSO will compare financing requirements with estimated financial flows for each country assessed.

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

1.4 TARGETING OF SANITATION AND DRINKING-WATER FUNDING

One of the challenges to reducing poverty is the need to promote, provide and sustain sanitation and drinking-water services for the poorest populations whose needs for services are the greatest. Information concerning poverty levels, infrastructure, service levels and financing is required to appropriately plan and allocate resources to populations in most need, according to criteria developed by governments and stakeholders.

Multiple factors influence donor aid prioritization, with indicators such as sanitation and drinking-water coverage, poverty levels and established in-country presence ranking high on the list



* Reported in the description of "other" category in the questionnaire by specific donor(s) and may be underestimated

FIGURE 15: Proportion of total sanitation and drinking-water aid (2008 commitments) subject to criteria used to select priority recipient countries/regions

Source: 2009–2010 GLAAS external support agency survey results

Recognizing that there are various development cooperation strategies for aid prioritization, external support agencies were requested to provide input on whether various criteria were used to identify priority countries for sanitation and drinking-water aid. Use of each criterion was calculated based on the amount of aid subject to the criterion (i.e. if a donor indicated use of the criterion, the proportion of aid that the donor contributed to sanitation and drinking-water was summed with other donors that also indicated use of the criterion).

Coverage levels, poverty indicators and established in-country presence were the three most heavily used criteria to identify priority countries (Figure 15). Other important indicators cited include strong sector plans and quality of governance. It is important to note that further analysis (see Figure 26 below) showed a weak relationship between aid levels and coverage or between aid levels and poverty indicators (not presented in this report), thus highlighting the importance of multiple factors in donor aid prioritization.

Priority countries receive a greater share of development aid

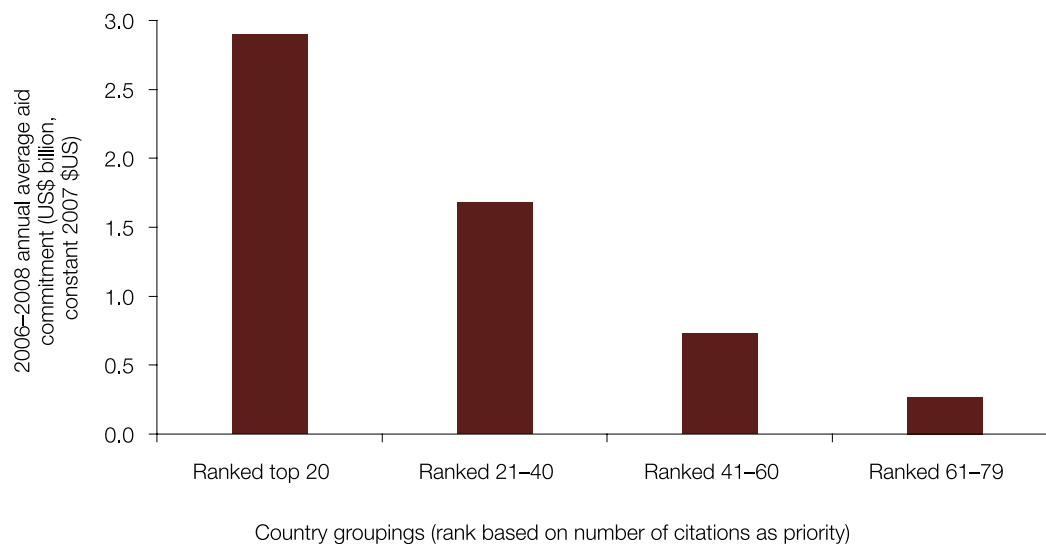


FIGURE 16: The aggregate amount of aid received by priority countries (ranked by number of citations as an aid priority by external support agencies)

Sources: 2009-2010 GLAAS external support agency survey results; OECD (2010a)

External support agencies were asked to indicate their priority countries and regions for sanitation and drinking-water aid. In all, 79 countries were cited at least once as an aid priority, and 55 countries were cited by two or more external support agencies as priorities. The top 20 priority countries (in terms of being cited most often) receive a higher proportion of aid (45%) to sanitation and drinking-water than those countries cited less often (Figure 16).



PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Allocations of development aid for sanitation and drinking-water vary widely

TABLE 3: Highest annual aid recipients per capita unserved (greater than US\$ 25 million average annual aid)

	Country	Income group	Average annual aid commitment, 2006–2008 (US\$ million)	Annual aid per capita unserved (US\$)
1	Albania	Lower middle income	71.8	913.99
2	Jordan	Lower middle income	81.5	442.82
3	Georgia	Lower middle income	52.8	350.50
4	Armenia	Lower middle income	35.4	164.55
5	Serbia	Upper middle income	36.9	83.24
6	Iraq	Lower middle income	515.3	71.34
7	Tunisia	Lower middle income	68.5	64.14
8	Lesotho	Least developed	57.0	63.98
9	Sri Lanka	Lower middle income	112.1	58.83
10	Egypt	Lower middle income	90.6	31.73

Sources: OECD (2010a); WHO/UNICEF (2010)

To assess how aid is targeted to countries based on the needs of unserved populations, lists of the highest aid recipients (Table 3) and lowest aid recipients (Table 4) in terms of aid received per capita unserved are shown. Table 3 shows that some large levels of aid go to middle-income countries where unserved populations are relatively low. In fact, use of improved sanitation and drinking-water sources is above 90% in 7 out of the top 10 countries.

TABLE 4: Lowest annual aid recipients per capita unserved (least developed and other low-income countries, greater than one million population)

	Country	Income group	Average annual aid commitment, 2006–2008 (US\$ million)	Annual aid per capita unserved (US\$)
1	Myanmar	Least developed	2.4	0.2
2	Togo	Least developed	1.0	0.2
3	Somalia	Least developed	2.9	0.4
4	Pakistan	Other low-income	48.8	0.8
5	Nigeria	Other low-income	74.6	0.9
6	Bhutan	Least developed	0.2	1.2
7	Central African Republic	Least developed	2.8	1.3
8	Sudan	Least developed	29.6	1.3
9	Cambodia	Least developed	12.8	1.6
10	Chad	Least developed	13.0	1.7

Sources: OECD (2010a); WHO/UNICEF (2010)

Table 4 shows that either the lowest aid recipients per capita unserved receive very low levels of aid or their total unserved populations are very high (i.e. Sudan, Nigeria, Pakistan; for sanitation). Middle-income countries receiving low levels of aid are not shown on this list.

Least developed and other low-income countries received two thirds of non-regional grant aid



FIGURE 17: Breakdown of US\$ 7.4 billion in aid commitments by recipient income category, 2008

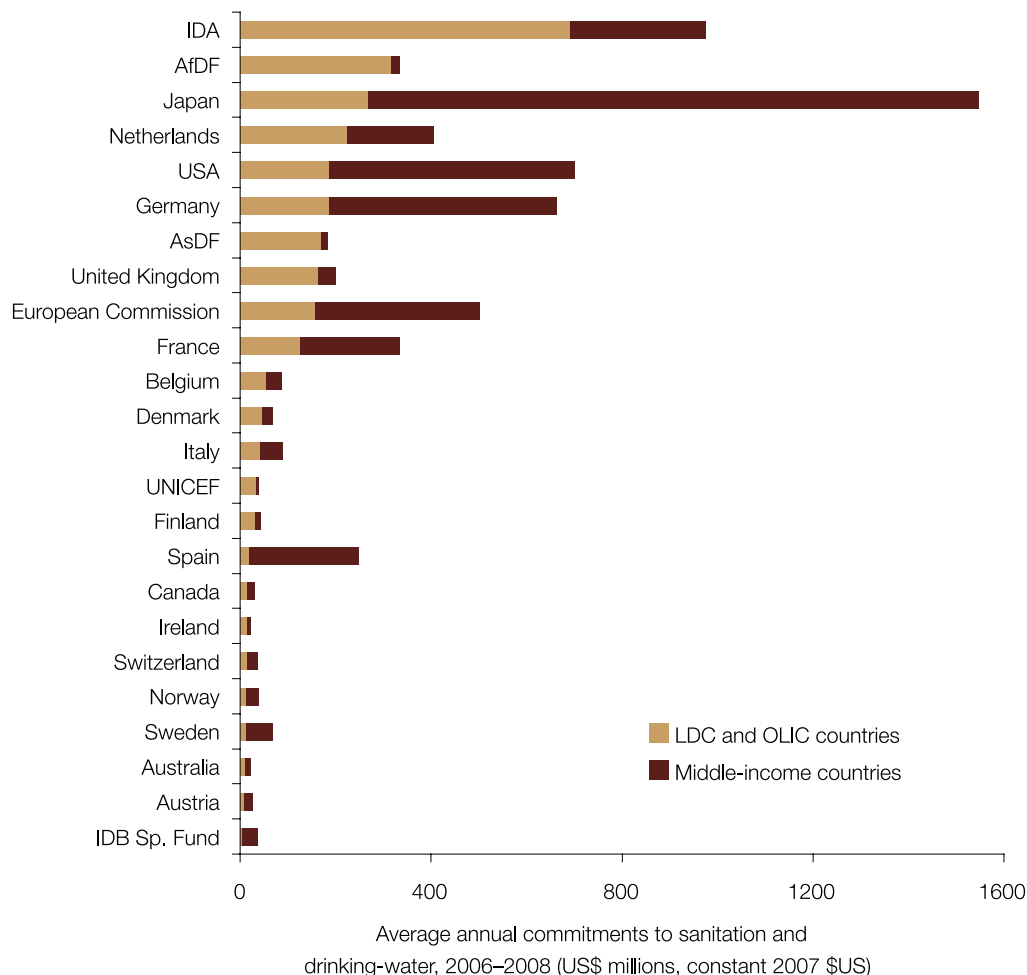
Source: OECD (2010a)

A compilation of recipient country income levels and aid types indicates that grants make up a greater proportion of aid to low-income countries, and loans make up a greater proportion of aid to middle-income countries. Of the US\$ 3.9 billion in grant aid commitments reported for 2008, over US\$ 1.9 billion was directed to least developed and other low-income countries. Middle-income countries received US\$ 1.0 billion in grant aid, and over US\$ 900 million was directed to regional initiatives or projects, mainly in developing regions (Figure 17).



PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Over the past three years, at least 42% of development aid commitments were targeted for least developed and other low-income countries



Note: Because US\$ 930 million in regional aid is not allocable to country income groupings, aid amounts to least developed and other low-income countries as shown above may be underestimated.

FIGURE 18: Breakdown of sanitation and drinking-water aid commitments between least developed countries (LDC) and other low-income countries (OLIC) together and middle-income countries, 2006–2008

AfDF, African Development Fund, African Development Bank; AsDF, Asian Development Fund, Asian Development Bank; IDA, International Development Association, World Bank; IDB, Inter-American Development Bank
Source: OECD (2010a)

Figure 18 indicates that several bilateral donors—notably the Netherlands, the United Kingdom, Belgium, Denmark, Finland and Ireland—target a majority of their aid to low-income countries. Other significant contributors in terms of aid amounts to low-income countries include Japan, the United States of America (USA), Germany, the European Commission and France. For the period 2006–2008, the average annual aid commitment to least developed and other low-income countries was at least 42% of total ODA to the sectors (regional aid not allocable to country income groupings included in total). Multilateral concessional spending is mainly targeted to low-income countries.

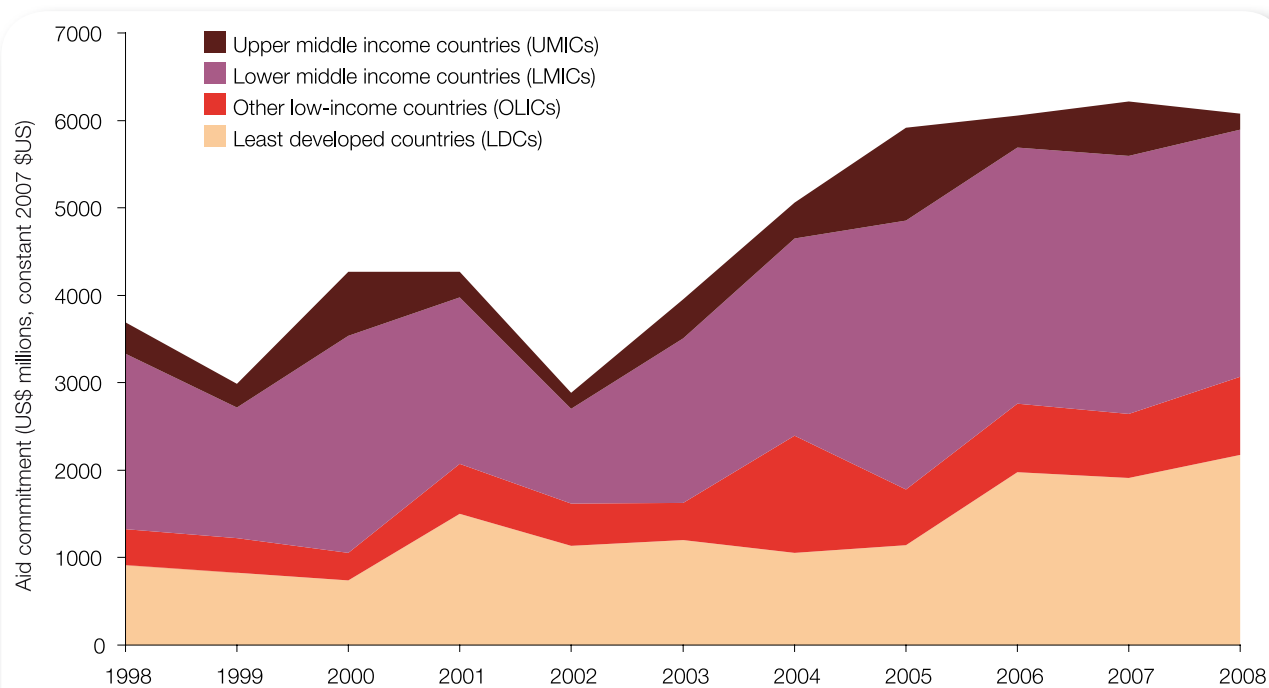


FIGURE 19: Trends in sanitation and drinking-water aid commitments by recipient income category, 1998–2008

Source: OECD (2010a)

As shown in Figure 19, aid to low-income countries (i.e. least developed countries plus other low-income countries) has ranged from 32% to 46% of total water and sanitation ODA since 1998.

Japan and the USA increase aid to least developed and other low-income countries by US\$ 720 million in 2008

Japan and the USA have both recently committed to more development aid to drinking-water and sanitation and to Africa. As two of the largest donors in bilateral aid in this area, the trends in aid may shift dramatically over the next few years. As a first indication of this shift, commitments from Japan and the USA to least developed and other low-income countries increased from US\$ 226 million in 2007 to US\$ 948 million in 2008, a US\$ 720 million increase (over 300%).

In 2008, at the Fourth Tokyo International Conference on African Development (TICAD IV), Japan committed to providing an additional US\$ 350 million in grant and technical assistance aid to Africa over the next five years (2008–2012). Japan reported increased aid commitments to least developed and other low-income countries from US\$ 168 million in 2007 to US\$ 446 million in 2008 (OECD, 2010a).

The Senator Paul Simon Water for the Poor Act of 2005 has made access to safe water and sanitation a specific policy objective of foreign assistance in the USA. Recent statutory requirements have also specified minimum United States Agency for International Development (USAID) aid spending for safe drinking-water and sanitation supply projects (US\$ 300 million in 2008, not including the Millennium Challenge Corporation, an independent foreign aid agency in the USA that distributes large-scale grants to fund country-led solutions for reducing poverty). A recent United States Congressional report (USDOS, 2009) indicated that total investments in sub-Saharan Africa rose to US\$ 650 million in 2008, largely due to obligations by the Millennium Challenge Corporation. Similarly, the USA reported an increase in aid commitments to least developed and other low-income countries from US\$ 58 million in 2007 to US\$ 502 million in 2008 (OECD, 2010a).

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Financing for sanitation comprises 37% of total aid funding for sanitation and drinking-water

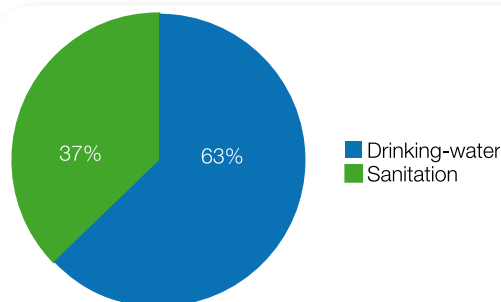


FIGURE 20: Comparison of donor commitments to sanitation with donor commitments to drinking-water projects, 14 donors, 2008

Source: 2009–2010 GLAAS external support agency survey results

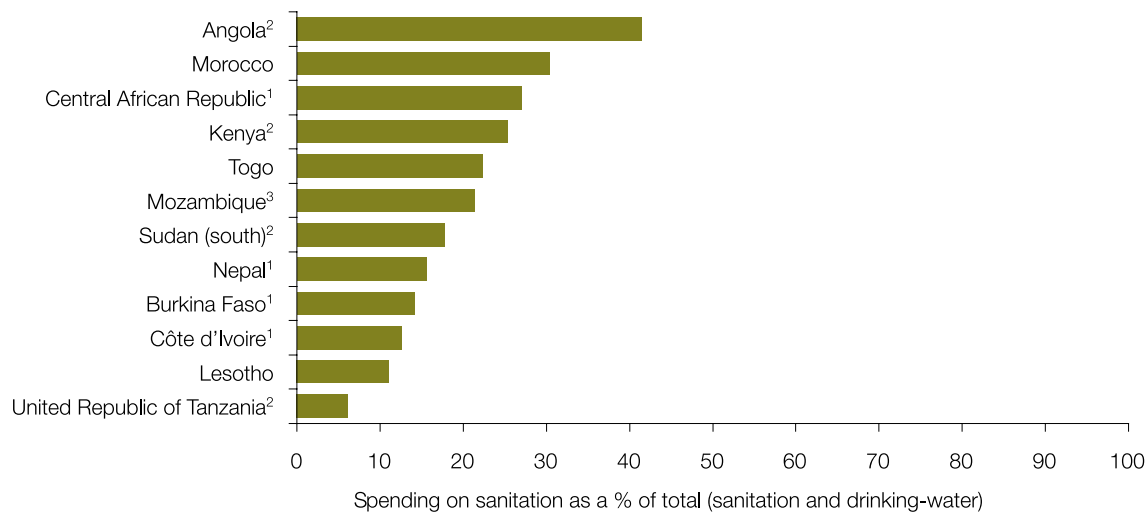
External support agencies were requested to provide an estimate of the percentages of aid commitments that were targeted to sanitation compared with drinking-water programmes or projects. Fourteen out of 27 donors were able to provide such information. Recent estimates of costs to achieve the MDG target (Hutton & Bartram, 2008) show that capital needs are heavily weighted towards developing new coverage in sanitation. Conversely, data from the 14 donors indicate that development aid is more heavily weighted towards drinking-water programmes and projects (Figure 20).

Separating sanitation and drinking-water supply aid

In response to a recent member request to distinguish aid for sanitation from aid for drinking-water, the OECD Working Party on Statistics approved, in 2009, a new data coding scheme that would allow for regular future reporting to OECD of development aid for sanitation separate from that for drinking-water. It is expected that members will be requested to report using the new coding scheme in 2010, with separate sanitation and drinking-water aid data becoming available in 2011.



The median proportion of government spending on sanitation is 20% of spending on both drinking-water and sanitation for 12 country respondents



¹ Does not include regional or local government expenditures.

² 2009 budget data.

³ 2007 expenditure data.

FIGURE 21: Government spending on sanitation as a proportion of spending on both sanitation and drinking-water, 12 country respondents, 2008

Source: 2009–2010 CSO and GLAAS country survey results

Country governments were also requested to provide budget and expenditure data broken down by sanitation and by drinking-water. Twelve out of 26 countries providing financial information were able to provide separate sanitation and drinking-water expenditure data. Costs of interventions for sanitation and for drinking-water vary widely depending on technology used and geographical regions served. The breakdown of country expenditures (from both internal and external sources) between sanitation and drinking-water shows that funding for drinking-water is often 3 or more times higher than that for sanitation (Figure 21).



PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

A majority of sanitation and drinking-water aid is targeted to large systems

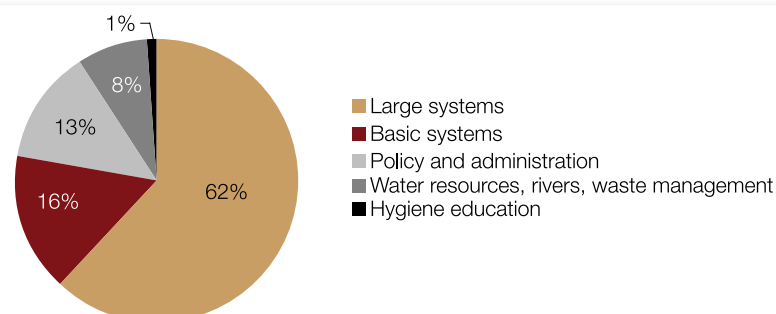


FIGURE 22: Breakdown of aid commitments to drinking-water and sanitation among purpose types, 2008

Source: OECD (2010a)

In 2008, aid commitments for large sanitation and drinking-water systems comprised US\$ 4.6 billion, compared with US\$ 1.2 billion in aid to basic systems (Figure 22). Basic drinking-water systems are defined as drinking-water supply through low-cost technologies such as hand pumps, spring catchment, gravity-fed systems, rainwater collection, storage tanks and small distribution systems; basic sanitation systems are defined as latrines, small-bore sewers and on-site disposal. Large systems include (for drinking-water) treatment, drinking-water conveyance and distribution and (for sanitation) sewerage collection systems and wastewater treatment plants (OECD, 2010b).

