

REPUBLIC OF THE GAMBIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

**THE GAMBIA
NATIONAL STRATEGY
FOR SANITATION AND HYGIENE**

2011 - 2016

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TABLE OF CONTENTS

FOREWORD	4
ACKNOWLEDGEMENT	5
EXECUTIVE SUMMARY	6
ACRONYMS	8
DEFINITIONS	9
LIST OF FIGURES AND TABLES	11
I. INTRODUCTION	12
I.1. Background.....	12
I.2. National demographic characteristics and the implications for the Delivery of sanitation and hygiene services	12
I.3. Rationale for the development of the Strategy.....	15
I.4. Process for the development of the Strategy.....	15
II. POLICY AND LEGAL CONTEXT	16
II.1. Introduction	16
II.2. National Health Policy Framework	18
II.3. Public Health Act (Draft)	18
II.4. Occupational Health and Safety Policy	18
II.5. Gambia Utilities Act.....	18
II.6. National Water Policy	19
II.7. National Environmental Management Act.....	19
II.8. Waste Management Bill.....	19
II.9. Anti-Littering Regulation.....	19
II.10. Public Utilities Regulatory Act (PURA).....	19
II.11. Local Government Act.....	19
II.12. National Education Policy	20
II.13. Poverty Reduction Strategy Paper (PRSP).....	20
II.14. National Policy on Sanitation	20
III. THE SITUATION OF SANITATION AND HYGIENE IN THE GAMBIA	21
III.1. Introduction	21
III.2. The state of sanitation and hygiene in schools, health facilities and communities	21
III.3. Institutional setting for the management of the sanitation sector.....	26
III.4. Contributions of key stakeholders in delivery of sanitation and Hygiene Services....	28
III.5. SWOT Analysis of the sanitation sector	29
IV. PRINCIPLES, GOALS AND OBJECTIVES	31
IV.1. Introduction	31
IV.2. Guiding principles and core values	31
IV.3. The Vision	32
IV.4. The Mission	32
IV.5. The Goal	32
IV.6. The General objectives	33

V. COMPONENTS OF THE STRATEGY	34
V.1. Strategic Priority Areas	34
V.2. Policy and Legislation	35
V.3. Sanitation and Hygiene Sector coordination Framework	36
V.4. Sanitation and Hygiene Services	37
V.5. Capacity Building and Infrastructure Development	39
V.6. Sanitation Marketing and Hygiene Promotion	41
V.7. Monitoring and Evaluation	42
V.8. Research and Development	43
V.9. Financing Framework	44
ANNEXES:	45
I. SUMMARY OF STRATEGIC PRIORITY AREAS, OBJECTIVES AND INDICATIVE COSTS	45
II. COMPONENT-SHARING MODEL FOR FINANCING THE STRATEGY	48
III. PROCESS FOR THE IMPLEMENTATION OF THE STRATEGY	51
IV. LOGICAL FRAMEWORK FOR IMPLEMENTING THE STRATEGY.....	52

FOREWORD

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MINISTER OF HEALTH AND SOCIAL WELFARE

ACKNOWLEDGEMENT

This strategy was drafted under the guidance of the Multi- sectoral Task Force on Water, Sanitation and Hygiene (WASH), with membership drawn from a number of Government Ministries and external support agencies.

The actual development of the strategy was carried out by a team of consultants with Burama Keba Sagnia, a Policy Expert, as the Lead Consultant and Saihou Mama Ceesay, a Public Health Specialist as the supporting consultant.

The strategy development process also benefited tremendously from the expert contributions of several people dealing with sanitation and hygiene, during the Strategy Development Workshop held at Pakalinding (Lower River Region) in December 2010 and the Validation Workshop held at the Secretariat of the National Nutrition Agency in March 2011.

The Ministry of Health and Social Welfare notes with extreme gratitude the in-depth contributions made by the consultants, members of the Multi-sectoral Task Force and other resource persons consulted during the strategy development workshop, validation workshop and Key Persons Interviews conducted by the consultants.

The development of this strategy was made possible by the financial and technical support of the Gambia Country Office of the United Nations Children's Fund (UNICEF). The Ministry of Health and Social Welfare wishes to acknowledge the valuable contributions of UNICEF in the Sanitation and Hygiene Sector and in particular the formulation of this strategy.

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PERMANENT SECRETARY
MINISTRY OF HEALTH AND SOCIAL WELFARE

EXECUTIVE SUMMARY

This Strategy is designed to operationalise the National Sanitation and Hygiene Policy (2009 - 2014). The design of the strategy involved consultations with stakeholders culminating in a Strategy Development Workshop in December 2010 and a Validation Workshop in March 2011.

The primary objective of the strategy is to put in place a sector-wide programme to enhance and facilitates a multi-sectoral approach in inter-agency cooperation, collaboration and partnership. This is called for in view of the fragmentation of institutional responsibilities, overlaps in