Aid for basic sanitation and drinking-water services declined from 27% to 16% of total aid to sanitation and drinking-water over the period 2003–2008

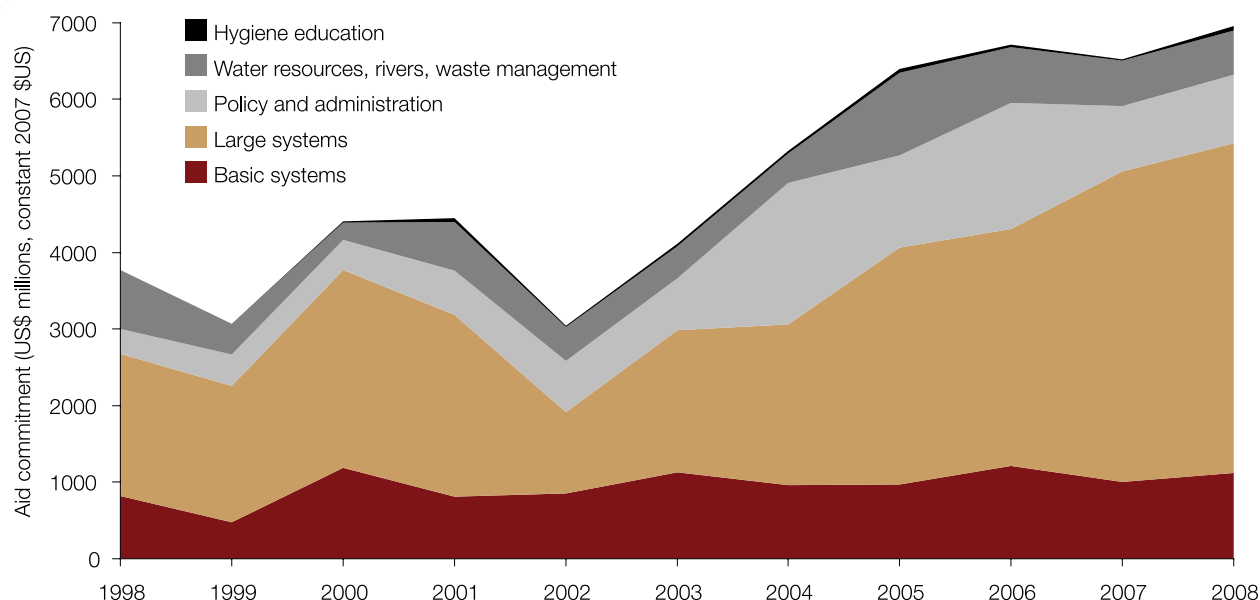


FIGURE 23: Trends in aid commitments to sanitation and drinking-water, among purpose types, 1998–2008

Source: OECD (2010a)

In 2002 and 2003, aid commitments for basic sanitation and drinking-water services averaged US\$ 990 million (constant 2007 \$US) out of an annual average of US\$ 3.6 billion (27%) in aid commitments to sanitation and drinking-water. While overall aid commitments to sanitation and drinking-water rose to US\$ 7.0 billion (i.e. US\$ 7.4 billion in current 2008 \$US) in 2008, aid flows for basic systems remained a relatively constant US\$ 0.8–1.1 billion over the period 2003–2008 and declined as a proportion of overall aid flows (Figure 23).

The median proportion of donor aid to basic sanitation and drinking-water services is 25%

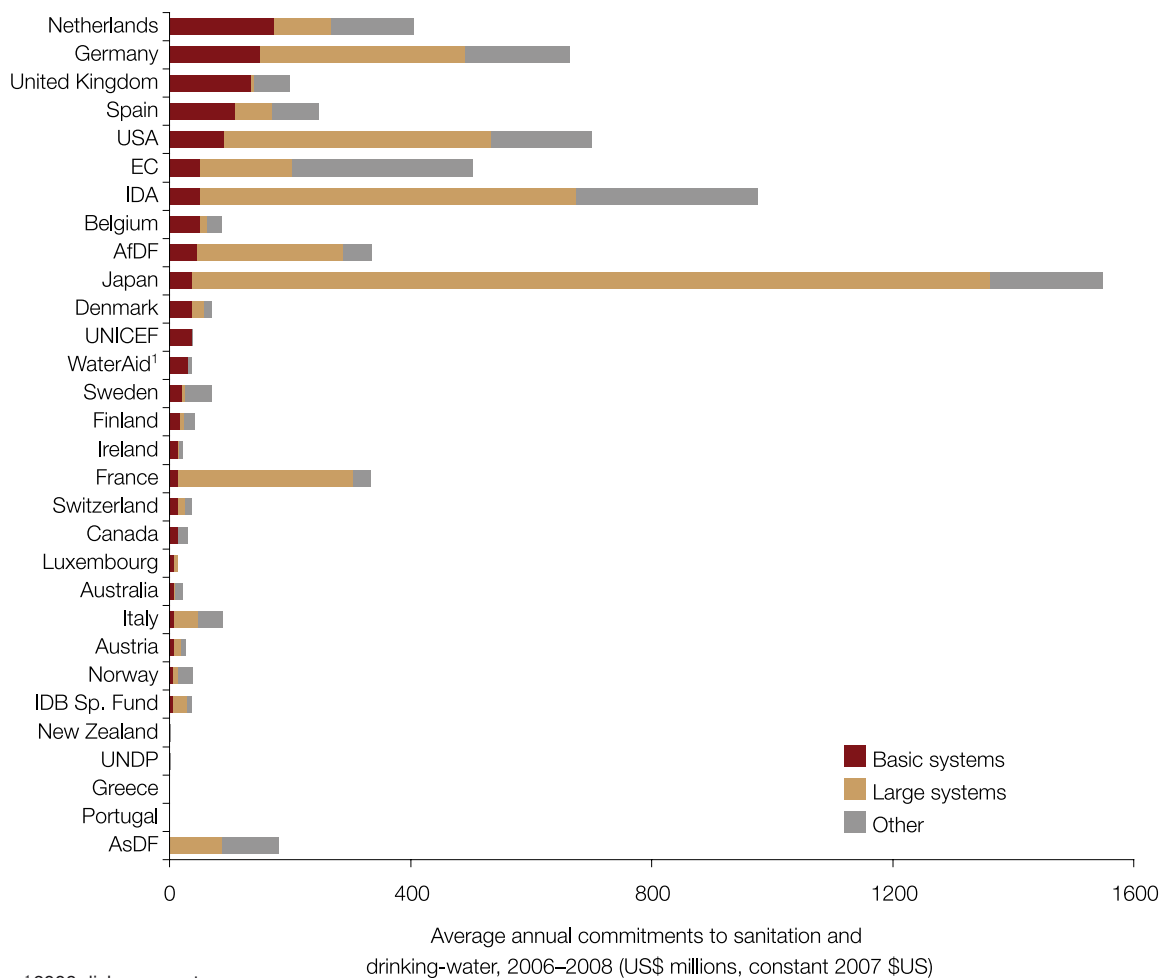


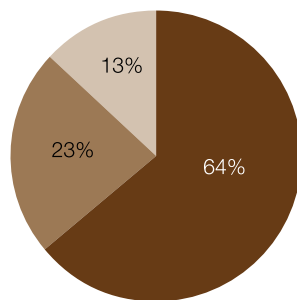
FIGURE 24: Breakdown in aid commitments to sanitation and drinking-water, among purpose types, by external support agency, 2006–2008 annual average
 AfDF, African Development Fund, African Development Bank; AsDF, Asian Development Fund, Asian Development Bank; EC, European Commission; IDA, International Development Association, World Bank; IDB, Inter-American Development Bank; UNDP, United Nations Development Programme
 Source: OECD (2010a)

Figure 24 illustrates that only a few bilateral donors—notably the Netherlands, the United Kingdom, Spain and Denmark—target a significant proportion of aid for basic sanitation and drinking-water services. Other important contributors, in terms of aid amounts to basic services, include Germany and the USA. For the period 2006–2008, the median average annual proportion of donor aid to basic systems was 25%.



PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Data from eight external support agencies show that 77% of their aid to drinking-water and sanitation is disbursed for new services and maintaining or replacing existing services



- New services
- Increase service or treatment levels
- Maintain/replace existing services

FIGURE 25: Breakdown of development aid among project objectives, 2008 (eight external support agencies with disbursements of US\$ 1.1 billion)

Source: 2009–2010 GLAAS external support agency survey results

It is interesting to distinguish the relative proportions of aid funds that are directed towards providing new sanitation and drinking-water services and maintaining or replacing existing services. These funds—as opposed to those used for increasing service or treatment levels—would directly relate to spending towards the achievement of the MDG target and are not clearly broken down by other donor reporting mechanisms. For instance, aid that is categorized as aid for a large water system may be providing a new service where none existed previously (i.e. aid directed at the MDG target), or it may be money directed at upgrading the treatment plant where one already exists (i.e. improving service levels where access already existed). Although only 8 of 27 donors (African Development Bank, Asian Development Bank, BRAC, Denmark, the Netherlands, Portugal, USA and WaterAid) were able to break down disbursements in this manner, the data indicate that 77% of disbursements for these donors were directed to new services or maintaining or replacing existing services (Figure 25).



The relationship between country coverage level and donor aid is weak ... countries with low coverage do not receive higher levels of aid relative to other countries

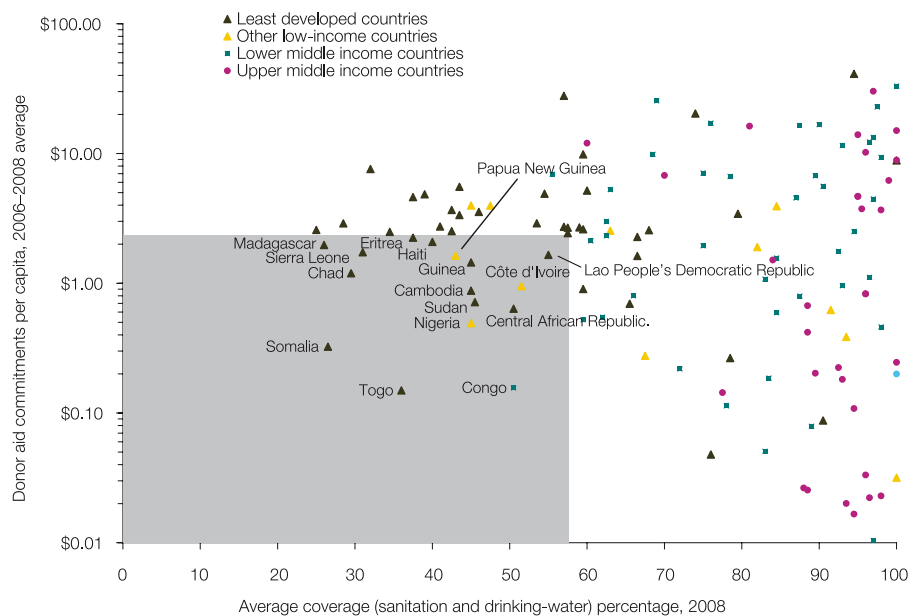


FIGURE 26: Donor aid (average annual commitment, 2006–2008, constant 2007 \$US) per capita versus average coverage in countries, 2008

Sources: OECD (2010a); WHO/UNICEF (2010)

Progress in providing access to sanitation and drinking-water and meeting the MDG target is measured using coverage indicators. As shown previously, coverage indicators are also among the most common factors that affect donor aid priorities and spending. To determine the relationship between donor aid targeting and coverage, recipient aid (average commitments from 2006–2008 reported to OECD) per capita is compared with the average coverage level for sanitation and drinking-water for each aid recipient country. The median donor aid commitment per capita (three-year average) for 2006–2008 for all recipient countries was US\$ 2.26. While 19 countries in the lowest quartile of average coverage received more than the median average commitment per capita, there were 16 that received less than the median average commitment per capita (highlighted in the lower left-hand box on Figure 26).

If a strong relationship between coverage levels and aid amounts existed, one might expect that many more countries with low average coverage would receive higher than the median aid levels. This result also runs counter to evidence that country coverage level is the most important factor for donors when selecting priority countries and indicates the use of several criteria in prioritization decisions.

PRIORITIES, TARGETING AND ADEQUACY OF FINANCIAL FLOWS

Criteria for targeting sanitation and drinking-water funds to unserved and poor populations are generally not developed or applied, especially in sanitation

Equitability considerations for the allocation of resources ensure that poorer regions and more vulnerable people do not fall behind through lack of effective targeting. Although data indicate that large disparities exist in urban/rural coverage and in drinking-water/sanitation financing, they also show that governments have generally not applied or developed criteria or a formula to allocate funding equitably to and within urban/rural communities for sanitation and drinking-water.

As shown in Table 5, a significant disparity in the development of equitability criteria is found between sanitation and drinking-water. Urban drinking-water has progressed the most, with 12 out of 38 countries indicating that equitability criteria had been developed and applied. Urban sanitation has progressed the least, with 3 out of 36 countries indicating that equitability criteria had been developed and applied. Some countries report that equitability criteria have been developed and were being applied for specific projects, but were not applied universally.

Kenya Water and Sanitation Trust Fund uses geographical mapping to identify needs

The Kenya Water and Sanitation Trust Fund relies mainly on a system of geographical poverty mapping combined with a water-specific situation analysis to identify needs. This analysis includes the existing level of investment in water and sanitation infrastructure, access to high-quality water and sanitation coverage levels. However, although the Trust Fund has developed transparent equitability criteria and works specifically in areas with poor water and sanitation services, only a small portion of the resources allocated to water and sanitation in Kenya are channelled through the Trust Fund. The equitability criteria are therefore not universally applied.

TABLE 5: Use of equitability criteria to allocate funds

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	●	●	●	●
Burkina Faso	●	●	●	●
Burundi	●	●	●	●
Cameroon	●	●	●	●
Central African Republic	●	●	●	●
Chad	●	●	●	●
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	●	●	●	●
Lesotho	●	●	●	●
Madagascar	●	●	●	●
Mali	●	●	●	●
Mauritania	●	●	●	●
Mozambique	●	●	●	●
Niger	●	●	-	●
Rwanda	●	●	●	●
Senegal	●	●	●	●
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●●	●●	●●	●●
Togo	●	●	●	●
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	●	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	●	●	●	●
Cambodia	●	●	●	●
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	●	●	●	●
Mongolia	●	●	-	●
Nepal	●	●	●	●
Philippines	●	●	●	●
Thailand	●	●	●	●
Timor-Leste	●	●	-	-
Viet Nam	●	●	●	●
Northern Africa, Western Asia				
Morocco	●	●	●	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	●	●	●	●
Paraguay	●	●	●	●
Progress score	50%	52%	25%	26%
Colour key: Have criteria, or a formula, been determined to allocate funding equitably to and within urban/rural communities for sanitation and drinking-water?				
● Yes, criteria are applied consistently				
● Yes, but criteria are not applied consistently				
● No, criteria are not applied				
- No information				

Source: 2009–2010 CSO and GLAAS country survey results

Twelve out of 20 donors have measured the impact of aid on the poorest populations

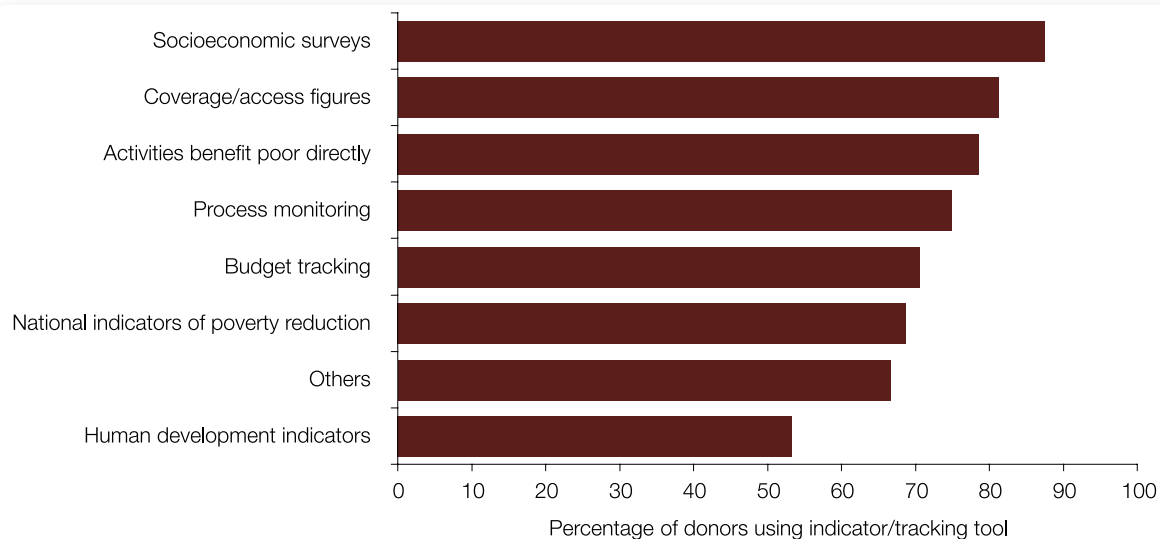


FIGURE 27: Tracking tools used to measure the outcomes of pro-poor policies

Source: 2009–2010 GLAAS external support agency survey results

Measuring progress against donor objectives is a challenge and, for poverty reduction, can involve a number of indicators and tracking tools. Twelve of 20 responding external support agencies have attempted to measure the impact of sanitation and drinking-water aid on the poorest populations. Figure 27 summarizes some common indicators used to measure achievement. Several donors indicated that systematic reviews are not applied, but that aid is aligned and harmonized with country systems and needs and the level of flexibility of other cooperation partners.

Poverty focus and impact measurement are key in German aid monitoring systems

Pro-poor impacts of German development aid are tracked through an obligatory index for each programme that measures the impacts of aid on poverty reduction goals. Indicators for impact measurement are chosen and defined individually for each programme in line with the project objectives. Achievement of objectives is measured through the indicators during each phase of the programme.

Source: 2009–2010 GLAAS external support agency survey results







PART 2

COUNTRY CAPACITY TO SUSTAIN PROGRESS

Governments, in partnership with key stakeholders, have a primary role in creating an environment that enables progressive and equitable improvements in sanitation and drinking-water services. Part 2 of this report looks at the different elements of this enabling environment, such as the policy and institutional arrangements (section 2.1), the capacity to set goals and monitor progress (section 2.2), the budget allocations (section 2.3) and the human resources capacity for sanitation and drinking-water (section 2.4).

KEY OBSERVATIONS

- 2.1 In general, positive trends were reported in policy formulation and implementation; however, 12 out of 38 responding countries do not have a sanitation policy covering both urban and rural areas.
- 2.2 Defining appropriate institutional roles and responsibilities remains a challenge for both sanitation and drinking-water.
- 2.3 Fourteen out of 38 responding countries indicate that needs-based investment programmes are being implemented for both urban and rural drinking-water. Some countries have developed MDG road maps that can be useful as a planning and monitoring tool.
- 2.4 Lack of reliable data, especially at subnational and local levels, was the most common reason cited for the failure to implement investment plans.
- 2.5 Annual reviews, involving a wide group of development partners, are becoming increasingly common, although they sometimes cover only drinking-water.
- 2.6 Most of the funds allocated to rural sanitation are “off budget”.
- 2.7 Some countries rely heavily on donor aid for sanitation and drinking-water. In general, however, the dependence of governments on donor aid needs further assessment.
- 2.8 Most responding countries have addressed human resources in national plans or annual reviews of sanitation and drinking-water, but inadequate budget to hire and retain staff is cited as the main factor affecting human resource levels in both rural sanitation and rural drinking-water.

COUNTRY CAPACITY TO SUSTAIN PROGRESS

2.1 POLICIES AND INSTITUTIONS

It is common that several government agencies, often spread over different public sectors, are responsible for oversight and implementation in sanitation and drinking-water, resulting in fragmented service delivery and overlaps in resource allocation and regulation.

An enabling framework for progress in sanitation and drinking-water involves coordination among government agencies, agreements on objectives, the development of policies or strategies to achieve objectives, and clearly defined roles for each institution and stakeholder group. This can be especially challenging in an environment where some government agencies (e.g. a national water resources board) are dedicated to drinking-water and sanitation, whereas others (e.g. a health ministry or an environmental and natural resources department) devote only a portion of their overall mandate to this area, which may thus be less of a priority to them.

Where government departments or agencies are not guided by a specific policy directed to sanitation and drinking-water, effective and efficient service delivery is particularly difficult to achieve. It is especially challenging in sanitation and hygiene, as there is generally no one agency that is responsible or accountable for all aspects of service delivery.

Twelve out of 38 reporting countries do not have a sanitation policy covering both urban and rural areas, diminishing opportunities for progress

As shown in Table 6, 12 countries out of 38 have not developed a policy that covers both urban and rural sanitation. Policy development and implementation were better for drinking-water, with only 5 countries out of 38 that have not developed a policy for both urban and rural areas. More than half of the countries indicated positive trends in policy development, and none of the country respondents indicated that trends in policy development and implementation efforts were declining.

TABLE 6: Policy adoption and implementation

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	▲	▲	=	=
Burkina Faso	▲	▲	▲	▲
Burundi	=	=	=	=
Cameroon	=	=	=	=
Central African Republic	▲	▲	▲	▲
Chad	=	=	=	=
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	▲	▲	=	=
Lesotho	▲	▲	▲	▲
Madagascar	=	=	=	=
Mali	▲	▲	▲	▲
Mauritania	▲	▲	=	=
Mozambique	●	●	●	●
Niger	▲	▲	-	▲
Rwanda	▲	▲	▲	▲
Senegal	▲	▲	▲	▲
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●●	●●	●●	●●
Togo	▲	▲	=	=
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	-	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	=	=	=	=
Cambodia	▲	▲	=	▲
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	▲	=	▲	=
Mongolia	=	=	=	=
Nepal	▲	▲	▲	▲
Philippines	▲	▲	=	=
Thailand	▲	=	=	=
Timor-Leste	▲	=	▲	=
Viet Nam	▲	▲	▲	▲
Northern Africa, Western Asia				
Morocco	▲	▲	▲	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	▲	▲	▲	▲
Paraguay	=	=	=	=
Progress score	79%	78%	63%	64%
Colour key: Is there a policy agreed by stakeholders and approved by cabinet?				
● Policy agreed by stakeholders, but not gazetted				
● Policy, but not agreed or gazetted				
● No policy				
- No information				
Shape key: Over the past three years, have trends in the adoption and implementation of effective sector policies been worsening, constant or improving?				
▲▲▲ Increasing trend				
= = = No change in trend				
▼▼▼ Decreasing trend				
●●● No trend information				

Source: 2009–2010 CSO and GLAAS country survey results

Defining appropriate institutional roles and responsibilities remains a challenge for both sanitation and drinking-water

Several countries reported significant achievements in the development of workable institutional frameworks. For example, Viet Nam has instituted a Rural Water Supply and Sanitation National Target Programme that provides a clear mechanism to implement policies and scale up new approaches for delivering services, as well as defining clear drinking-water and sanitation targets. In 2008, the Philippines released a Water Supply and Sanitation Roadmap (IASC Philippines, 2008) that outlines overarching strategies for water supply and sanitation with defined roles and targets. Despite these and other achievements, some of the major obstacles to improving the fragmented institutional situation cited by countries include the following:

- Approaches used for developing policies are not coherent and holistic within each ministry.
- Agencies are working independently on specific policy aspects rather than being guided by an overall framework.
- Lead institutions are not defined, especially for sanitation. Table 7 indicates that 10 out of 26 responding sub-Saharan countries have not defined roles in sanitation.
- There is a lack of strategic plans on how targets for drinking-water and sanitation will be met, or for the promotion of hygiene.
- There is low capacity at local levels in terms of oversight and service delivery.



TABLE 7: Definition of institutional roles

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	▲	▲	▲	▲
Burkina Faso	=	▲	=	▲
Burundi	▲	▲	=	=
Cameroon	▲	▲	▲	▲
Central African Republic	▲	▲	▲	▲
Chad	▲	▲	▼	=
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	▲	▲	▼	▼
Lesotho	▲	▲	▲	▲
Madagascar	▲	▲	▲	▲
Mali	▲	▲	▲	▲
Mauritania	▲	▲	=	=
Mozambique	●	●	●	●
Niger	▲	▲	-	▲
Rwanda	▲	▲	▲	▲
Senegal	▲	▲	▲	▲
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	● ●	● ●	● ●	● ●
Togo	=	=	=	=
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	-	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	=	=	=	=
Cambodia	▲	▲	▲	▲
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	▲	▲	▲	▲
Mongolia	=	=	=	=
Nepal	▲	▲	▲	▲
Philippines	▲	▲	▲	▲
Thailand	▲	▲	▲	▲
Timor-Leste	▲	▲	▲	▲
Viet Nam	▲	▲	▲	▲
Northern Africa, Western Asia				
Morocco	▲	▲	▲	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	▲	▲	▲	▲
Paraguay	=	=	=	=
Progress score	72%	72%	67%	58%
Colour key: Are the roles of the institutional stakeholders clearly defined and operationalized?				
● Roles are defined and operationalized				
● Roles are defined but not operationalized				
● Roles are not defined				
- No information				
Shape key: Over the past three years, have the working mechanisms that promote government coordination been declining, constant or improving?				
▲ ▲ ▲ Increasing trend				
= = = No change in trend				
▼ ▼ ▼ Decreasing trend				
● ● ● No trend information				

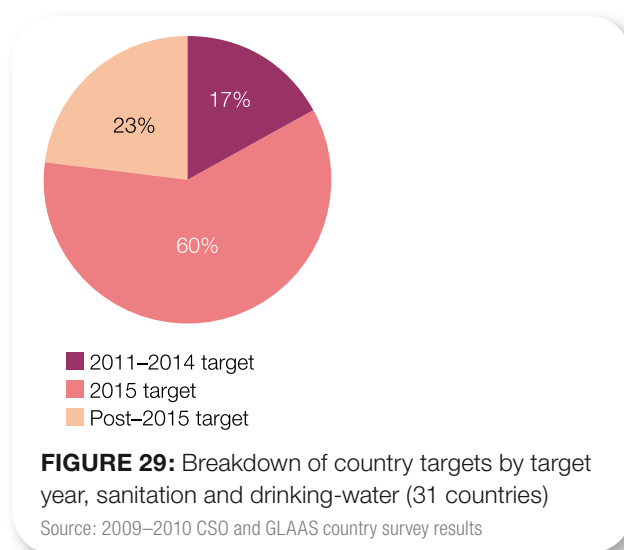
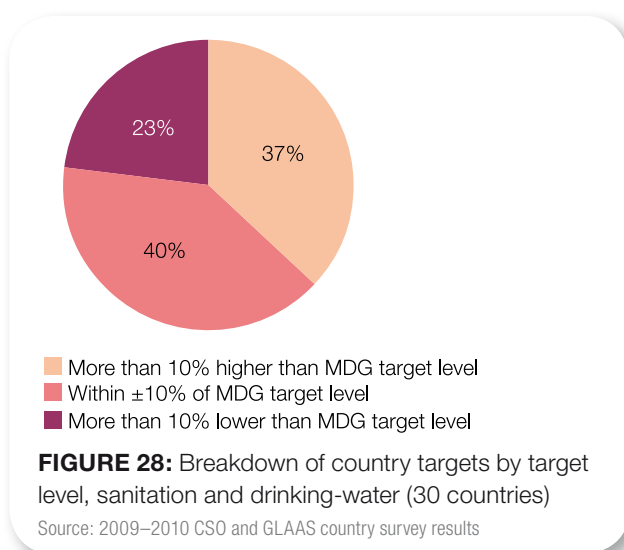
Source: 2009–2010 CSO and GLAAS country survey results

COUNTRY CAPACITY TO SUSTAIN PROGRESS

2.2 SETTING NATIONAL COVERAGE GOALS AND MONITORING PROGRESS

Achieving sustained progress in sanitation and drinking-water includes a cycle of continuous improvement that relies on setting targets, planning to determine how to achieve progress, implementing actions, monitoring actions taken, evaluating achievements and obstacles to progress, and then using the results of the evaluation for planning the next cycle of actions. If one of these activities is ineffective or missing, the level of sustained progress can be lost or diminished. Both status and trends of planning, monitoring and evaluation in sanitation and drinking-water were reported by country respondents.

In many cases, country-defined target levels or time frames differ from those of the MDG target



Development of national sanitation and drinking-water targets and objectives provides a basis for action. A majority (28 out of 38) of countries report that national sanitation and/or drinking-water targets have been established in their poverty reduction strategy or national development plan. While country targets have been established, it is important to understand that these nationally defined targets may not be equivalent to the MDG target at the global level (i.e. “Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation”, with 1990 as a baseline year).

Comparison of national targets with the MDG target is difficult because of the potential differences in how coverage is defined and how baselines are established. Some countries report that they have already attained their access goals, whereas others are projecting longer time frames for meeting goals beyond 2015. Some countries have even targeted a higher per cent access goal than the MDG target (e.g. 90–100%). Figure 28 shows that 40% of country targets are within ±10% of the calculated MDG target, and Figure 29 indicates that 40% of the reported target years are either pre-2015 or post-2015.



Fourteen of 38 responding countries indicate that needs-based investment programmes are being implemented for both urban and rural drinking-water

Investment programmes, such as medium-term expenditure frameworks, capital improvement plans and national strategic development plans, help to improve intergovernmental coordination, predictability and transparency of budgeting and expenditure. The medium-term expenditure framework, for example, consists of a matching of resource envelopes with an estimation of the current and medium-term costs of existing policy.

Surveyed countries were asked about their investment planning processes and mechanisms to coordinate investment in water and sanitation. While a majority of countries indicated that a needs-based investment programme was under preparation or being implemented for urban and rural drinking-water, 7 out of 38 countries indicated that investment programmes did not exist for urban and/or rural drinking-water. Sanitation lags behind drinking-water in this area, as 19 of 38 countries indicated that investment programmes did not exist for urban and/or rural sanitation (Table 8).

Some countries report that they do not have a separate investment plan for water and sanitation, but water and sanitation targets are incorporated in the poverty reduction strategies.

Some countries report having established mechanisms or special programmes to coordinate investment in water and sanitation. For example, Senegal has established the Programme d'eau potable et d'assainissement du Millénaire, a national investment programme, and local priorities are addressed through a planning process called Plan local d'hydraulique et d'assainissement.

Lack of reliable data, especially at subnational and local levels, was the most common reason cited for the failure to implement investment plans.

Source: 2009–2010 CSO and GLAAS country survey results

TABLE 8: Investment programmes

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	●	●	●	●
Burkina Faso	●	●	●	●
Burundi	●	●	●	●
Cameroon	●	●	●	●
Central African Republic	●	●	●	●
Chad	●	●	●	●
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	●	●	●	●
Lesotho	●	●	●	●
Madagascar	●	●	●	●
Mali	●	●	●	●
Mauritania	●	●	●	●
Mozambique	●	●	●	●
Niger	●	●	-	●
Rwanda	●	●	●	●
Senegal	●	●	●	●
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●	●	●	●
Togo	●	●	●	●
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	-	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	●	●	●	●
Cambodia	●	●	●	●
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	●	●	●	●
Mongolia	●	●	●	●
Nepal	●	●	●	●
Philippines	●	●	●	●
Thailand	●	●	●	●
Timor-Leste	●	●	●	●
Viet Nam	●	●	●	●
Northern Africa, Western Asia				
Morocco	●	●	●	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	●	●	●	●
Paraguay	●	●	●	●
Progress score	74%	69%	45%	48%
Colour key: Is there an investment programme for sanitation and drinking-water based on an MDG needs assessment that is published and agreed?				
● Programme is operationalized				
● Programme is under preparation				
● Programme does not exist				
- No information				

Source: 2009–2010 CSO and GLAAS country survey results

COUNTRY CAPACITY TO SUSTAIN PROGRESS

Almost one half of the countries surveyed do not have an annual review process for either drinking-water or sanitation

The capacity of governments to monitor and evaluate the performance of sanitation and drinking-water uptake and services continues to be a concern. Almost half of the countries (17 out of 38 respondents) indicate that an annual review is missing for either sanitation or drinking-water, urban and/or rural (Table 9). Ten of these countries are missing annual reviews for both drinking-water and sanitation.

However, there are some indications that review processes are being established and institutionalized. For example, 19 countries had been through a process of sanitation and/or drinking-water review in the previous 18 months and also had a date set for the next review. For example, Nepal counts among its achievements a national water and sanitation coverage and functional status survey completed in 2008 and a rural water supply and sanitation monitoring and evaluation process established and working.

One of the most common constraints to effective planning, monitoring and evaluation reported by countries was lack of capacity and resources at the local level

Lack of resources for planning, monitoring and evaluation may be a major factor limiting the use of annual reviews in some countries. In addition, less than one half of the responding countries reported that there had been improvement in the availability of human and financial resources for planning, monitoring and evaluation in the previous three years (i.e. 2007–2009).



TABLE 9: Annual review processes

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	=	▲	▲	▲
Burkina Faso	▲	▲	▲	▲
Burundi	●	●	●	●
Cameroon	=	=	=	=
Central African Republic	▲	▲	▲	▲
Chad	=	=	=	=
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	=	=	=	=
Lesotho	=	=	=	=
Madagascar	=	=	=	=
Mali	▲	▲	▲	▲
Mauritania	▲	▲	▲	▲
Mozambique	●	●	●	●
Niger	▲	▲	-	▲
Rwanda	▲	▲	▲	▲
Senegal	▲	▲	▲	▲
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●●	●●	●●	●●
Togo	=	●	=	●
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	-	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	●	●	●	●
Cambodia	▲	▲	=	=
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	▲	▲	▲	▲
Mongolia	=	=	=	=
Nepal	▲	▲	▲	▲
Philippines	▲	▲	=	=
Thailand	▲	▲	▲	▲
Timor-Leste	▲	▲	▲	▲
Viet Nam	●	=	▲	=
Northern Africa, Western Asia				
Morocco	▲	▲	▲	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	=	=	▼	▼
Paraguay	=	=	=	=
Progress score	68%	60%	43%	41%
Colour key: Is there an annual review in place to monitor performance in drinking-water and sanitation, and is it used to set new targets/undertakings?				
●	Review and setting of new undertakings			
●	Review, but no setting of new undertakings			
●	No review or setting of new undertakings			
-	No information			
Shape key: Over the past three years, has the effectiveness of the review process in aiding planning been decreasing, constant or increasing?				
▲ ▲ ▲	Increasing trend			
= = =	No change in trend			
▼ ▼ ▼	Decreasing trend			
● ● ●	No trend information			

Source: 2009–2010 CSO and GLAAS country survey results

2.3 BUDGETS AND EXPENDITURES

Publicizing sanitation and drinking-water budgets establishes transparency and enables stakeholders to identify priorities, funding sources and potential funding gaps. Some financial information is available for central government and external donors, but it is difficult to report on subnational and local government expenditures. Further, because funding for sanitation and hygiene is often spread over several different institutions, budget data were less available for sanitation and hygiene than for drinking-water.

Most of the funds allocated to rural sanitation are “off budget” or are combined with other budgets, such as water or health

It is easier for countries to track expenditures and monitor outcomes if resources (internal and external) allocated to sanitation and drinking-water are reflected in the government budget (i.e. “on budget”). This is particularly important for countries with a large number of sanitation and drinking-water donors, in order to ensure that investments are in accordance with priorities identified in the investment plans.

Budget transparency is lacking in sanitation and drinking-water. Twenty-one out of 37 country respondents indicated that less than 50% of investment in rural sanitation is “on budget” (Table 10). Both urban and rural drinking-water budgets are more transparent than those for sanitation, but transparency was still lacking, with nearly one third (11 out of 37) of countries indicating that less than 50% of investment was “on budget”. A few countries did not have separate budget lines for water and sanitation, making it difficult to track resource allocations.

Mozambique gets donor projects “on budget”

From 2006 onwards, the Government of Mozambique began placing all significant donor projects in all sectors “on budget”. This did not mean that the funds were being spent through government channels; instead, it indicated that the funds were accounted for in the budget and would be reported upon as though they were part of the national budget.

Source: 2009–2010 CSO and GLAAS country survey results

TABLE 10: Budget transparency

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	●	●	●	●
Burkina Faso	●	●	●	●
Burundi	●	●	●	●
Cameroon	●	●	●	●
Central African Republic	●	●	●	●
Chad	●	●	●	●
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	●	●	●	●
Lesotho	●	●	●	●
Madagascar	●	●	●	●
Mali	●	●	●	●
Mauritania	●	●	●	●
Mozambique	●	●	●	●
Niger	●	●	-	●
Rwanda	●	●	●	●
Senegal	●	●	●	●
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●	●	●	●
Togo	●	●	●	●
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	●	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	-	-	●	●
Cambodia	●	●	●	●
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	●	●	●	●
Mongolia	●	●	●	●
Nepal	●	●	●	●
Philippines	●	●	●	●
Thailand	●	●	●	●
Timor-Leste	●	●	●	●
Viet Nam	●	●	●	●
Northern Africa, Western Asia				
Morocco	●	●	●	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	●	●	●	●
Paraguay	●	●	●	●
Progress score	62%	60%	45%	27%
Colour key: Does the government budget comprehensively cover domestic and official donor investment/subsidy?				
● More than 75% of funds on budget				
● Between 50% and 75% of funds on budget				
● Less than 50% of funds on budget				
- No information				

Source: 2009–2010 CSO and GLAAS country survey results

COUNTRY CAPACITY TO SUSTAIN PROGRESS

Government absorption of donor funds is greater than 50% in three quarters of responding countries

Government rates of absorption of donor commitments are affected by a number of factors. These range from the quality and efficiency of country or donor procurement systems to the availability of equipment and skilled human resources to local conditions. While 13 out of 38 countries reported the same government absorption rates across sanitation and drinking-water (e.g. Kenya, Bangladesh, Paraguay), a country's ability to absorb funds is also shown to vary widely among urban and rural projects and among sanitation and drinking-water projects (e.g. Burkina Faso, Madagascar, Mongolia) (Table 11).

More than three quarters of country respondents indicated that they used over 50% of official donor commitments in sanitation and drinking-water, both urban and rural (Table 11).

TABLE 11: Absorption rates of development aid

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	●	●	●	●
Burkina Faso	●	●	●	●
Burundi	●	●	●	●
Cameroon	●	●	●	●
Central African Republic	●	●	●	●
Chad	●	●	●	●
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	●	●	●	●
Lesotho	●	●	-	●
Madagascar	●	●	●	●
Mali	●	●	●	●
Mauritania	●	●	●	●
Mozambique	●	●	●	●
Niger	●	●	-	●
Rwanda	●	●	●	●
Senegal	●	●	●	●
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●●	●●	●●	●●
Togo	●	●	●	●
Uganda	●	●	●	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	●	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	●	●	●	●
Cambodia	●	●	-	●
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	●	●	●	●
Mongolia	●	●	●	●
Nepal	●	●	●	●
Philippines	●	●	●	●
Thailand	●	●	●	●
Timor-Leste	●	●	●	●
Viet Nam	●	●	●	●
Northern Africa, Western Asia				
Morocco	●	●	●	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	●	●	●	●
Paraguay	●	●	●	●
Progress score	66%	55%	59%	61%
Colour key: What is the percentage of official donor commitments utilized (three-year average)?				
● Over 75% used				
● Between 50% and 75% used				
● Less than 50% used				
- No information				

Source: 2009–2010 CSO and GLAAS country survey results



The predictability of donor financing in sanitation and drinking-water is generally perceived to be improving

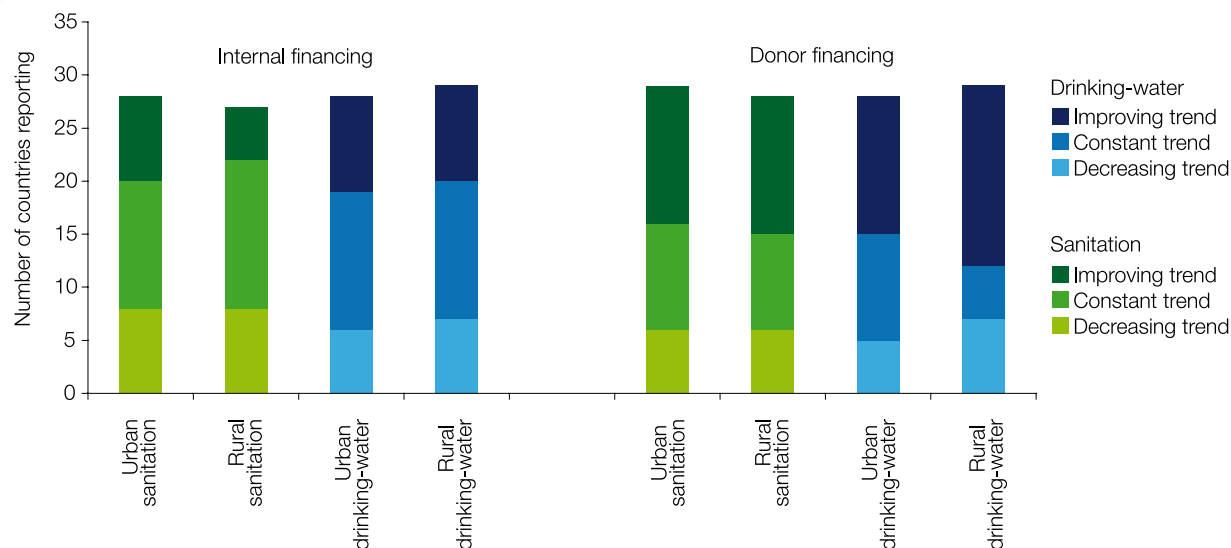


FIGURE 30: Predictability trends of internal government financing and donor financing, sanitation and drinking-water, urban and rural areas, 2007–2009 (27 countries)

Source: 2009–2010 CSO and GLAAS country survey results

Effective financial planning and implementation require that the flow of resources be predictable. Erratic funding flows impede the implementation of investment plans and frequently lead to time and cost overruns. Countries were asked about the predictability of internal government financing and external donor funding.

External donor financing predictability was generally perceived to be improving in nearly one half of the responding countries (Figure 30). Internal financing predictability was more often perceived as decreasing compared with external support agency financing, but it was most often perceived to be relatively constant over the preceding three years (2007–2009).

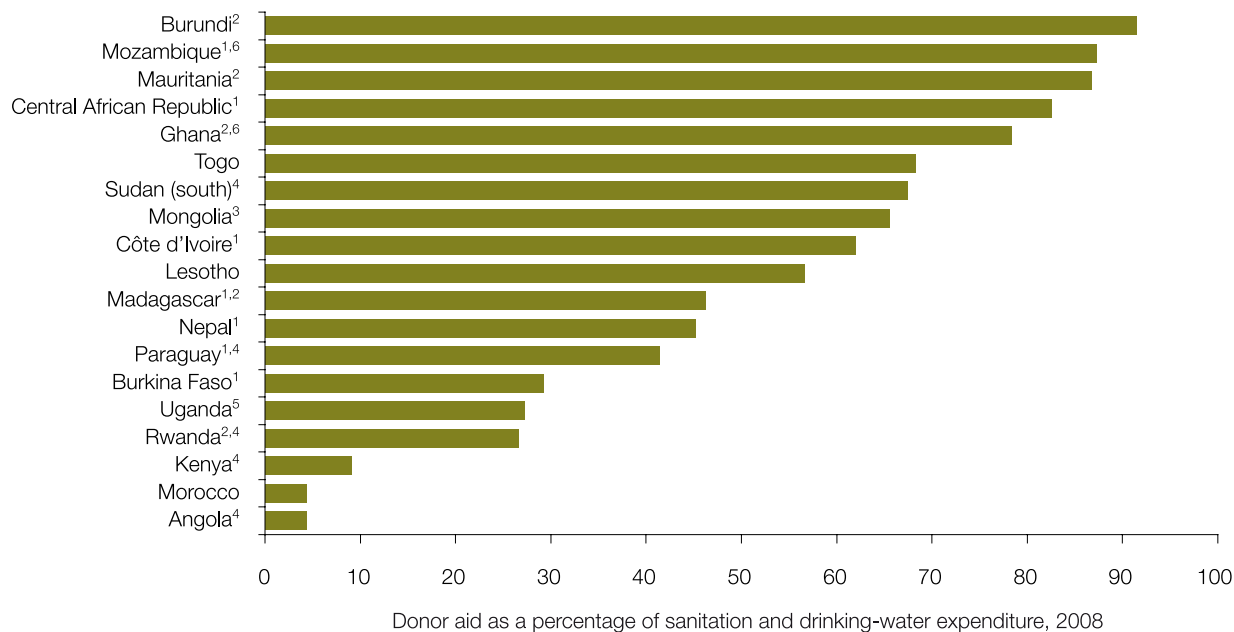
Sources of financing

The sources of financing for sanitation and drinking-water come from 1) domestic budget allocations at the central and local levels, 2) household expenditures, 3) private sector investments and 4) foreign aid. Information on some of these sources is either not available or very difficult to access. Nevertheless, it is critical to understand the total amount of financing for sanitation and drinking-water and, therefore, the possible gap between needs and available funding.



COUNTRY CAPACITY TO SUSTAIN PROGRESS

Some countries rely heavily on donor funding for sanitation and drinking-water



¹ Does not include regional or local government expenditures. ⁴ 2009 anticipated expense.
² Figures available for drinking-water only. ⁵ No urban sanitation utility.
³ Figures available for sanitation only. ⁶ Capital investment only.

FIGURE 31: Donor aid as a percentage of expenditure (government and external aid sources) on drinking-water and sanitation, 2008

Source: 2009–2010 CSO and GLAAS country survey results

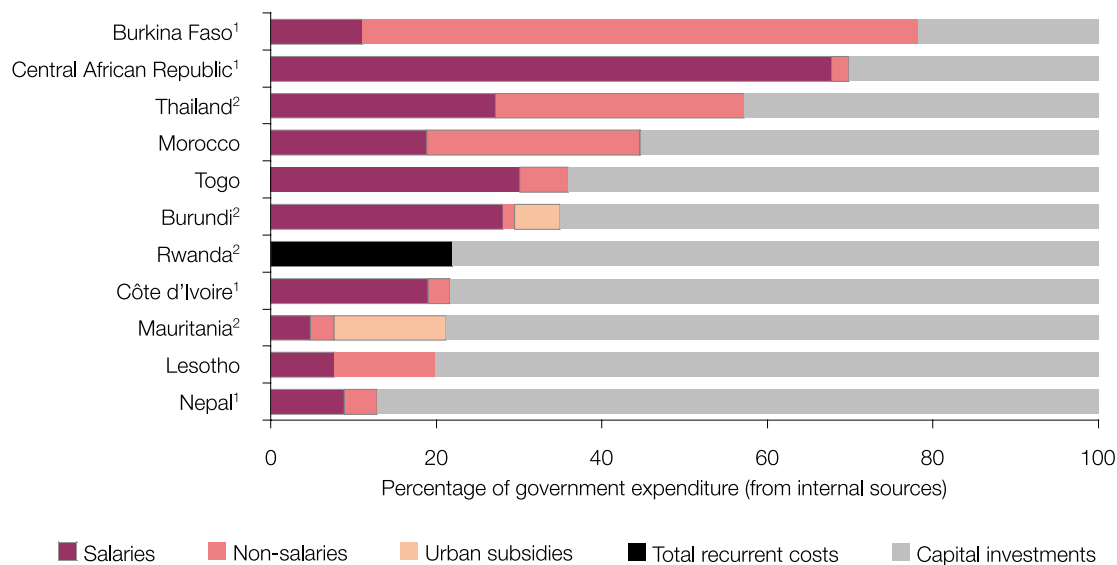
Where donor aid levels in a particular country are a high proportion of investment in drinking-water and sanitation, there may be concerns, substantiated or not, about excessive donor influence over policy and institutional development, planning or implementation, long-term sustainability, given the possibility of donors not continuing to provide funding, government prioritization and governments' commitment to geographical areas. Eighteen countries and southern Sudan provided information regarding financing for sanitation and/or drinking-water, as well as donor funding levels. A wide range of potential donor dependency is shown, where donor aid as a proportion of expenditure on sanitation and drinking-water ranged from 4% to 91% (Figure 31).

Donor aid to Mozambique nearly 90% of total investment in sanitation and drinking-water

Sanitation and drinking-water in Mozambique are heavily dependent on donor aid to keep pace with rapid urbanization and economic growth. They received an average of US\$ 120 million in external development aid per year over the period 2003–2008. The largest donors include the Netherlands, the African Development Bank, the European Commission, the USA, the World Bank, Sweden and Italy (OECD, 2010a).

The Netherlands, for example, has engaged in programmatic support that goes directly to the National Directorate of Water and generally can be used for any budgeted purpose. Most remaining aid is disbursed through projects, and much of that, especially that portion coming from the international development banks, is disbursed through the public finance system, although with some donor discretion. Mozambique also recently signed a five-year US\$ 500 million compact with the Millennium Challenge Corporation, of which US\$ 200 million is specifically targeted towards increasing access to safe drinking-water and sanitation services. Projects will include water supply and sanitation services in six cities in the provinces of Zambézia, Nampula and Cabo Delgado; water supply in two mid-sized towns in Nampula and Cabo Delgado provinces; rural water supply services covering 600 water points in Nampula and Cabo Delgado provinces; and capacity building of local institutions and policy development (MCC, 2009).

Government spending on recurrent costs for 11 responding countries ranges from 13% to 78% of expenditures on sanitation and drinking-water



¹ Does not include regional or local government expenditures.

² Figures available for drinking-water only.

FIGURE 32: Breakdown of government spending on recurrent costs and capital expenditures, 2008

Source: 2009–2010 CSO and GLAAS country survey results

While the need for capital investment for new systems is often emphasized, there are significant costs associated with human resources and operation and maintenance to ensure that existing systems are kept functional. As use of improved sanitation and drinking-water sources increases in the future, it will become increasingly important to better understand how funding is being allocated between capital investment and recurrent costs, as well as what portion of recurrent costs is used for salaries.

Responding countries were requested to provide a detailed breakdown of expenditures on drinking-water and sanitation in terms of recurrent costs—i.e. salaries, non-salaries, urban recurrent subsidies to utilities—and capital expenditures by central government, utility, local government and donor sources. Only one half of the countries responding to the financial portion of the survey questionnaire could provide a partial breakdown. Four respondents provided data only for drinking-water, and three respondents were unable to provide estimates of regional or local government expenditures. Nevertheless, the breakdown of expenditures into capital expenses and recurrent expenses from 11 countries was calculated from the partial data, and the contribution of recurrent expenses to total expenditures ranged from 13% to 78% (Figure 32). Note that only internal sources of financing for government expenditure are shown on Figure 32 (i.e. the figure excludes expenditures made from donor sources).





COUNTRY CAPACITY TO SUSTAIN PROGRESS

2.4 HUMAN RESOURCES DEVELOPMENT

Even where national strategies are well developed, government institutions are well coordinated and adequate financing is available, progress in sanitation and drinking-water may still be limited by the lack of adequately trained, capable staff and a work environment conducive to effective outputs. Further, lack of trained staff may affect the capacity of countries to use internal and external financing for related projects. Increased knowledge concerning human resource capacity and working environment, both globally and at country level, can provide an insight into the reasons for slow uptake of services and can help in targeting technical support, including assistance with education and training efforts.

In the responses to the survey questionnaire, countries indicated several obstacles with regards to numbers, skills and deployment of human resources in drinking-water and sanitation that had generally been experienced in the preceding three years, including:

- inability to attract and retain staff as a result of:
 - inadequate budgets and salaries at all government levels;
 - limited opportunities for trained professionals;
 - poor incentives for staff retention;
 - insecurity in some areas;
 - the perception of sanitation and drinking-water as a non-attractive area of work;
- lack of training;
- failure to implement recommendations of institutional and organizational studies;
- inability to retain trained staff after completion of specific projects for which capacity building had been conducted;
- limitation or prohibition of filling vacant government positions by government streamlining policy;
- external factors, such as an ageing workforce (rural water supply).

Human resource barriers are limited not only to educational levels and shortages of qualified applicants, but also to equipping the existing human resources with the necessary “soft” skills (e.g. project management, leadership skills, people management) to perform their roles. Also affecting human resources deployment and effectiveness is an organization’s overall capacity, which depends critically on the existence of processes, equipment, internal policies and finance to achieve its objectives.



Two thirds of responding countries have fully addressed human resources in national plans or annual reviews of drinking-water and sanitation

As an important step in evaluating the adequacy of human resources, 20 out of 29 responding countries have addressed human resources in national strategies or annual reviews for both drinking-water and sanitation (Table 12). For example:

- In Senegal, organizational studies have been conducted to assess the impact on personnel of proposed development schemes, including a proposal to reorganize government institutions to facilitate the transfer of responsibility for maintaining borehole equipment to the private sector in rural areas.
- In Thailand, a human resources plan for the Metropolitan Waterworks Authority helps to control the number of staff in line with budget limits, but sufficient to render services to Metropolitan Waterworks Authority customers. There are stipulated core competency levels for every position, and training programmes for management and services are provided, which encourage all Metropolitan Waterworks Authority personnel to develop professional and leadership skills.



TABLE 12: Human resources planning

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	-	-	-	-
Benin	●	●	●	●
Burkina Faso	●	●	●	●
Burundi	●	●	●	●
Cameroon	●	●	●	●
Central African Republic	●	●	●	●
Chad	●	●	●	●
Côte d'Ivoire	-	-	-	-
Democratic Republic of the Congo	-	-	-	-
Ethiopia	-	-	●	●
Ghana	-	-	-	-
Kenya	●	●	-	-
Lesotho	●	●	●	●
Madagascar	●	●	●	●
Mali	●	●	●	●
Mauritania	●	-	●	-
Mozambique	-	-	-	-
Niger	●	●	●	●
Rwanda	●	●	●	●
Senegal	●	●	●	●
Sierra Leone	-	-	-	-
South Africa	-	-	-	-
Sudan (south/north)	--	--	--	--
Togo	●	●	●	●
Uganda	-	-	-	-
United Republic of Tanzania	-	-	-	-
Zimbabwe	-	-	-	-
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	●	●	●	●
Cambodia	●	●	●	●
Indonesia	-	-	-	-
Kazakhstan	●	●	●	●
Lao People's Democratic Republic	●	●	●	●
Mongolia	●	●	●	●
Nepal	●	●	●	●
Philippines	●	●	●	●
Thailand	●	●	●	●
Timor-Leste	-	-	-	-
Viet Nam	●	●	●	●
Northern Africa, Western Asia				
Morocco	●	●	●	●
Oman	●	●	●	●
Latin America and the Caribbean				
Honduras	●	●	●	●
Paraguay	●	●	●	●
Progress score	79%	74%	82%	74%
Colour key: Are human resources addressed in national strategies or in annual sector reviews?				
● Yes				
● No				
- No information				

Source: 2009–2010 CSO and GLAAS country survey results

COUNTRY CAPACITY TO SUSTAIN PROGRESS

Opportunities for in-country education and training exist in 24 out of 29 responding countries

Twenty-four out of 29 responding countries indicated that one or more opportunities for training and education exist in-country (Table 13). In Nepal, a central human resources development unit acts as a drinking-water and sanitation training centre. In Burkina Faso, institutions and schools, such as the Regional Centre for Low Cost Water Supply and Sanitation (CREPA) and the International Institute of Water and Environmental Engineering, help to provide solid relevant technical skills.

In Cambodia, the Department of Rural Water Supply works closely with the Technical Institute of Cambodia, the Royal University of Phnom Penh and Resource Development International (an NGO) for development of water quality improvement and arsenic monitoring systems and has trained technical staff from seven provinces.

Regional Centre for Low Cost Water Supply and Sanitation (CREPA)

The Regional Centre for Low Cost Water Supply and Sanitation (CREPA) was established within the framework of the International Water Supply and Sanitation Decade (1981–1990). It is one of the African centres of the International Training Network for Water and Waste Management. Created in 1988, CREPA specializes in research and training for the promotion of appropriate technologies for water, sanitation and hygiene and the participatory development of related policies. It is a resource and reference centre for water, sanitation and hygiene. CREPA is a multistate institution, with 17 members—the Francophone and Lusophone countries of western and central Africa. Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Gabon, Guinea, Guinea Bissau, Mali, Mauritania, Niger, Rwanda, Senegal, Chad and Togo are all members. The organization is based in Burkina Faso.

Source: CREPA (2007)

TABLE 13: Education and training

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	-	-	-	-
Benin	=	=	▲	▲
Burkina Faso	▲	▲	▲	▲
Burundi	▲	▲	=	▲
Cameroon	▼	▼	▼	▼
Central African Republic	▼	▼	▼	▼
Chad	=	=	▼	▼
Côte d'Ivoire	-	-	-	-
Democratic Republic of the Congo	-	-	-	-
Ethiopia	-	-	▲	▲
Ghana	-	-	-	-
Kenya	=	=	-	-
Lesotho	=	=	=	=
Madagascar	=	=	=	=
Mali	=	=	=	=
Mauritania	=	=	=	=
Mozambique	-	-	-	-
Niger	▼	▼	▼	▼
Rwanda	▲	▲	▲	▲
Senegal	▲	=	▲	=
Sierra Leone	-	-	-	-
South Africa	-	-	-	-
Sudan (south/north)	--	--	--	--
Togo	=	=	=	●
Uganda	-	-	-	-
United Republic of Tanzania	-	-	-	-
Zimbabwe	-	-	-	-
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	▲	▲	▲	▲
Cambodia	▲	▲	=	=
Indonesia	-	-	-	-
Kazakhstan	▼	▼	▼	▼
Lao People's Democratic Republic	▲	▲	▲	▲
Mongolia	=	=	=	=
Nepal	=	=	=	=
Philippines	=	=	▲	▲
Thailand	▲	=	=	▲
Timor-Leste	-	-	-	-
Viet Nam	▲	=	-	=
Northern Africa, Western Asia				
Morocco	▲	=	▲	=
Oman	▲	▲	▲	▲
Latin America and the Caribbean				
Honduras	=	=	=	=
Paraguay	▼	▼	▼	▼
Progress score	71%	68%	81%	71%
Colour key: Are there in-country education and training institutions for drinking-water and sanitation professionals?				
● Yes				
● No				
- No information				
Shape key: Over the past three years, have the opportunities for education and training of staff and field workers been declining, constant or increasing?				
▲ ▲ ▲ Increasing trend				
= = = No change in trend				
▼ ▼ ▼ Decreasing trend				
● ● ● No trend information				

Source: 2009–2010 CSO and GLAAS country survey results

Inadequate budget to hire and retain staff is most often cited as the main factor affecting human resource levels in both rural drinking-water and rural sanitation and hygiene

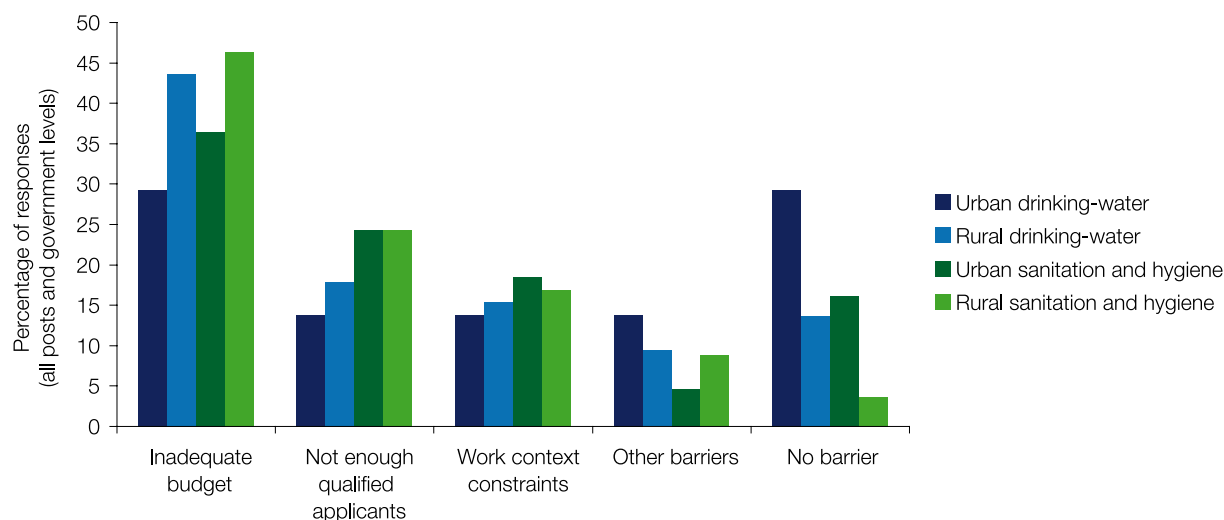


FIGURE 33: Most prevalent reasons for staff shortages cited by countries, percentage of responses

Source: 2009–2010 CSO and GLAAS country survey results

Country survey respondents were asked to identify the most critical factor affecting the adequacy of human resource levels in drinking-water and sanitation at several levels of government and for three separate professions (professionals, technical/skilled workers and hygiene promoters). For both rural drinking-water and rural sanitation and hygiene, inadequate budget to hire and retain staff was viewed as the most limiting factor affecting human resources for all government levels and staff professions (Figure 33). In urban drinking-water and sanitation, fewer barriers to human resources were perceived, with nearly 29% of the responses indicating that there were no perceived barriers to hire and retain staff in the urban drinking-water setting and 16% of responses indicating no perceived barriers in the urban sanitation setting. In those areas where perceived human resource barriers existed in urban settings, inadequate budget was cited as the most prevalent factor.

Sustainability-enhancing activities

The country survey tried to capture aspects of sustainability. Responding countries were assessed on the basis of sustainability parameters in each separate sanitation and drinking-water area (urban and rural). In general, sustainability got low scores, signifying that, even if countries do achieve the MDG target, sustaining progress will continue to be an issue.

Among the four areas, urban water supply scored highest on sustainability. About 40% of the responding countries reported the existence of autonomous urban water utilities that accessed commercial finance and had a regular system of tariff review. Senegal, Burkina Faso, Côte d'Ivoire and Mozambique all reported the existence of strong urban water utilities. The Société de Distribution d'Eau de la Côte d'Ivoire, the urban water utility for Côte d'Ivoire, reported a collection efficiency of 98% for private subscribers, high productivity rates (with 2.7 employees per 1000 subscribers) and low water production costs.

Sustainability across the other three areas was calculated in a similar way and was more or less equivalent. Importantly, countries flagged the deteriorating quality of water resources as a factor likely to affect the sustainability of both rural and urban drinking-water.



PART 3

PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

The landscape of the different stakeholders in sanitation and drinking-water is very complex at national, regional and global levels. Therefore, stakeholder collaboration, coordination, harmonization and mutual accountability become critically important to achieve and sustain progress. Part 3 of this report looks at the effectiveness of stakeholder coordination and harmonization (section 3.1), aid channelling and alignment (section 3.2) and mechanisms for mutual accountability (section 3.3).

KEY OBSERVATIONS

- 3.1 Stakeholder participation in planning, budgeting and implementing programmes in drinking-water and especially sanitation is a challenge.
- 3.2 Aid is increasingly untied, and the majority of it is in the form of long-term commitments of five years or more.
- 3.3 Donor coordination and harmonization are essential, especially considering that the majority of responding countries receive sanitation and water aid from 10 or more donors.
- 3.4 Eleven donors have specific goals for their aid to result in increased coverage for sanitation and drinking-water. Assuming these targets are met, these donors would directly support governments to provide new access to drinking-water and sanitation for an equivalent of over 100 million persons annually.
- 3.5 At the same time, 17 responding countries plan to reach a total of 73 million additional persons with improved sanitation and/or drinking-water by 2014.
- 3.6 Five-year disbursements of aid to sanitation and drinking-water are equivalent to 71% of five-year commitments, assuming a one-year time lag between the two.

PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

Sanitation and Water for All: A Global Framework for Action

Sanitation and Water for All: A Global Framework for Action, launched in September 2008, is an initiative of national governments, external support agencies, civil society organizations and other development partners working together to increase political will and improve aid effectiveness for water supply and sanitation. The initiative will serve as a platform to:

- put sanitation and water firmly on the global agenda at the highest political levels;
- enable the development and implementation of actionable national plans;
- improve aid targeting and effectiveness through harmonization and alignment;
- encourage national governments to increase budget allocations for basic water and sanitation services;
- assist in identifying outstanding financing gaps and the sources of funds to narrow those deficits;
- mobilize additional resources and use existing resources more effectively;
- improve information for better decision-making;
- promote mutual accountability between external support agencies and recipient governments and between governments and their people.

Source: UNICEF (2009)



3.1 STAKEHOLDER COORDINATION AND HARMONIZATION

Consultation and coordination with local stakeholders and donor aid partners are crucial to ensure that policies, legal frameworks, monitoring reviews, reforms, budgets, expenditure priorities and resource planning are reviewed and fully owned by stakeholders and that users receive the services that they want and are willing to pay for. Coordination can be promoted through various institutional frameworks or processes at local, national and regional levels.

Local stakeholder participation in planning, budgeting and implementing programmes is a challenge

As Table 14 suggests, procedures to support local stakeholder participation in planning, budgeting and implementing programmes have not been systematically applied, especially in urban and rural sanitation, where the great majority of countries indicated that either there are no procedures or procedures are usually not implemented.

TABLE 14: Local stakeholder participation

	Drinking-water		Sanitation	
	Urban	Rural	Urban	Rural
Sub-Saharan Africa				
Angola	●	●	●	●
Benin	▲	▲	▲	▲
Burkina Faso	▲	▲	▲	▲
Burundi	▲	-	=	=
Cameroon	▲	▲	▲	▲
Central African Republic	▲	▲	▲	▲
Chad	▲	▲	=	-
Côte d'Ivoire	●	●	●	●
Democratic Republic of the Congo	●	●	●	●
Ethiopia	-	-	-	-
Ghana	●	●	●	●
Kenya	▲	▲	=	=
Lesotho	▲	▲	▲	▲
Madagascar	▲	▲	▲	▲
Mali	▲	▲	▲	▲
Mauritania	▲	▲	=	=
Mozambique	●	●	●	●
Niger	▲	▲	-	▲
Rwanda	▲	▲	▲	▲
Senegal	▲	▲	▲	▲
Sierra Leone	●	●	●	●
South Africa	●	●	●	●
Sudan (south/north)	●●	●●	●●	●●
Togo	=	▲	=	=
Uganda	●	▲	-	●
United Republic of Tanzania	●	●	●	●
Zimbabwe	●	●	●	●
Southern Asia, South-eastern Asia, Eastern Asia, CIS				
Bangladesh	▲	▲	-	▲
Cambodia	▲	▲	▲	▲
Indonesia	-	-	-	-
Kazakhstan	-	-	-	-
Lao People's Democratic Republic	▲	▲	▲	▲
Mongolia	=	=	=	=
Nepal	▲	▲	▲	▲
Philippines	▲	▲	=	=
Thailand	▲	=	-	=
Timor-Leste	▲	▲	-	▲
Viet Nam	▲	=	▲	=
Northern Africa, Western Asia				
Morocco	▲	▲	▲	-
Oman	-	-	-	-
Latin America and the Caribbean				
Honduras	▲	▲	▲	▲
Paraguay	=	=	=	=
Progress score	44%	60%	27%	49%
Colour key: Are there clearly defined procedures for informing, consulting with and supporting local participation in planning, budgeting and implementing programmes?				
● Yes, and procedures are systematically applied				
● Yes, but procedures are not systematically applied				
● No procedures are in place				
- No information				
Shape key: Over the past three years, has the working of mechanisms that promote multistakeholder coordination been worsening, constant or improving?				
▲▲▲ Increasing trend				
= = = No change in trend				
▼▼▼ Decreasing trend				
●●● No trend information				

Source: 2009–2010 CSO and GLAAS country survey results



PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

Donor coordination and harmonization are essential, especially in those countries with a high number of donors

Donors were asked to report on their efforts to coordinate with other donors and to harmonize their activities with national counterparts. Table 15 shows that the majority of the GLAAS responding countries are receiving sanitation and water aid from 10 or more donors, with Ethiopia and Mozambique at the top, with 20 donors. Donor coordination and harmonization, as per the Paris Declaration on Aid Effectiveness (OECD, 2008), therefore become essential. In fact, national coordination and harmonization platforms exist in many countries in different forms: for example, donors and governments can work jointly through an approach applicable to the entire drinking-water and sanitation area, as is implemented in South Africa, or through programmatic approaches that support one or more aspects of drinking-water and sanitation, as in Lesotho and Zambia. Objectives of coordination mechanisms can vary as well, such as in Jordan, where information exchange is the main focus of the platform's activities, and elsewhere, as in Zambia and Kenya, where partners and donors commit to undertake joint reviews of drinking-water and sanitation.

"Prior to the formulation and implementation of projects/activities, Japan organizes a series of dialogues with partner governments to elaborate the mid-term rolling-plans and cooperation programs. Through this dialogue and planning process, it is assured that the projects/activities are aligned and coordinated with partner governments' policies/priorities and other donors' activities." – *Japan response to 2009–2010 GLAAS external support agency questionnaire.*

The European Union (EU) Code of Conduct on Complementarity and Division of Labour in Development Policy

"In 2007, the EU Council approved the 'Code of Conduct on Complementarity and Division of Labour in Development Policy' to reinforce the complementarity of donor activities. It includes, among other things, guidance on the maximum number of active donors per country per sector, lead donor arrangements, the establishment of priority countries and the problem of 'orphaned' or neglected countries."

Source: EUWI-AWG (2008)

Libreville Declaration on Health and Environment in Africa

Parallel to donor coordination efforts, such as the EU Code of Conduct, there are also regional or national processes that aim to create strategic synergies between sectors. One example is the Libreville Declaration on Health and Environment in Africa (signed in Libreville, Gabon, 2008), where the 53 signatory countries agree to establish a strategic alliance between the sectors of health and environment, including the areas of sanitation and water supply (<http://www.unep.org/health-env/pdfs/libreville-declaration-eng.pdf>). Implementation of the Declaration began in 2009, whereby a road map for implementation was developed and adopted by several African countries and partners. As the first step of this implementation, each country will develop a situation analysis and needs assessment in connection with the 11 priority actions.



Table 15: Donor/organization coordination, sanitation and drinking-water (GLAAS countries)¹

Recipient country	Number of donors	Donors with leading roles	Donors active in national coordination or harmonization platforms	Donors that provided at least US\$ 1 million in aid disbursements in 2008 ²
Angola	10		UNICEF	IDA (8), EC (6), United Kingdom (3), Spain (1), UNICEF (1)
Bangladesh	12	ADB, Japan	ADB, Denmark, Japan, Netherlands, UNICEF, United Kingdom, WaterAid	Netherlands (20), United Kingdom (18), Denmark (8), IDA (4), Japan (3), Switzerland (2), UNICEF (2)
Benin	13	Denmark, Netherlands	Denmark, France, Germany, Netherlands, UNICEF	Germany (15), EC (13), Netherlands (9), Denmark (9), IDA (6), France (4), AfDF (1)
Burkina Faso	18	France	Denmark, EC, France, Germany, Japan (water), Sweden, UNICEF, WaterAid	Denmark (15), Germany (10), AfDF (10), EC (8), France (5), IDA (4), Sweden (1)
Burundi	10	Germany	EC, Germany, UNICEF	Germany (7), AfDF (3), Belgium (2), IDA (1)
Cambodia	13			France (6), IDA (3), Japan (2), United Kingdom (1)
Cameroon	11			AfDF (9), Japan (4), IDA (2)
Central African Republic	5		UNICEF	IDA (1)
Chad	10		Germany	EC (10), France (7), AfDF (3), Germany (1), IDA (1)
Côte d'Ivoire	9		UNICEF	IDA (4), Germany (1)
Democratic Republic of the Congo	13		Germany, United Kingdom	IDA (39), EC (8), Germany (3), UNICEF (2), Belgium (1), Spain (1), United Kingdom (1)
Ethiopia	20		EC, Finland, United Kingdom, USA, WaterAid	IDA (31), United Kingdom (16), AfDF (12), EC (10), Finland (7), Japan (6), Netherlands (5), Germany (5), UNICEF (2), France (1), Italy (1), Norway (1), USA (1)
Ghana	14		Denmark, WaterAid	IDA (45), Netherlands (23), Denmark (13), Belgium (11), EC (10), Canada (10), AfDF (4), Germany (4), United Kingdom (1)
Honduras	11		EC	Spain (8), EC (5), IDA (4), Japan (4), Switzerland (2), Italy (1)
Indonesia	13	Netherlands (sanitation)	Netherlands, Sweden, UNICEF, USA	IDA (72), Japan (37), Netherlands (31), Germany (5), Canada (3), Sweden (3), USA (3), Australia (1)
Kazakhstan	3		UNICEF	Japan (50)
Kenya	18	France, Germany, Sweden (water)	Denmark, France, Germany, Japan (water), Sweden, UNICEF	Germany (32), IDA (19), Sweden (10), AfDF (7), Denmark (5), EC (5), France (4), Netherlands (4), Japan (3), Austria (1), Spain (1), USA (1)
Lao People's Democratic Republic	8			Japan (9), France (3)
Lesotho	7		Ireland, USA	EC (12), Ireland (3), IDA (1), USA (1)
Madagascar	10		UNICEF, WaterAid	IDA (6), AfDF (4), EC (2), France (2)
Mali	19	Germany	AfDB, Denmark, Germany, Sweden, WaterAid	EC (11), France (8), Germany (6), Belgium (3), Netherlands (3), AfDF (2), Denmark (2), Spain (2), IDA (1), Luxembourg (1)
Mauritania	9		France, UNICEF	AfDF (11), IDA (3), Spain (2), EC (1), France (1)
Mongolia	9			Japan (7), Germany (1), IDA (1)
Morocco	11	France	Germany	EC (40), Germany (16), Japan (14), France (13), Spain (4), Belgium (3), Italy (1), Luxembourg (1)
Mozambique	20	United Kingdom	France, Netherlands, Portugal (water), UNICEF, United Kingdom, USA, WaterAid	Netherlands (30), AfDF (14), IDA (14), EC (10), Switzerland (2), France (1), Germany (1), Ireland (1)
Nepal	12	ADB	ADB, Finland, UNICEF, WaterAid	IDA (6), Finland (5), United Kingdom (1)
Niger	15		Denmark, France, Germany (water), Japan (water), UNICEF	EC (12), Denmark (7), France (4), IDA (4), Spain (2), AfDF (1), Belgium (1), Germany (1)
Paraguay	4			Spain (2)
Philippines	15		Germany, Sweden, UNICEF, USA	EC (27), Japan (19), Germany (3), USA (3), Spain (2), Sweden (1)
Rwanda	15	EC	EC, Germany, United Kingdom, UNICEF	IDA (17), AfDF (9), EC (4), Japan (3)
Senegal	16	EC, France	EC, France, Japan, UNICEF	IDA (24), AfDF (23), EC (11), Luxembourg (5), France (4), Belgium (3), Japan (1)
Sierra Leone	10		EC, United Kingdom	IDA (7), United Kingdom (4)
South Africa	13		EC, Ireland	EC (44), Ireland (6)
Sudan	11		Germany, UNICEF	Netherlands (8), USA (4), United Kingdom (2), Belgium (1), Ireland (1), Japan (1)
Thailand	7			Japan (1)
Timor-Leste	7			Japan (5), Australia (2)
Togo	7		UNICEF	France (1), Spain (1)
Uganda	18	Denmark, Germany	AfDB, Denmark, Germany, Sweden, WaterAid	AfDF (25), Sweden (9), Germany (8), Denmark (4), EC (4), Austria (3), IDA (2), Ireland (1), UNICEF (1)
United Republic of Tanzania	18	Germany	AfDB, France, Germany, Japan, UNICEF, USA, WaterAid	IDA (41), Germany (33), AfDF (32), EC (19), Japan (12), Norway (5), UNICEF (1)
Viet Nam	15	Australia	Australia, Denmark, Finland (water), Germany, Netherlands, UNICEF	IDA (80), Japan (66), France (29), Netherlands (15), Denmark (14), Germany (14), Norway (8), Finland (7), Belgium (3), Spain (1)
Zimbabwe	9			United Kingdom (8), EC (1)

ADB, Asian Development Bank; AfDB, African Development Bank; AfDF, African Development Fund, African Development Bank; EC, European Commission; IDA, International Development Association

¹ Coordination is for both sanitation and drinking-water, unless otherwise noted.

² Number in parentheses is the amount of disbursement in 2008 in \$US millions.

Sources: OECD (2010a) for columns 2 and 5; 2009–2010 GLAAS external support agency survey results for columns 3 and 4.

PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

3.2 AID CHANNELLING AND ALIGNMENT

External support agencies can use a combination of funding channels to meet their development aid objectives. For example, providing general budget support gives recipient governments the flexibility to target development aid to priority sectors or cross-sectoral initiatives that are aligned with the governments' own development agendas. On the other hand, funding specific projects, such as the construction of water points or a water distribution system, can, in the short term, facilitate the implementation of activities and the disbursement and tracking of aid.

While most donors provide some general budget support, the relative proportion of general budget support provided has declined

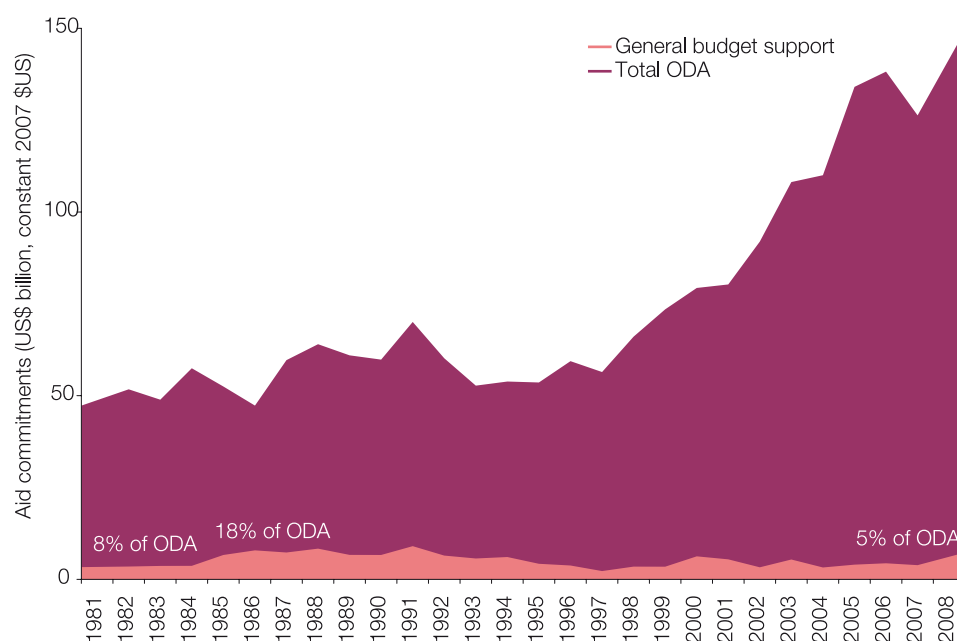


FIGURE 34: Trends in general budget support aid, 1981–2008

Source: OECD (2010a)

Eleven out of 13 bilateral donors indicated that general budget support is provided to some recipient countries. Several donors noted that pool/basket funding is provided only in limited forms (e.g. no more than 25% of total sanitation and drinking-water aid to the country) and that decisions regarding where to use general budget support are screened carefully to ensure that management capacity is sufficient to administer the funds in the appropriate manner. As shown in Figure 34, commitments to general budget support overall were US\$ 7.3 billion in 2008 (constant 2007 US\$). The allocation of general budget support to specific sectors depends on domestic priorities. Therefore, while general budget support represents the most sustainable aid modality, its targeting to specific sectors depends on their relative priority internally.

Approaches to the use of aid funding channels vary widely

TABLE 16: Funding channels for aid, percentage of sanitation and drinking-water 2008 disbursements

External support agency	Sector budget support	Programmes and projects using pooled funds (e.g. multilateral organizations)	Programmes and projects via international or national NGOs	Academic and training institutes (institutional or local)	Programmes and projects (directly implemented via private sector and consultants)	Other methods
Asian Development Bank		26%			74%	
Bill and Melinda Gates Foundation		28%	59%	13%		
BRAC					100%	
Denmark	68%	13%			19%	
European Commission		4%	2%			94%
Finland					100%	
France (AFD)					100%	
Germany	15%				5%	80%
Inter-American Development Bank		100%				
Ireland	81%		19%			
Netherlands	74%	13%	11%	2%		
Portugal			100%			
Sweden	15%				2%	83%
UNICEF						100%
United Kingdom	15%	14%	23%	21%	27%	
USA		2%	26%	1%	17%	53%
World Bank (IDA)	4%	96%				

AFD, Agence Française de Développement; IDA, International Development Association, World Bank

Source: 2009–2010 GLAAS external support agency survey results

The European Commission indicates that its main channel of aid delivery is decentralized cooperation, whereby aid commitments and disbursements are done by the partner country. Funds are channelled to the national administration for subsequent disbursement to NGOs, academic institutions or multilateral organizations. The USA indicates that 53% of its funds (“others” category) are direct grants to single-purpose government agencies responsible for managing the implementation of the grant agreements. For different reasons, UNICEF and Sweden could not easily disaggregate their aid per the funding channels in Table 16. Germany indicates that approximately 80% of its funds are programme or project support implemented by national partner institutions in charge of water and/or sanitation.

Inter-American Development Bank (IDB) Water and Sanitation Initiative

In 2007, IDB launched the Water and Sanitation Initiative, aimed at providing a new set of tools and flexible financing for countries in Latin America and the Caribbean. Between 2007 and 2011, the initiative will emphasize four programmes:

- 1) *100 cities programme* – designed to catalyse investment financing and technical assistance for Latin American and Caribbean cities of more than 50 000 people, giving priority to their poorest communities;
- 2) *Water for 3000 rural communities* – to support communities willing to make their own financial, technical and organizational decisions and to run their local water and sanitation systems;
- 3) *Water defenders* – to provide technical assistance and financing to safeguard 20 priority micro-watersheds;
- 4) *Efficient and transparent utilities* – to finance programmes to strengthen the management of water utilities and to develop a system to measure and certify their performance.

Source: IDB (2007)

PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

Long-term commitments comprise 58% of development aid for 14 responding external support agencies

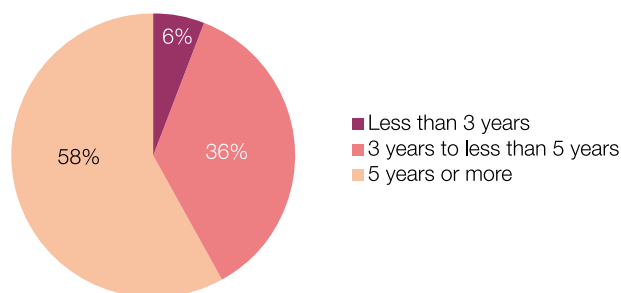


FIGURE 35: Long-term, medium-term and short-term commitments by 14 external support agencies for sanitation and drinking-water, 2008

Source: 2009–2010 GLAAS external support agency survey results

“Nine out of our 15 programme countries have WASH [water, sanitation and hygiene] programmes based on 5-year commitments” – *Danish response to 2009–2010 GLAAS external support agency questionnaire.*

Long-term (i.e. five years or more) funding comprised 58% of 2008 commitments to sanitation and drinking-water by 14 responding external support agencies, weighted by the volume of their commitments. Thirty-six per cent of aid was for the medium term (i.e. three to five years), whereas 6% was for short-term programmes and projects of less than three years (Figure 35).



Substantial progress has been made in untying aid

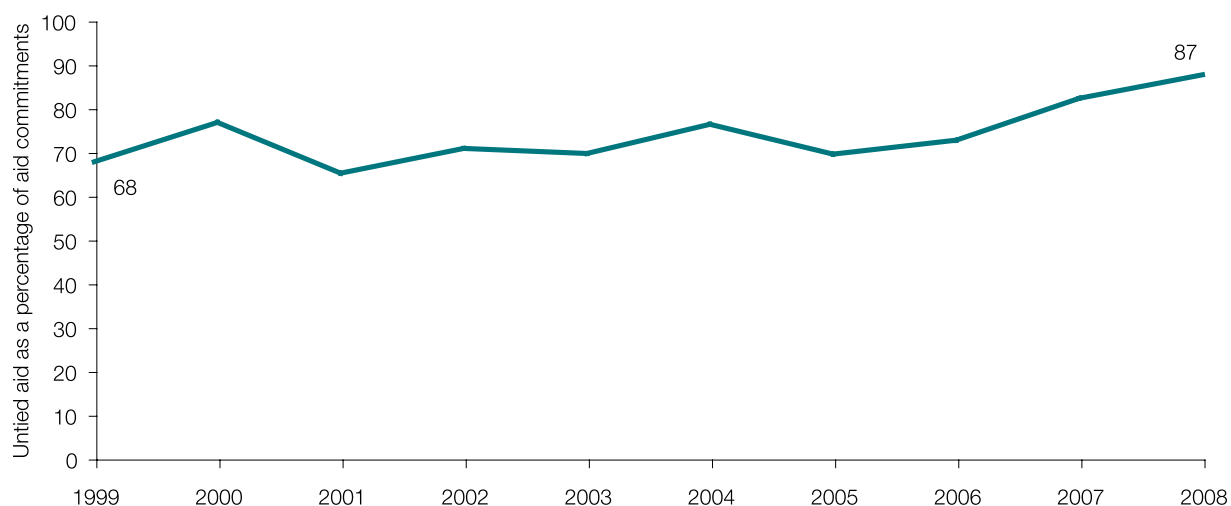


FIGURE 36: Untied aid as a percentage of sanitation and water aid commitments, all donors, 1999–2008

Source: OECD (2010a)

In an effort to make ODA more effective, the OECD Development Assistance Committee in 2001 recommended that bilateral development institutions should untie their aid to least developed countries and non-least developed highly indebted poor countries. Supporters of untied aid maintain that it provides better value for money, increases ownership and alignment with recipient government systems and helps to build local capacity and use of local goods and services. A recent evaluation (DIIS, 2009) indicates that donors are increasingly recognizing the importance of untying aid; in fact, OECD data indicate that the percentage of sanitation and water aid that is untied has been steadily increasing over the past decade (Figure 36).



PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

Ten out of 11 responding donors use country procurement systems in one or more countries

A recent survey (OECD, 2009) monitoring agreements made in the Paris Declaration on Aid Effectiveness (OECD, 2008) indicates that the use of country procurement systems increased from 39% in 2005 to 43% in 2008 for all aid sectors. While responses to the GLAAS external support agency survey make it difficult to estimate a similar percentage of country procurement systems used specifically in sanitation and drinking-water, 10 out of 11 responding donors did indicate the use of country procurement systems in one or more project countries. The use of country procurement systems was dependent not only on the recipient countries, but also on the type of aid. For instance, Japan uses country procurement systems in loan arrangements, whereas donor procurement systems are used for grants.

Six out of seven reporting bilateral agencies do not use project implementation units in sanitation and drinking-water

Project implementation units (PIUs) refer to dedicated structures created for day-to-day management and implementation of aid-financed projects and programmes that are outside existing national implementation agencies. Reflecting concerns that PIUs undermine country capacity development efforts, the Paris Declaration on Aid Effectiveness (OECD, 2008) invited donors to avoid, to the maximum extent possible, creating such structures or units. A recent survey (OECD, 2009) monitoring agreements made in the Paris Declaration indicates that a 12% reduction in PIUs occurred from 2005 to 2008 for all aid sectors.

Although no baseline number of PIUs for water has been established, 45 PIUs were reported for 2008 by external support agencies responding to the GLAAS survey. The survey indicates that six out of seven bilateral agencies do not use PIUs. None of the European donors reported the use of PIUs, in accordance with the EU Code of Conduct on Complementarity and Division of Labour in Development Policy; however, some of the multilateral organizations they fund (e.g. development banks) do use PIUs.



Donors cite a wide range of recent achievements in increasing donor alignment, harmonization and coordination, including support for sanitation and water programming, increased use of national procurement and increasing country-led programme design and implementation

Surveyed donors had an opportunity to briefly highlight their achievements in increasing alignment, harmonization and coordination. While not all highlights could be included in this report, a brief list of recent achievements is provided below:

- support for and development of water and sanitation programmes in the United Republic of Tanzania and Benin (Netherlands Directorate-General for International Cooperation [DGIS], German Federal Ministry for Economic Cooperation and Development [BMZ]) and in Mozambique (DGIS);
- multidonor approaches in Senegal (Agence Française de Développement [AFD]);
- increased use of national procurement systems, reduction of number of independent PIUs, increased national competitive bidding processes (Asian Development Bank [ADB], African Development Bank [AfDB], Danish International Development Agency [DANIDA], BMZ);
- supporting subnational implementation to empower subnational agencies and increase sustainability (Australian Agency for International Development [AusAid]);
- through cooperation programmes or country compact agreements, recipient countries lead programme design and implementation (Millennium Challenge Corporation, Portuguese Institute for Development Assistance [IPAD]);
- increased engagement in a variety of national coordination mechanisms, such as Ethiopia's Development Assistance Group for water, sanitation and hygiene or Pakistan's newly established Donor Coordination Group (ADB);
- supporting and advocating for new national water, sanitation and hygiene policies that were approved in 2008 and adopted in Ghana, Kenya, Liberia, Madagascar, Malawi, Somalia and Sierra Leone (UNICEF);
- approval of the Water Initiative, which prioritizes water and sanitation and provides the necessary resources and guidance on a strategic sector approach, including the preparation of strategic sector plans with the countries (IDB);
- use of joint financing tools in sub-Saharan Africa: e.g. trust fund in Zambia, basket fund in Benin, technical assistance basket in Burkina Faso, basket fund in the United Republic of Tanzania (BMZ, DANIDA, EC, AFD);
- the evolution from project approach to water and sanitation policy support programmes, using water and sanitation budget support (European Commission);
- institutional support approach in the Lao People's Democratic Republic (Norwegian Agency for International Development [NORAD]);
- support for the development of the annual national sanitation forum in Burkina Faso (WaterAid).



PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

Obstacles to alignment, harmonization and coordination are cited both at country level and among donors

While an impressive range of achievements has been realized, external support agencies were also asked to identify obstacles to progress in alignment, harmonization and coordination. The identified obstacles fell into two categories: obstacles at country level, and obstacles among donor relationships. The obstacles at country level included the following factors:

- poor governance;
- weakness in water and sanitation policies or strategies;
- lack of credible national plans;
- weak national procurement rules;
- lack of government capacity in fragile states;
- at local government levels, barriers to increasing alignment with country systems;
- non-optimal integration of local government levels into overarching approaches for water and sanitation;
- lack of prioritization of sanitation and drinking-water.

The identified obstacles among donor relationships included:

- poor targeting of international resources;
- lack of transparency in partner structures and procedures;
- lack of full acceptance of principles of best practices by development partners;
- high transaction costs to harmonize between donors before benefits are realized;
- lack of prioritization of sanitation and drinking-water.



3.3 TOWARDS MUTUAL ACCOUNTABILITY

Mutual accountability is a basic principle of healthy partnerships, where donors are accountable to recipient countries, recipient countries are accountable to donors and all governments are accountable to their people. Mutual accountability is built on trust between partners and transparency in setting targets and monitoring results.

Eleven donors have implemented specific targets to provide new access to sanitation and drinking-water for an equivalent of over 100 million persons per year globally

Over the past several years, an increasing number of donor and recipient countries have established specific targets for increasing access to water and sanitation services, in terms of numbers of people served over a specified time period, or other types of water and sanitation targets. Table 17 summarizes the specific targets for 11 external support agencies with such targets. In aggregate, these 11 donors aim to reach an equivalent of over 100 million persons annually with new access to sanitation and drinking-water globally.

TABLE 17: Specific targets for increasing access to drinking-water and sanitation services globally, populations

External support agency	Target region or country	Population with increased services (drinking-water)	Population with increased services (sanitation)	Time frame
African Development Bank	Africa	271 million	295 million	2015 (Rural Water Supply and Sanitation Initiative)
Asian Development Bank	–	200 million	200 million	2006–2010 (Water Financing Program)
BRAC	Bangladesh	8.5 million	17.6 million	2015
France	–	1.6 million per year	0.6 million per year	Annual targets
Germany	Sub-Saharan Africa	25 million	5 million	2015
Inter-American Development Bank	Latin America	2007–2011 targets to improve and finance services in 100 cities and 3000 rural areas and to finance improvement of 100 urban water operators		
Japan	Africa	6.5 million	TICAD IV commitments amounting to additional US\$ 340 million to provide capacity building to 5000 water resources managers from 2008 to 2012	
Netherlands	–	50 million	50 million	2015
United Kingdom	Africa, South Asia	25 million (Africa only)	55 million	3–5 years
USA	Africa	Legislative commitment of at least US\$ 300 million annual aid for the sectors		
World Bank	–	36 million		Increased commitments in 2005–2009 expected to provide additional access

Source: 2009–2010 GLAAS external support agency survey results

PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

Seventeen responding countries plan to reach a total of 73 million additional persons with improved sanitation and/or drinking-water by 2014

At the same time, in addition to some donors having established specific targets, Table 18 shows that 17 responding countries plan to reach a total of 73 million additional persons with improved sanitation and/or drinking-water by 2014.

TABLE 18: Populations (in thousands) expected to gain access to improved sanitation and/or drinking-water over the period 2010–2014, as reported by countries

County	Drinking-water		Sanitation		Total
	Urban	Rural	Urban	Rural	
Philippines	10 080	6 800	11 690	6 900	34 470
Burundi	245	2 375	260	3 170	6 050
Rwanda	1 010	1 370	805	1 820	5 005
Chad	880		2 200	1 100	4 180
Thailand	1 250	2 500			3 750
Senegal	915	958	746	873	3 492
Paraguay	546	209	1 878	572	3 206
Morocco		1 000	2 000		3 000
Burkina Faso	1 194	170	1 021	152	2 537
Niger	79	313	36	859	1 287
Lao PDR		300	200	600	1 100
Togo	1 002				1 002
Cambodia	250	744			994
Benin	991				991
Lesotho		200	125	150	475
Honduras	36	192			229
Timor-Leste	15				15
Total	18 495	17 131	20 960	16 196	72 781

Source: 2009–2010 CSO and GLAAS country survey results

Five-year disbursements are equivalent to 71% of five-year commitments (assuming one-year time lag)

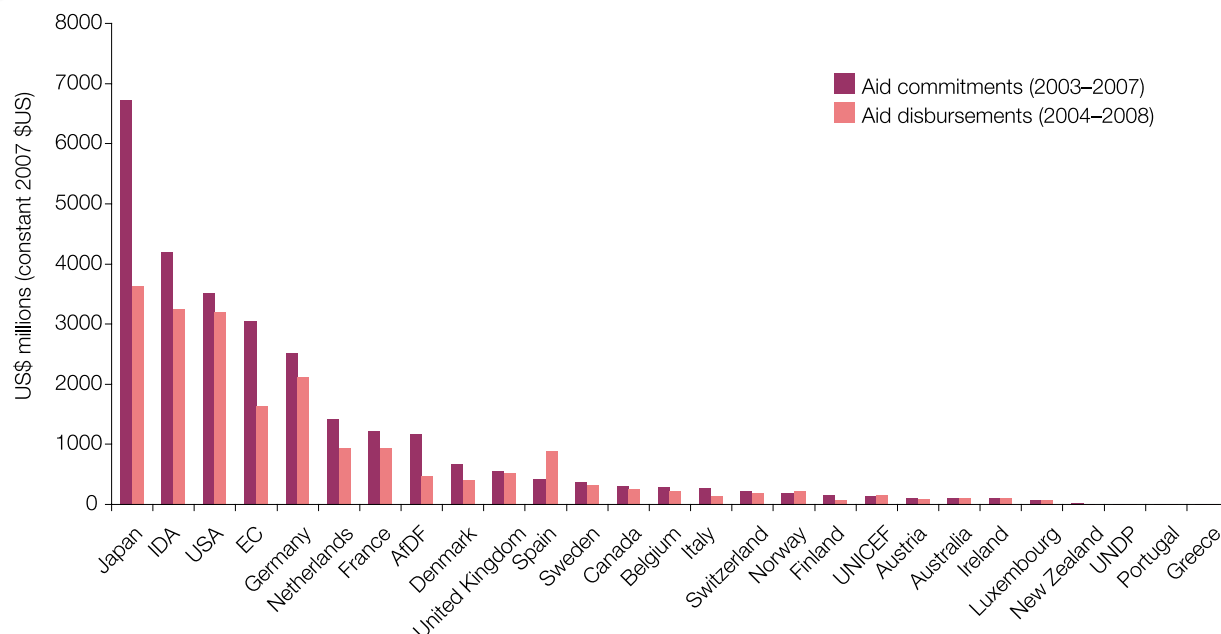


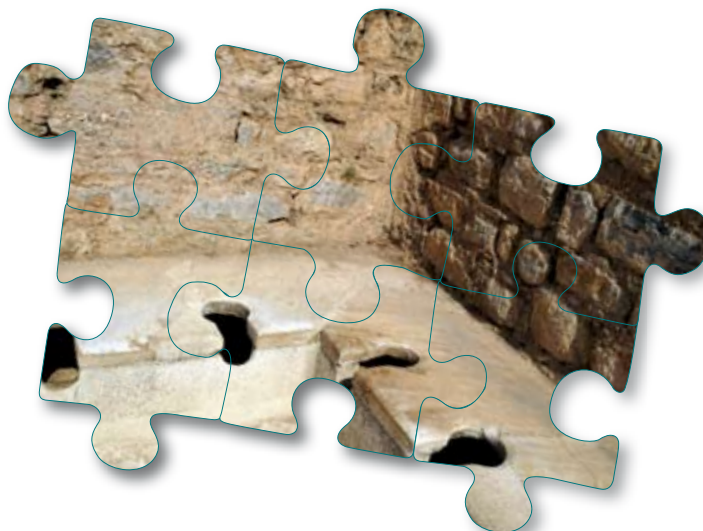
FIGURE 37: Aid commitments (2003–2007) versus aid disbursements (2004–2008)

AfDF, African Development Fund, African Development Bank; EC, European Commission; IDA, International Development Association, World Bank;

UNDP, United Nations Development Programme

Source: OECD (2010a)

From 2003 to 2007, a total of US\$ 27.9 billion was committed to sanitation and drinking-water from 27 bilateral and multilateral agencies that report both commitments and disbursements to the OECD-CRS. Under the assumption that new commitments do not begin to be fully disbursed until after one year (Hallet, 2009), a comparison of disbursements made from 2004 to 2008 was performed. As shown in Figure 37, disbursements from 2004 to 2008 were 71% (US\$ 19.9 billion) of the amount of commitments made during 2003–2007. Note that some 2003–2007 grant and loan commitments made by donors may not be fully disbursed by donors at the end of 2008, especially if large, long-term commitments were made late in this period. In addition, some total disbursements may be higher than total commitments, which is in part due to the different time periods covered. For these reasons, a more in-depth analysis of the relationship between commitments and disbursements will be included in future GLAAS reports.



PARTNERSHIPS AND EXTERNAL SUPPORT TO ACCELERATE AND SUSTAIN PROGRESS

Mapping the numerous sanitation and drinking-water initiatives is a first necessary step towards better coordination

Tables 19 and 20 list examples of monitoring efforts, strategic partnerships and political and financing initiatives in water and sanitation at global and regional levels. These are not exhaustive lists, but they constitute a preliminary effort to map a wide range of evolving partnerships focused on progress in water and sanitation.

TABLE 19: Examples of international and regional monitoring initiatives in drinking-water and sanitation

Name of initiative	Area covered	Partners	Area	Drinking-water	Sanitation	Urban	Rural
Asian Water Development Outlook	Asia	Asian Development Bank	Policy	✓	✓	✓	✓
Central America and Dominican Republic Forum for Water and Sanitation (FOCARD-APS)	Central America and Dominican Republic	Countries in the region supported by Water and Sanitation Program – Latin America and Caribbean and WHO/Pan American Health Organization	Policy, monitoring	✓	✓	✓	✓
Country Status Overviews (CSOs)	35 countries in Africa	Water and Sanitation Program – Africa	Monitoring, policy	✓	✓	✓	✓
Global Initiative on Rationalizing Water Information (GIRWI) Project	Global report on the status of implementation of 13th Commission on Sustainable Development (CSD-13) policy actions	United Nations Department of Economic and Social Affairs	Monitoring, policy	✓	✓	✓	✓
Governance, Advocacy and Leadership for Water, Sanitation and Hygiene (GoAL WaSH)	12 countries globally	United Nations Development Programme	Water governance	✓	✓	✓	✓
International Benchmarking Network for WATSAN Utilities (IBNET)	Global	Water and Sanitation Program, World Bank	Monitoring	✓	✓	✓	✓
Sector Information and Monitoring Systems (SIMS)	Global – but focus on Africa	Water and Sanitation Program – Africa and African Water Facility	Monitoring	✓	✓	✓	✓
South East Asian Water Utilities Network (SEAWUN)	South-east Asia	Asian Development Bank, water utilities	Monitoring	✓	✓	✓	✓
UN-Water Global Annual Assessment of Sanitation and Drinking-Water (GLAAS)	Global – reports on drivers for and barriers to progress	UN-Water through WHO	Monitoring	✓	✓	✓	✓
WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)	Global – reports on use of improved water sources and sanitation facilities	WHO, UNICEF	Monitoring	✓	✓	✓	✓

Source: Internet

TABLE 20: Examples of international and regional funding and policy initiatives in drinking-water and sanitation

Name of initiative	Area covered	Partners	Area	Drinking-water	Sanitation	Urban	Rural
Africa Caribbean Pacific – European Union (ACP-EU) Water Facility	Developing countries in Africa, Caribbean and the Pacific	European Union through the European Investment Bank	Implementation	✓	✓	✓	✓
African Conference on Sanitation and Hygiene (AfricaSan)	Africa	Policy-makers and stakeholders on sanitation and hygiene	Policy		✓	✓	✓
African Ministers' Council on Water (AMCOW)	Africa	African Union	Policy	✓	✓	✓	✓
Asia Pacific Water Forum	Asia Pacific	National governments, development partners, civil society organizations	Policy	✓	✓	✓	✓
Central America and Dominican Republic Forum for Water and Sanitation (FOCARD-APS)	Central America and Dominican Republic	Countries in the region supported by Water and Sanitation Program – Latin America and Caribbean and WHO/Pan American Health Organization	Policy, monitoring	✓	✓	✓	✓
Community Infrastructure Financing Facility	Global	Bilateral donors through Homeless International and Cities Alliance	Implementation – slum infrastructure	✓	✓	✓	
Community Water and Sanitation Facility	Global, targeted at slum communities in cities	Bilateral donors through Cities Alliance	Implementation	✓	✓	✓	
East Asia Ministerial Conference on Sanitation and Hygiene (EASAN)	East Asia	Policy-makers and stakeholders on sanitation and hygiene	Policy		✓	✓	✓
European Union Water Initiative	i. Africa, ii. Eastern Europe, Caucasus and Central Asia, iii. Mediterranean and iv. Latin America	National governments, bilateral donors	Policy	✓	✓	✓	✓
Global Sanitation Fund	Global	Pooled fund operated by the Water Supply and Sanitation Collaborative Council	Implementation		✓	✓	✓
Latin American Sanitation Conference (LATINOSAN)	Latin America	Policy-makers and stakeholders on sanitation and hygiene	Policy		✓	✓	✓
Rural Water Supply and Sanitation Initiative	Africa	African Development Fund, bilateral donors, local communities	Implementation	✓	✓		✓
South Asian Conference on Sanitation (SACOSAN)	South Asia	Policy-makers and stakeholders on sanitation and hygiene	Policy		✓	✓	✓
Sanitation and Water for All: A Global Framework for Action	Global	National governments, bilateral donors, development partners, NGOs	Policy	✓	✓	✓	✓
Slum Upgrading Facility	Global	UN Habitat, Cities Alliance, development banks, bilateral donors	Implementation – slum infrastructure	✓	✓	✓	
Sustainable Sanitation Alliance (SuSanA)	Global	Most NGOs, donors and UN agencies working on sanitation issues	Policy/information-sharing platform, sanitation/urban/rural				
UN Habitat Water and Sanitation Trust Fund (Water for Asian Cities and Water for African Cities)	Urban areas in 14 countries in Africa and 9 countries in Asia	Multidonor programme facility implemented by Asian Development Bank and African Development Bank	Implementation	✓	✓	✓	
UN Water	Global	All UN-system agencies working on water-related issues	Coordination/information sharing	✓	✓	✓	✓
Water and Sanitation Initiative and Aqua Fund	All member countries of the Inter-American Development Bank	Inter-American Development Bank	Implementation	✓	✓	✓	✓
Water and Sanitation Program	Global	Multidonor partnership administered by World Bank	Policy, implementation	✓	✓	✓	✓
Water Financing Partnership Facility	All member developing countries of the Asian Development Bank	Asian Development Bank, bilateral donors	Implementation	✓		✓	✓
Water Integrity Network	Global	Multiple stakeholders	Transparency	✓	✓	✓	✓

Source: Internet

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

C1

Sanitation and drinking-water are relatively low priorities for domestic allocations and ODA, despite the huge potential benefits for public health, gender equity, poverty reduction and economic growth.

- Aid for sanitation and drinking-water is increasing in absolute terms, but its share of total aid decreased from 8% in 1997 to 5% in 2008.
- Government allocations to sanitation and drinking-water are perceived to be inadequate to meet the MDG target and, in most cases, are well below established national and regional targets (where those targets exist).

Recommendation

R1

Developing countries and external support agencies to demonstrate greater political commitment to sanitation and drinking-water, given their central role in human and economic development.

Specific activities recommended:

- A1.1:** Developing countries and external support agencies to increase allocations to sanitation and drinking-water.
- A1.2:** The appropriate level of resources for sanitation and drinking-water, compared with other social sectors, to be researched.
- A1.3:** Stakeholders to continue to build on the evidence for making the economic and development case for increased investment in sanitation and drinking-water.

Conclusion

C2

Aid for sanitation and drinking-water is not well targeted to achieving the MDGs.

- Donor aid is increasing but is generally not directed to either low-income countries or the provision of basic services.
- Of the top 10 recipient countries in terms of aid per capita for sanitation and drinking-water, only one is a low-income country, the others all being middle-income countries.
- Very few countries have developed criteria for targeting resources to the unserved population.

Recommendation

R2

External support agencies and developing countries to consider how to better target resources to accelerate progress towards meeting the sanitation and drinking-water MDG target.

Specific activities recommended:

- A2.1:** Discussions to be held at the highest level on how resources can be targeted to basic sanitation and drinking-water programmes, to low-income countries and specifically to areas with the highest proportion of the unserved population.
- A2.2:** Specific measurable commitments to be made at the Sanitation and Water for All: High Level Meeting in April 2010 to improve MDG targeting of resources.



Conclusion

C3

Country capacity to sustain progress is relatively weak, especially in sanitation and in rural areas.

- While positive trends in policy formulation are generally reported, sanitation policies still lag behind in both urban and rural areas.
- In many countries, there is a lack of clarity on institutional roles and responsibilities, especially in sanitation.
- Lack of reliable data, especially at subnational and local levels, is a barrier to developing and implementing investment plans in sanitation and drinking-water.
- Countries are generally not allocating sufficient funds for hiring and maintaining the staff that the sanitation and drinking-water institutions require to meet the MDG target.

Recommendation

R3

Developing countries and external support agencies to strengthen national and subnational systems to plan, implement and monitor the delivery of sanitation and drinking-water services, especially to unserved populations.

Specific activities recommended:

- A3.1:** Roles for all institutions responsible for sanitation and drinking-water to be identified in country development plans, with lead institutions made accountable for delivery.
- A3.2:** Availability and reliability of data and information in sanitation and drinking-water to be improved, especially at the subnational level.
- A3.3:** Human resource development plans for sanitation and drinking-water to be prepared and implemented in all countries.

Conclusion

C4

Stakeholder coordination, harmonization, alignment and transparency in sanitation and drinking-water are generally increasing, but there is still room to improve coordination and local stakeholders' participation.

- Aid is increasingly untied, and the majority of it is in the form of long-term commitments of five years or more.
- Increasingly, donor and recipient countries transparently set goals for their own action in sanitation and drinking-water.
- Aid disbursements generally follow commitments.
- Some developing countries receive aid from as many as 20 donors.
- Participation of local stakeholders in decision-making and implementation processes in sanitation and drinking-water is weak.

Recommendation

R4

All stakeholders to work in partnership to support the development and implementation of national plans for sanitation and drinking-water, using their particular skills and resources and aligning with national systems.

Specific activities recommended:

- A4.1:** External support agencies to review ways to reduce representation through silent partnerships and other delivery mechanisms.
- A4.2:** Developing countries, with external support agency support where appropriate, to prepare plans for meeting the MDG target that include participation by the main stakeholders at national and local levels.

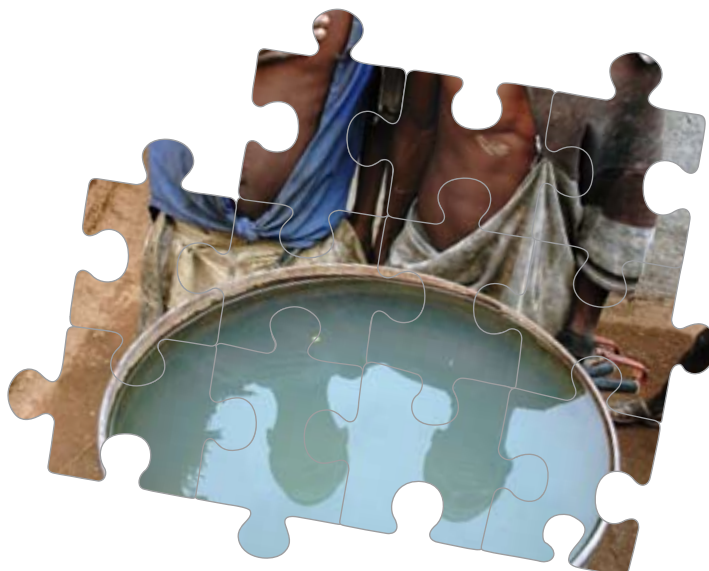
LOOKING AHEAD

In the preparation of this first annual UN-Water GLAAS report, it has become increasingly clear that the kind of information it contains is in high demand. At a total of 42, the number of developing countries participating in GLAAS has exceeded initial expectations. These countries represent 1.3 billion people, out of which 360 million do not use drinking-water from an improved source and 700 million people do not use improved sanitation. The response from external support agencies has also been excellent, with 27 agencies reporting, including nearly all the OECD donors and representing an estimated 90% of ODA to water and sanitation. Starting from this baseline, the next report should aim at covering at least 60 developing countries, all the major donors and many of the larger NGOs and private foundations. The next report would thus even more strongly reflect the global picture of sanitation and drinking-water.

The links with the preparatory process for the Sanitation and Water for All: High Level Meeting have been tangible. Discussions were held with many country representatives during Africa Water Week, the East Asia Sanitation Conference and visits by staff from the Sanitation and Water for All Secretariat to specific countries. The linkage through Sanitation and Water for All to the first High Level Meeting of ministers of finance, ministers of water and heads of development agencies has been useful in focusing attention on the GLAAS report, but also in considering what future GLAAS reports might include.

This first report marks the start of a process that will shed more light on key factors affecting progress in sanitation and drinking-water (e.g. the split between sanitation and drinking-water financing, the human resource capacity to sustain progress, the targeting of sanitation and drinking-water aid flows to the MDGs). However, it is also clear that there are still some major gaps in our knowledge of water and sanitation, which means that there is only limited evidence of what conditions or actions may lead to accelerated progress towards the MDG target. For example:

- Why is aid for sanitation and drinking-water on a declining trend compared with that for education and health? Given the central role that sanitation and drinking-water play in human and economic development, and given that sanitation is one of the most off-track of all the MDG targets, are the right choices being made?
- Why is the proportion of aid allocated to basic drinking-water supply and basic sanitation, at 16% of the total to water and sanitation, so low, and why did this figure decline from 27% in 2003?
- Why do different countries allocate very different proportions of their GDP to sanitation and drinking-water (from less than 0.1% of GDP to almost 3.5%)?
- How does the presence or absence of specific criteria to prioritize the allocation of resources to the unserved population in sanitation and drinking-water affect the achievement of the MDG target?
- What is the aid flow coming from non-OECD countries and organizations (e.g. China now being the largest donor to Cambodia and Sri Lanka; ODI, 2010)?
- What are the resources that the private sector and households themselves bring to water and sanitation?
- What is the appropriate level of staffing of the institutions responsible for sanitation and drinking-water at the subnational level, especially for rural sanitation, and how can these levels be achieved given the limited resources available?





These are just some of the questions that future GLAAS reports will try to answer. Realizing the complexity of these issues and the numerous initiatives associated with sanitation and drinking-water, UN-Water GLAAS intends to continue to work together with relevant actors to keep improving the knowledge of the sanitation and drinking-water area. Particularly noteworthy are the close technical cooperation with the CSO in Africa, being implemented by the African Ministers' Council on Water (AMCOW) and the World Bank's WSP, and the important links with the United Nations Development Programme's Governance, Advocacy and Leadership for Water, Sanitation and Hygiene (GoAL WaSH) programme and with the United Nations Economic and Social Commission for Asia and the Pacific's (UNESCAP) water security studies in Asian countries.

An evaluation of the first annual GLAAS report will be carried out so that we can learn from the experience gained, looking into how the process can be further strengthened, how the perceived knowledge gaps can be filled and how we can determine what works and what does not work.



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APPENDIX A: GLOSSARY

Absorption rate (donor funds)

The absorption rate indicates the percentage of official donor commitments utilized over a given time period. The 2009–2010 CSO and GLAAS country survey questionnaire referred to a three-year average percentage of official donor commitments utilized.

African Development Fund

Established in 1972, the African Development Fund (AfDF) is administered by the African Development Bank with an objective to reduce poverty in regional member countries by providing loans and grants. The AfDF contributes to the promotion of economic and social development in 38 least developed African countries by providing concessional funding for projects and programmes, as well as technical assistance for studies and capacity-building activities.

Asian Development Fund

Established in 1973, the Asian Development Fund (AsDF), administered by the Asian Development Bank (ADB), is a multilateral source of concessional assistance dedicated exclusively to the needs of the region. Resources consist mainly of contributions mobilized under periodic replenishments from ADB's members and reflows from AsDF loan repayments.

Basic sanitation and drinking-water

Basic systems include water supply and sanitation through low-cost technologies, such as hand pumps, spring catchment, gravity-fed systems, rainwater collection, storage tanks and small distribution systems (for water supply); and latrines, small-bore sewers and on-site disposal (e.g. septic tanks) (for sanitation) (OECD, 2010b).

Capital investments

Capital investments include expenditures on fixed assets such as buildings, treatment structures, pumps, pipes, latrines, etc., including the cost of installation/construction.

Commitment

A commitment is a firm written obligation by a government or official agency, backed by the appropriation or availability of the necessary funds, to provide resources of a specified amount under specified financial terms and conditions and for specified purposes for the benefit of the recipient country (OECD, 2010b).

Concessional loans

Concessional loans are extended on terms substantially more generous than market loans. The concessionality is achieved either through interest rates below those available on the market or by long grace periods, or a combination of these (OECD, 2010b).

Country compact agreement

A country compact agreement is a multi-year agreement between a donor and a recipient country to fund specific programmes aimed at an objective such as reducing poverty and/or stimulating economic growth. The agreement may be developed in consultation with country stakeholders, may include streamlined access to funds, will include programme objectives and specific activities to be implemented, and may include mechanisms to monitor progress.

Disability-adjusted life year (DALY)

A disability-adjusted life year is a common currency by which deaths at different ages and disability may be measured. One DALY can be thought of as one lost year of “healthy” life, and the burden of disease can be thought of as a measurement of the gap between current health status and an ideal situation where everyone lives into old age, free of disease and disability (WHO, 2009).

Disbursements

Disbursements reflect the execution of projects/programmes and the real transfer of funds. Disbursements record the actual transfer of financial resources, goods and services. As a project or programme is usually not realized in a year, there is no direct relation between the level of commitment and the level of disbursement during one period (OECD, 2010b).

Gross domestic product

Gross domestic product (GDP) is the sum of gross value added by all resident producers in the economy plus any product taxes (less subsidies) not included in the valuation of output. It is calculated without deducting for depreciation of fabricated capital assets or for depletion and degradation of natural resources (World Bank, 2010b).

APPENDIX A: GLOSSARY

Gross national income

Gross national income (GNI) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad (World Bank, 2010b).

Improved drinking-water supply

Improved drinking-water supplies include sources that, by nature of their construction or through active intervention, are protected from outside contamination, particularly faecal matter. These include piped water in a dwelling, plot or yard and other improved sources, including public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs and rainwater collection.

Improved sanitation

Improved sanitation includes facilities that ensure hygienic separation of human excreta from human contact. They include 1) flush or pour-flush toilet/latrine to piped sewer system, septic tank or pit latrine; 2) ventilated improved pit latrine; 3) pit latrine with slab; or 4) composting toilet.

International Development Association

Established in 1960, the International Development Association (IDA) is a part of the World Bank that aims to reduce poverty by providing interest-free loans and grants for programmes that boost economic growth in the world's poorest countries (<http://www.iadb.org/aboutus>).

Inter-American Development Bank

The Inter-American Development Bank (IDB) was established in 1959 to support the process of economic and social development in Latin America and the Caribbean. The IDB Group addresses development challenges by partnering with governments, companies and civil society organizations. The IDB provides grants and lends money at competitive rates to its clients (central governments, city authorities and businesses).

Large sanitation and drinking-water systems

Large systems include water desalination plants; intakes, storage, treatment, pumping stations, conveyance and distribution systems; sewerage; and domestic and industrial wastewater treatment plants (OECD, 2010b).

Least developed country

The UN General Assembly, on the recommendation of the Committee for Development Policy, decides on the countries to be included in the list of the least developed countries (LDCs). The Committee for Development Policy used the following three criteria for the identification of the LDCs:

1. a low-income criterion, based on a three-year average estimate of the gross national income per capita (under US\$ 905 for inclusion, above US\$ 1086 for graduation);
2. a human capital status criterion, involving a composite Human Assets Index based on indicators of (a) nutrition: percentage of population undernourished; (b) health: mortality rate for children aged five years or under; (c) education: the gross secondary school enrolment ratio; and (d) adult literacy rate; and
3. an economic vulnerability criterion, involving a composite Economic Vulnerability Index based on indicators of (a) population size; (b) remoteness; (c) merchandise export concentration; (d) share of agriculture, forestry and fisheries in gross domestic product; (e) homelessness owing to natural disasters; (f) instability of agricultural production; and (g) instability of exports of goods and services.

To be added to the list, a country must satisfy all three criteria. In addition, since the fundamental meaning of the LDC category (i.e. the recognition of structural handicaps) excludes large economies, the population must not exceed 75 million (UNOHRRLLS, 2010). For a complete list of least developed countries, see Appendix E.

Lower middle income country

The World Bank classifies countries in one of four income categories: low, middle (lower and upper) and high. Lower middle income countries are defined as countries with a per capita gross national income of more than US\$ 935 and less than US\$ 3706 in 2007. For a complete list of lower middle income countries, see Appendix E.

**Official development assistance**

Official development assistance consists of grants or loans to countries and territories on Part I of the Development Assistance Committee List of Aid Recipients (developing countries) that 1) are undertaken by the official sector, 2) have promotion of economic development and welfare as the main objective and 3) have concessional financial terms (if a loan, having a grant element of at least 25%) (OECD, 2010a).

On budget

On-budget projects are resources (internal and external) that are allocated to specific activities or cost centres that are presented in government budget documents.

Pooled funding

Pooled funding is a mechanism in which contributions from more than one donor are combined (i.e. pooled) and disbursed upon instructions from the Fund's decision-making structure by an administrative agent. Pooled funds can be established in support of one theme (e.g. water and sanitation), or they can be country or region specific and designed for a variety of purposes (<http://www.undg.org/index.cfm?P=152>).

Low-income country

The World Bank classifies countries in one of four income categories: low, middle (lower and upper) and high. Low-income countries are defined as countries with a per capita gross national income of US\$ 935 or less in 2007. For a complete list of low-income countries, see Appendix E and refer to both least developed countries and other low-income countries.

Other low-income country

The World Bank classifies countries in one of four income categories: low, middle (lower and upper) and high. Low-income countries are defined as countries with a per capita gross national income of US\$ 935 or less in 2007. Other low-income countries are defined as low-income countries that do not meet all criteria to be classified as a "least developed country". For a complete list of other low-income countries, see Appendix E.

Other official flows

Other official flows are transactions by the official sector with countries on the List of Aid Recipients that do not meet the conditions for eligibility as ODA or official aid, either because they are not primarily aimed at development or because they have a grant element of less than 25% (OECD, 2010a).

Paris Declaration on Aid Effectiveness

Endorsed on 2 March 2005, the Paris Declaration on Aid Effectiveness was an international agreement to which over 100 ministers, heads of agencies and other senior officials adhered and by which they committed their countries and organizations to continue to increase efforts in harmonization, alignment and managing aid for results with a set of monitorable actions and indicators.

Procurement systems

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

Untied aid

Untied aid includes development aid that is freely available to buy goods and services from all countries and that is not restricted to the procurement of goods and services from the donor country (i.e. "tied aid").

Upper middle income country

The World Bank classifies countries in one of four income categories: low, middle (lower and upper) and high. Upper middle income countries are defined as countries with a per capita gross national income of more than US\$ 3705 and less than US\$ 11 455 in 2007. For a complete list of upper middle income countries, see Appendix E.

APPENDIX B: METHOD

In order to avoid duplication of efforts, GLAAS in part uses data that have already been collected, together with new data collected from countries and external support agencies. More details on the methods used are provided below.

Use of existing data

GLAAS has used several existing sources of information, including the following:

- The JMP is the official UN mechanism to monitor the sanitation and drinking-water MDG target. It reports biennially on estimated national coverage levels for sanitation and drinking-water. The JMP report uses current and historical in-country household surveys to determine coverage trends and to statistically extrapolate coverage levels for the reported data year where needed. Coverage levels are disaggregated between sanitation and drinking-water and between urban and rural coverage.
- The OECD collects aid funding data from bilateral (23 countries) and multilateral (16 agencies or international banks) donors. The OECD-CRS database currently provides data on aid funding from 1973 to 2008 and is accessible online. Financial data on grant and loan commitments and disbursements for sanitation and water are reported at the project level. Some of the data are incomplete because multilateral donors are not required to report, and not all multilateral agencies report disbursements to the system.

In 2008, WHO conducted a GLAAS pilot study that demonstrated both the need for and the importance of collecting additional data from countries and external support agencies regarding sanitation and drinking-water. At country level, it was determined that existing data on institutional capacity and financing contained critical gaps relating to periodicity, geographical extent of reporting, disaggregation of data and comparability. For external support agencies, it was determined that existing data did not cover all types of donors to sanitation and drinking-water and that additional data beyond financing, such as prioritization, future planning and alignment, were of interest to policy-makers. The pilot report concluded that these additional data are crucial to improve the comprehensiveness of global sanitation and drinking-water reporting and to better inform policy-making.

Critical information gaps

The GLAAS pilot survey in 2008 confirmed the presence of critical information gaps that limit the development of a complete picture for sanitation and drinking-water. Such gaps include:

- accurate tracking of domestic central and local government budget allocations for water and sanitation;
- household and private sector spending on water and sanitation;
- non-OECD development assistance flows;
- quantification of human resources capacity and needs in sanitation and drinking-water.

Collecting data on country capacity and financing

To address sanitation and drinking-water information gaps in countries, UN-Water GLAAS, in collaboration with the World Bank's WSP CSO project (see highlight box in Acknowledgements), developed a three-part survey questionnaire and consultation process for data collection at country level. Each questionnaire consisted of questions for governments concerning policies, institutions, planning, financing, human resources, sustainability and outputs, broken out by four areas (i.e. urban water supply, rural water supply, urban sanitation and rural sanitation), as there are often different issues between sanitation and drinking-water, as well as between urban and rural services. There was a mix of objective questions (e.g. "does an urban sanitation policy exist?") and subjective questions (e.g. "is the predictability of donor financing in rural water supply improving, diminishing or staying constant?"). Detailed financial information on drinking-water and sanitation budgets and expenditures from both government and external sources was also requested. For the complete survey questionnaires and associated guidance notes, see http://www.who.int/water_sanitation_health/glaas.



UN-Water GLAAS and WSP CSO data collection for African countries began in May 2009, supported by the African Ministers' Council on Water. Questionnaires were sent to country governments (e.g. ministry of public health, ministry of water), and consultants assisted with contacting government officials and following up with data collection efforts. For other parts of the world, WHO, through its regional offices, contacted countries based on a set of criteria (e.g. off-track to reach MDG target, amount of ODA received, other monitoring processes occurring in-country) and assessed their interest in participating. Invitations to participate in the country data collection were sent to over 60 countries.

A total of 42 countries, 27 in sub-Saharan Africa, 10 in south or south-east Asia and 5 in other areas of the world, participated in the combined CSO and GLAAS data collection effort. These 42 countries represent 1.3 billion people, of which 360 million do not use drinking-water from an improved source and 700 million people do not use improved sanitation. Country responses included in this report include Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Honduras, Indonesia, Kazakhstan, Kenya, Lao People's Democratic Republic, Lesotho, Madagascar, Mali, Mauritania, Mongolia, Morocco, Mozambique, Nepal, Niger, Oman, Paraguay, Philippines, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Thailand, Timor-Leste, Togo, Uganda, United Republic of Tanzania, Viet Nam and Zimbabwe. WSP is expected to continue the CSO project work through 2010. Thus, data collection in Africa is still ongoing, and new data collected will feed into both the final CSO report and the next annual GLAAS report.

For each country, numerous ministries were involved in responding to the questionnaire and in some cases were aided by partners, such as WHO, WSP, WaterAid and UNICEF. In some countries, such as Bangladesh and Viet Nam, workshops were held that brought together government officials and stakeholders in sanitation and drinking-water for the purpose of discussing and responding to the various questions raised in the CSO and GLAAS survey. In other countries, one or more ministries of central and local governments provided a compiled response. Examples of responding government ministries and departments include, but are not limited to:

- ministry of water
- ministry of energy and water
- ministry of health
- ministry of agriculture and rural development
- ministry of natural resources
- ministry of roads, transportation, construction and urban development
- ministry of education
- department of hygiene and prevention
- department of housing and urban planning
- department of rural health care
- department of rural water supply
- interior/provincial waterworks authority (and other urban utilities).

Because of the link with the WSP CSO, for a majority of the countries in sub-Saharan Africa, consultants facilitated the production of budget and expenditure data and evidence-based responses found in Part III of the questionnaire (i.e. CSO scorecard) through desk reviews and country visits. These preliminary results were circulated to country officials for consultation and comment.

Responses were reviewed for internal consistency and completeness. In cases of doubt about the information provided, respondents were requested to provide clarification. Discrepancies with other data sources, such as OECD's CRS database on donor activity, were investigated to ensure the best possible data set. Outlier data identified by GLAAS or by technical reviewers were also verified to the extent possible. Non-verified outlier data were not included in the analysis. It is also important to note that while data availability was vastly improved since the pilot GLAAS, not all country respondents could respond to all parts of the questionnaire. Of the 42 countries, 30 responded to Part I of the

APPENDIX B: METHOD

questionnaire, which was composed of mostly subjective trend information, but also coverage data for schools, information on human resources and future coverage targets. Twenty-six countries responded at least partially to Part II of the questionnaire, which requested a breakdown of budgets and expenditures from 2006 to 2011, with many countries having difficulty reporting on subnational and local government expenditures (see Figure A1). Forty out of 42 countries responded to Part III of the questionnaire, which contained mostly evidence-based questions concerning policies, institutions, financing and sustainability, with potential responses on a three-step scale.

Financial information is generally available for central government and external donors, but it is difficult to report on subnational and local government expenditures

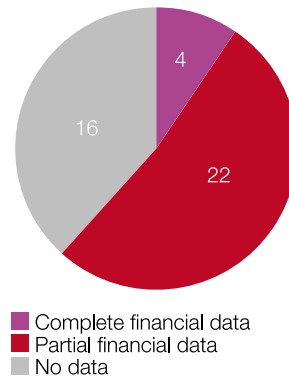
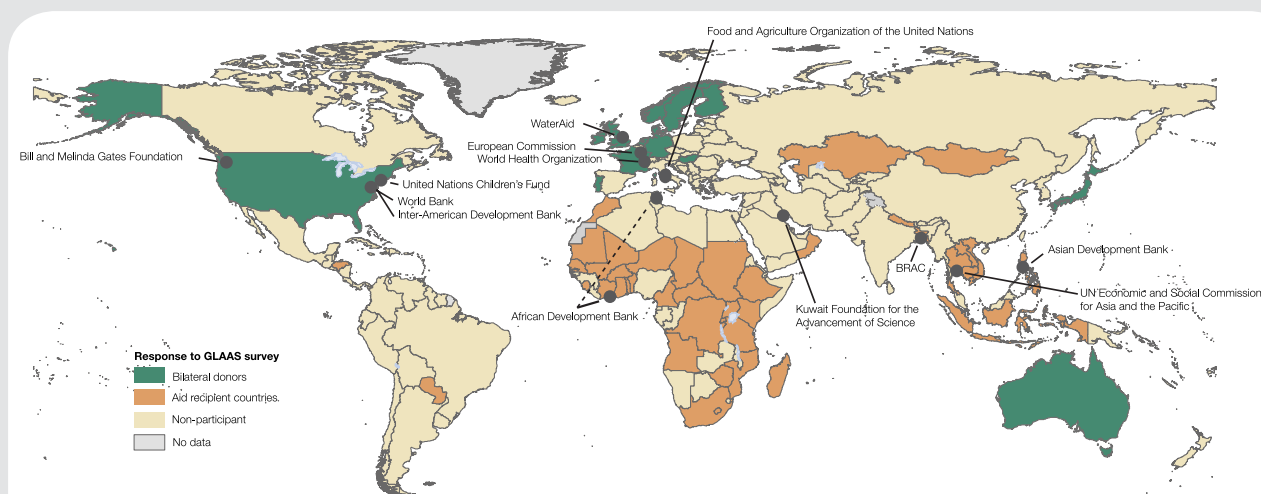


FIGURE A1: Number of countries with 2006–2011 budget and expenditure data collected and/or submitted as part of the 2009–2010 CSO and GLAAS country survey

Sources: 2009–2010 CSO and GLAAS country survey results

Collecting data on external development aid

To address information gaps concerning external development aid, a survey questionnaire was developed with the consultant assistance of the IRC International Water and Sanitation Centre (IRC) and pilot-tested with four external support agencies. Each questionnaire consisted of questions on aid priorities and targets, aid flow categorization, and aid alignment and harmonization, specific to drinking-water and sanitation. The survey was designed to complement and not duplicate existing information on aid flows. OECD definitions of aid terms, such as commitments and disbursements, were used, although respondents did in some cases report on both ODA, as defined by OECD, and other official flows (non-concessional lending) to drinking-water and sanitation. For definitions of terms used, please refer to the Glossary in Appendix A. For the complete survey questionnaires and associated guidance notes, see http://www.who.int/water_sanitation_health/glaas.



Note: Non-bilateral external support agencies are shown in text.

FIGURE A2: Aid recipients and external support agencies participating in the 2009–2010 GLAAS external support agency survey

Sources: 2009–2010 CSO and GLAAS country survey results; 2009–2010 GLAAS external support agency survey results



WHO invited 65 bilateral and multilateral agencies, private foundations and other NGOs that provide development aid, research or other support to sanitation and drinking-water to participate in the GLAAS survey of external support agencies. Twenty-seven external support agencies responded to the 2009–2010 GLAAS external support agency survey (Figure A2), representing an estimated 90% of reported aid directed specifically at water and sanitation. External stakeholder responses included in this report include the African Development Bank, Asian Development Bank, Australia (AusAID), Bill and Melinda Gates Foundation, BRAC-Bangladesh, Denmark (DANIDA), Food and Agriculture Organization of the United Nations (FAO), Germany (BMZ), European Commission, Finland (Ministry of Foreign Affairs), France (AFD), Hungary (Ministry of Foreign Affairs), Inter-American Development Bank, Ireland (Irish Aid), Japan, Kuwait Foundation for the Advancement of Science, Netherlands (DGIS), Norway, Portugal (IPAD), Sweden (Swedish International Development Cooperation Agency), UN Economic and Social Commission for Asia and the Pacific (UNESCAP), UNICEF, United Kingdom (Department for International Development [DFID]), USA (United States Agency for International Development and Millennium Challenge Corporation), WaterAid, WHO and World Bank (International Development Association, International Bank for Reconstruction and Development, Global Environment Facility).

Responses were reviewed for internal consistency, and respondents were requested to provide clarification on information that was out of the expected range of responses. Discrepancies with other data sources, such as OECD's CRS database on donor activity, were also investigated to ensure the best possible data set.

Milestones in the development of the GLAAS 2010 report

The GLAAS 2008 pilot report was used as a basis for the development of the GLAAS 2010 report. From October 2008 to April 2009, the survey questionnaires were improved, pilot-tested and merged with the ones being developed by the WSP CSO. Data collection first started in May 2009 in Africa and was then rolled out in all the other continents. Data acquisition for the GLAAS 2010 report stopped in January 2010. Meanwhile, in October 2009, an informal working group composed of representatives from WHO, WSP, WaterAid, IRC, the Water Supply and Sanitation Collaborative Council, UNICEF, the United Nations Development Programme, the African Civil Society Network on Water and Sanitation, OECD, UN-Water, DFID and independent experts was called to advise on the overall report structure and on the types of data analysis that were most useful to include. Data being collected from the country surveys and the external support agencies were then integrated with existing data sources to develop the analysis presented in this report. In February 2010, a complete draft of the report was transmitted to all UN-Water members, other relevant stakeholders and a peer review team for their feedback and comments. A total of 32 peer review forms were received, and all reviewers are noted in the Acknowledgements.



APPENDIX C: SUMMARY OF 2009–2010 CSO AND GLAAS COUNTRY SURVEY RESPONSES ¹

	Angola	Bangladesh	Benin	Burkina Faso	Burundi	Cambodia	Cameroon	Central African Republic	Chad	Côte d'Ivoire	Democratic Republic of the Congo
Country status											
Population (millions)	18.0	160.0	8.7	15.2	8.1	14.6	19.1	4.3	10.9	20.6	64.3
Use of improved sanitation (%)	57	53	12	11	46	29	47	34	9	23	23
Use of improved drinking-water source (%)	50	80	75	76	72	61	74	67	50	80	46
Sanitation in primary schools, urban (%)				69	75				80		
Sanitation in primary schools, rural (%)				55	28				10		
Sanitation in primary schools, total (%)		65				65	62				
Sector budget / expense											
Total for sectors (US\$ million)	459			258	17			7		14	
- Drinking-water only (US\$ million)	268			221	17			5		13	
- Sanitation only (US\$ million)	190			37	0			2		2	
- Internal sources (US\$ million)	439			182	1			1		5	
- External sources (US\$ million)	20			75	16			6		9	
Capital investment (US\$ million)	439			40	1			0		4	
Recurrent costs (US\$ million)	0			143	1			1		1	
Policies & institutions											
Targets in PRSP or national strategy	10	10	8	10	8	10	5	10	6	8	8
Approved policies (status)	3	10	6	9	5	10	8	10	10	4	3
Approved policies (trend)		5	8	10	5	9	5	10	5		
Institutional roles (status)	5	6	9	10	5	10	5	0	10	6	3
Institutional roles (trend)		5	10	8	8	10	10	10	6		
Planning & evaluation											
Investment programmes	8	8	6	10	1	9	5	10	9	8	4
Coordination/participation (status)	6	3	6	3	2	6	1	0	5	3	1
Coordination/participation (trend)		10	10	10	8	10	10	10	8		
Annual reviews (status)	4	6	6	10		6	0	0	5	4	4
Review process (trend)			9	10	5	8	5	10	5		
Financial planning & resources											
Sufficiency of funds (status)	6	5	3	5	1	3	0		0	4	1
Sufficiency of funds (trend)		10	10	10	8	6	5	5	0		
Budget transparency	8	3	3	10	4	1	0	0	0	6	0
Percentage of donor funds used	8	5	3	5	6	7	8	1	8	5	1
Percentage of domestic funds used	1	10	9	10	6	5	9	10	0	4	0
Equitability criteria used	1	6	1	4	3	6	0	1	4	6	1
Predictability of funds (internal)		5	5	5	5	5	10	5	0		
Predictability of funds (external)		5	10	10	8	6	0	10	8		
Human resources											
HR addressed in strategy or reviews		10	0	10	5	10	10	10	10		
Existing HR development plan		10	0	10	0	5	5	0	5		
In-country training and education		10	10	10	10	5	10	10	5		
People trained find work		10	5	10	5	7	3	0	0		
Overall perception											
Policies & institutions		7	8	8	4	7	6	6	3		
Planning & evaluation		6	7	8	3	5	6	5	2		
Financial planning and resources		6	6	6	4	5	7	4	2		
Human resources		5	8	4	5	5	4	5	3		

	Ethiopia	Ghana	Honduras	Indonesia	Kazakhstan	Kenya	Lao People's Democratic Republic	Lesotho	Madagascar	Mali	Mauritania
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Country status

Population (millions)	80.7	23.4	7.3	227.3	15.5	38.8	6.2	2.0	19.1	12.7	3.2
Improved sanitation (%)	12	13	71	52	97	31	53	29	11	36	26
Improved drinking-water (%)	38	82	86	80	95	59	57	85	41	56	49
Sanitation in primary schools, urban (%)					90						
Sanitation in primary schools, rural (%)					10						
Sanitation in primary schools, total (%)	77						24	100			

Sector budget / expense

Total for sectors (US\$ million)		96				286		33	13		208
- Drinking-water only (US\$ million)		96				214		29	13		206
- Sanitation only (US\$ million)		0				73		4	0		2
- Internal sources (US\$ million)		21				260		14	7		27
- External sources (US\$ million)		75				26		18	6		180
Capital investment (US\$ million)		20				260		11	7		22
Recurrent costs (US\$ million)		1				0		3	0		6

Policies & institutions

Targets in PRSP or national strategy		8	8			5	10	10	10	10	4
Approved policies (status)		8	1			10	8	10	10	9	5
Approved policies (trend)	10		10		5	8	8	10	5	10	8
Institutional roles (status)		10	10			5	8	6	5	9	5
Institutional roles (trend)	10		10		5	5	10	10	10	10	8

Planning & evaluation

Investment programmes		6	4			9	6	4	5	5	4
Coordination/participation (status)		5	4			5	10	5	1	5	0
Coordination/participation (trend)	10		10		5	8	10	10	10	10	8
Annual reviews (status)		8	10			10	4	3	5	6	1
Review process (trend)	10		3		5	5	10	5	5	10	10

Financial planning & resources

Sufficiency of funds (status)		3	5			4	8	5	4	1	1
Sufficiency of funds (trend)	10		5		5	10	6	10	10	5	5
Budget transparency		5	10			10	1	8	6	8	0
Percentage of donor funds used		9	10			10	5	10	4	6	3
Percentage of domestic funds used		10	10			10	1	10	4	8	5
Equitability criteria used		6	4			5	8	3	0	1	1
Predictability of funds (internal)			0		5	5	6	10	0	0	9
Predictability of funds (external)	10		5		5	3	5	10	0	8	5

Human resources

HR addressed in strategy or reviews	10		10		0	10	10	5	10	10	10
Existing HR development plan	10		0			10	10	5	0	35	0
In-country training and education	10		0		10	10	0	0	10	10	0
People trained find work	10		8		0		0	8	10	0	

Overall perception

Policies & institutions	7		7		1	6	7	6	6	5	3
Planning & evaluation	6		6		1	5	6	6	5	5	2
Financial planning and resources	6		6		1	5	6	6	5	3	3
Human resources	6		6		1	5	3	5	2	4	2

APPENDIX C: SUMMARY OF 2009–2010 CSO AND GLAAS COUNTRY SURVEY RESPONSE¹

	Mongolia	Morocco	Mozambique	Nepal	Niger	Oman	Paraguay	Philippines	Rwanda	Senegal	Sierra Leone
Country status											
Population (millions)	2.6	31.6	22.4	28.8	14.7	2.8	6.2	90.3	9.7	12.2	5.6
Improved sanitation (%)	50	69	17	31	9		70	76	54	51	13
Improved drinking-water (%)	76	81	47	88	48	88	86	91	65	69	49
Sanitation in primary schools, urban (%)	95				40	80	100				
Sanitation in primary schools, rural (%)	10				60	60	100				
Sanitation in primary schools, total (%)							100		77		
Sector budget / expense											
Total for sectors (US\$ million)	25	1303	30	77			60		53		
- Drinking-water only (US\$ million)	2	908	23	65			0	70	53		
- Sanitation only (US\$ million)	23	395	6	12			60		0		
- Internal sources (US\$ million)	9	1246	4	42			35		39		
- External sources (US\$ million)	17	57	26	35			25		14		
Capital investment (US\$ million)	9	689	3	37			0	0	31		
Recurrent costs (US\$ million)	0	557	1	5			35	0	9		
Policies & institutions											
Targets in PRSP or national strategy	10	10	10	10	10		10	3	10	10	10
Approved policies (status)	9	10	8	10	7		5	3	9	10	5
Approved policies (trend)	5	10		10	10	10	5	8	10	10	
Institutional roles (status)	8	10	5	8	5		9	3	5	10	6
Institutional roles (trend)	5	10		10	10	10	5	10	10	10	
Planning & evaluation											
Investment programmes	8	10	8	3	7		5	4	1	10	3
Coordination/participation (status)	6	10	5	6	7		4	4	8	4	5
Coordination/participation (trend)	5	10		10	10	10	5	8	10	10	
Annual reviews (status)	8	10	4	3	5		5	3	6	10	6
Review process (trend)	5	10		10	10	10	5	8	10	10	
Financial planning & resources											
Sufficiency of funds (status)	1	8	4	8	2		0	0	8	4	1
Sufficiency of funds (trend)	5	10		10	2	10	1	3	10	9	
Budget transparency	6	10	10	8	7		0	0	6	6	6
Percentage of donor funds used	4	10	6	9	5		0	0	5	8	5
Percentage of domestic funds used	3	8	10	10	5		0	0	9	0	10
Equitability criteria used	8	10	3	4	5		4	3	5	4	8
Predictability of funds (internal)	0	10		5	5	10	0	5	10	4	
Predictability of funds (external)	10	10		5	0	10	9	0	10	9	
Human resources											
HR addressed in strategy or reviews	10	10		10	10	3	0	0	10	8	
Existing HR development plan	10	10		0	5	10	0	0	0	8	
In-country training and education	10	10		10	10	3	10	10	0	10	
People trained find work	10	3		10	5	10	10	5	10	10	
Overall perception											
Policies & institutions	5	9		8	5	9	5	5	5	7	
Planning & evaluation	3	9		6	5	9	3	5	5	7	
Financial planning and resources	4	9		6	4	10	5	3	5	7	
Human resources	5	8		6	4	8	4	3	5	6	

Country status	South Africa	Sudan		Thailand	Timor-Leste	Togo	Uganda	United Republic of Tanzania	Viet Nam	Zimbabwe
		north	south							

Country status

Population (millions)	49.7	41.3		67.4	1.1	6.5	31.7	42.5	87.1	12.5
Improved sanitation (%)	77	34		96	50	12	48	24	75	44
Improved drinking-water (%)	91	57		98	69	60	67	54	94	82
Sanitation in primary schools, urban (%)			95		70					
Sanitation in primary schools, rural (%)			90		48			68		
Sanitation in primary schools, total (%)			93							

Sector budget / expense

Total for sectors (US\$ million)						9	52	191		
- Drinking-water only (US\$ million)						2	7	13		
- Sanitation only (US\$ million)						4	43	194		
- Internal sources (US\$ million)						8	16	10		
- External sources (US\$ million)				130		2	31	194	0	
Capital investment (US\$ million)			130	174		1	12	0	0	
Recurrent costs (US\$ million)			174			11	59	204		

Policies & institutions

Targets in PRSP or national strategy	10	10	10	10	0	3	10	10	9	2
Approved policies (status)	10	5	9	9	1	8	5	5	10	5
Approved policies (trend)			6	6	8	8			10	
Institutional roles (status)	10	5	9	9	10	1	6	8	10	5
Institutional roles (trend)			10	10	10	5			10	

Planning & evaluation

Investment programmes	10	9	9	9	4	5	10	5	5	0
Coordination/participation (status)	10	4	8	8	7	1	5	3	5	3
Coordination/participation (trend)			6	6	10	6			8	
Annual reviews (status)	10	9	8	8	1	1	10	9	8	0
Review process (trend)			10	10	10	5			7	

Financial planning & resources

Sufficiency of funds (status)	10	5	5	5	2	3	0	3	1	3
Sufficiency of funds (trend)			5	5	8	3			10	
Budget transparency	10	6	5	5	4	5	5	9	5	0
Percentage of donor funds used	10	10	5	5	6	10	10	4	5	8
Percentage of domestic funds used	10	10	5	5	10	9	10	4	8	10
Equitability criteria used	10	3	6	6	5	3	1	3	4	5
Predictability of funds (internal)			5	5	10	3			6	
Predictability of funds (external)			0	0	8	7			10	

Human resources

HR addressed in strategy or reviews			8	8		10			10	
Existing HR development plan			8	8		3			5	
In-country training and education			8	8		5			10	
People trained find work			8	8		3			10	

Overall perception

Policies & institutions			8	8	6	5			5	
Planning & evaluation			8	8	7	3			6	
Financial planning and resources			7	7	5	5			6	
Human resources			8	8	4	5			5	

HR, human resources; PRSP, poverty reduction strategy paper

¹ Ten-point scale used. Country-reported three-step indicator responses were converted to 10-point scale (i.e. 0, 5 and 10) and averaged across the four categories (urban drinking-water, urban sanitation, rural drinking-water and rural sanitation) in aggregated scores above.

APPENDIX D: SUMMARY OF 2009–2010 GLAAS EXTERNAL SUPPORT AGENCY SURVEY RESPONSES¹

	African Development Bank	Asian Development Bank	Australia	Bill and Melinda Gates Foundation	BRAC	Denmark	European Commission	FAO	Finland	France	Germany	Hungary	Inter-American Development Bank
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Aid policies

Was sanitation an organizational priority? (Y/N)	Yes	Yes	Yes		Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes
Was drinking-water an organizational priority? (Y/N)	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	No	Yes
Used criteria to select priority recipient countries? (Y/N)	Yes	Yes	Yes	No		No	No		No	Yes	Yes	No	No
Measured impact of WASH aid on the poor in 2008? (Y/N)	No	Yes	Yes	No	Yes	No	No		Yes	Yes	Yes	No	Yes
Foresee an impact of financial crises on aid levels? (Y/N)	Yes	Yes	Yes	No	Yes	No	No		No	Yes	No	No	Yes

Aid flow amounts (Source: OECD, 2010a)

Commitments, 2006–2008 average (US\$ M)	334	182	23			70	503		43	334	664		37
- Commitments, 2006–2008 average, grants (US\$ M)	128		23			70	464		43	84	349		
- Commitments, 2006–2008 average, concessional loans (US\$ M)	207	182					39			250	310		37
Disbursements, 2008 total (US\$ M)	193		14	39	5	98	513		27	192	578		
Non-concessional loans, 2008 commitments (US\$ M)	76	259					149		0		2		631
General budget support, 2008 commitments (US\$ M)	661	184	28			31	3102		1	942	139		

2008 disbursement funding channels (grants and loans)

Estimated general budget support to WASH (%)	No		No			No		No	No	No	No	No	No
Sector budget support to governments (%)	100	26		28		68						15	
Programmes and projects via multilaterals (%)				59		13	4						100
Programmes and projects via NGOs (%)				13			2						
Academic and training institutes (%)													
Direct implementation (%)		74			100	19			100	100	85		
Other (%)							94						

2008 commitments by sector (grants and loans)

Sanitation (%)	20	38	15		69	15			35	44	37		85
Drinking-water (%)	80	62	85		31	85		100	65	52	63		15
WASH emergency (%)		<1								4			

2008 disbursements by output type (grants and loans)

New services, sanitation (%)	40	27			97	70							
Maintaining existing services, sanitation (%)	40	36				20							
Improving service levels, sanitation (%)	20	36			3	10					0		
New services, drinking-water (%)	40	46			97	70							
Maintaining existing services, drinking-water (%)	40	18			3	20							
Improving service levels, drinking-water (%)	20	36			<1	10					0		

Length of 2008 commitments

Sanitation, less than 3 years (%)			35	1								1	
Sanitation, 3 years to 5 years (%)	20		65	32			96		100	60	14		
Sanitation, 5 years or more (%)	80			67	100	100	4			40	85		100
Drinking-water, less than 3 years (%)			35					30				1	
Drinking-water, 3 years to 5 years (%)	20		65	100			96			60	14		
Drinking-water, 5 years or more (%)	80				100	100	4			40	85		100

Alignment, harmonization, coordination

Percentage of WASH aid coordinated with country (%)	100	73	90		n/a	100	83		85	100	100		100
Total number of countries with WASH funding	28	11	3	11	n/a	9							26
Number of countries with PIUs in WASH	5	15	2		n/a	0				0			26
Average number of PIUs per country in WASH	1	4	1		n/a	0				0			1
Untied aid amount percentage, 2008 (OECD, 2010a) (%)			78	100		98			98	84	88		
Country procurement systems used, sanitation (#)	1	13	2		n/a	Yes				All	Yes		0
Country procurement systems used, drinking-water (#)	1	13	2		n/a	Yes				All	Yes		0



	Ireland	Japan	Netherlands	Norway	Portugal	Sweden	UNESCAP	UNICEF	United Kingdom	USA	WaterAid	World Bank (IDA)	WHO
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Aid policies

Was sanitation an organizational priority? (Y/N)	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Was drinking-water an organizational priority? (Y/N)	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Used criteria to select priority recipient countries? (Y/N)	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	
Measured impact of WASH aid on the poor in 2008? (Y/N)	No		Yes	No	No	No	Yes	Yes	Yes	No	Yes	Yes	No
Foresee an impact of financial crises on aid levels? (Y/N)	No	No	Yes	No		Yes			No	No	Yes	Yes	

Aid flow amounts (Source: OECD, 2010a)

Commitments, 2006–2008 average (US\$ M)	21	1547	405	39	1	70		38	200	700		975	
- Commitments, 2006–2008 average, grants (US\$ M)	21	190	405	39	1	70		38	200	700		263	
- Commitments, 2006–2008 average, concessional loans (US\$ M)		1358										712	
Disbursements, 2008 total (US\$ M)	25	1353	318	45	0	80		42	126	232	68	724	
Non-concessional loans, 2008 commitments (US\$ M)													
General budget support, 2008 commitments (US\$ M)	42	227	366	230	6	50			508	495			

2008 disbursement funding channels (grants and loans)

Estimated general budget support to WASH (%)	3		2.5	No	No	No							Yes
Sector budget support to governments (%)	81		74			15			15				4
Programmes and projects via multilaterals (%)			13	38					14	2			96
Programmes and projects via NGOs (%)	19		11	18	100				23	26			
Academic and training institutes (%)			2	5					21	1			
Direct implementation (%)				39		2			27	17			
Other (%)						83		100		53			100

2008 commitments by sector (grants and loans)

Sanitation (%)	85		40		92	60			48	30	18	7	
Drinking-water (%)	15		60		8	40			52	59	72	93	
WASH emergency (%)									28	11		14	

2008 disbursements by output type (grants and loans)

New services, sanitation (%)			80		100					50	100	--	
Maintaining existing services, sanitation (%)													
Improving service levels, sanitation (%)			20						50				
New services, drinking-water (%)			80		100				76	100			
Maintaining existing services, drinking-water (%)													
Improving service levels, drinking-water (%)			20						24				

Length of 2008 commitments

Sanitation, less than 3 years (%)					100	35	75	20		9	100		
Sanitation, 3 years to 5 years (%)			100			43	25	80	100			100	
Sanitation, 5 years or more (%)						21				91			
Drinking-water, less than 3 years (%)					100	35	75	20		15	100		
Drinking-water, 3 years to 5 years (%)			100			43	25	80	100				
Drinking-water, 5 years or more (%)						21				85			

Alignment, harmonization, coordination

Percentage of WASH aid coordinated with country (%)	100		90		100	100	90	100		100	100	100	
Total number of countries with WASH funding			18		2	13		101	35				
Number of countries with PIUs in WASH			0		0	0		0	0				
Average number of PIUs per country in WASH			0		0	0		0	0				
Untied aid amount percentage, 2008 (OECD, 2010a) (%)	100	100	75	100	48	90			100	93			
Country procurement systems used, sanitation (#)			Yes	Yes	Yes					Part			
Country procurement systems used, drinking-water (#)			Yes	Yes	Yes					Part			

M, millions; N, no; n/a, not available; PIU, project implementation unit; WASH, water, sanitation and hygiene; Y, yes

¹ Kuwait Foundation for the Advancement of Science not included.

APPENDIX E: OECD DEVELOPMENT ASSISTANCE COMMITTEE LIST OF ODA RECIPIENTS, BY INCOME GROUP, EFFECTIVE FOR REPORTING ON 2008 FLOWS

Least developed countries	Other low-income countries (per capita GNI <US\$ 935 in 2007)	Lower middle income countries and territories (per capita GNI US\$936–US\$ 3705 in 2007)	Upper middle income countries and territories (per capita GNI US\$ 3706–US\$ 11 455 in 2007)
Afghanistan	Côte d'Ivoire	Albania	*Anguilla
Angola	Democratic People's Republic of Korea	Algeria	Antigua and Barbuda ¹
Bangladesh	Ghana	Armenia	Argentina
Benin	Kenya	Azerbaijan	Barbados ²
Bhutan	Kyrgyzstan	Bolivia (Plurinational State of)	Belarus
Burkina Faso	Nigeria	Bosnia and Herzegovina	Belize
Burundi	Pakistan	Cameroon	Botswana
Cambodia	Papua New Guinea	Cape Verde	Brazil
Central African Republic	Tajikistan	China	Chile
Chad	Uzbekistan	Colombia	Cook Islands
Comoros	Viet Nam	Congo	Costa Rica
Democratic Republic of the Congo	Zimbabwe	Dominican Republic	Croatia
Djibouti		Ecuador	Cuba
Equatorial Guinea		Egypt	Dominica
Eritrea		El Salvador	Fiji
Ethiopia		Georgia	Gabon
Gambia		Guatemala	Grenada
Guinea		Guyana	Jamaica
Guinea-Bissau		Honduras	Kazakhstan
Haiti		India	Lebanon
Kiribati		Indonesia	Libyan Arab Jamahiriya
Lao People's Democratic Republic		Iran (Islamic Republic of)	Malaysia
Lesotho		Iraq	Mauritius
Liberia		Jordan	*Mayotte
Madagascar		Marshall Islands	Mexico
Malawi		Micronesia (Federated States of)	Montenegro
Maldives		Mongolia	*Montserrat
Mali		Morocco	Nauru
Mauritania		Namibia	Oman ¹
Mozambique		Nicaragua	Palau
Myanmar		Niue	Panama
Nepal		Paraguay	*Saint Helena
Niger		Peru	Saint Kitts and Nevis
Rwanda		Philippines	Saint Lucia
Samoa		Republic of Moldova	Saint Vincent and the Grenadines
Sao Tome and Principe		Sri Lanka	Serbia ³
Sierra Leone		Swaziland	Seychelles
Solomon Islands		Syrian Arab Republic	South Africa
Somalia		Thailand	Suriname
Sudan		The former Yugoslav Republic of Macedonia	Trinidad and Tobago ²
Timor-Leste		*Tokelau	Turkey
Togo		Tonga	Uruguay
Tuvalu		Tunisia	Venezuela (Bolivarian Republic of)
Uganda		Turkmenistan	
United Republic of Tanzania		Ukraine	
Vanuatu		*Wallis and Futuna	
Yemen		West Bank and Gaza Strip*	
Zambia			

GNI, gross national income

*Territory.

¹ Antigua and Barbuda and Oman exceeded the high-income country threshold in 2007. In accordance with the Development Assistance Committee rules for revision of this List, both will graduate from the List in 2011 if they remain high-income countries until 2010.

² Barbados and Trinidad and Tobago exceeded the high-income country threshold in 2006 and 2007. In accordance with the Development Assistance Committee rules for revision of this List, both will graduate from the List in 2011 if they remain high-income countries until 2010.

³ At present, aid to Kosovo is recorded under aid to Serbia. Kosovo will be listed separately if and when it is recognized by the UN.

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UN-WATER GLOBAL ANNUAL ASSESSMENT OF SANITATION AND DRINKING-WATER (GLAAS) 2010

Sanitation and drinking-water are relatively low priorities for domestic allocations and official development assistance, despite the huge potential benefits for public health, gender equity, poverty reduction and economic growth.

Aid for sanitation and drinking-water is not well targeted to achieving the Millennium Development Goals.

Country capacity to sustain progress is relatively weak, especially in sanitation and in rural areas.

Stakeholder coordination, harmonization, alignment and transparency in sanitation and drinking-water are generally increasing, but there is still room to improve coordination and local stakeholders' participation.

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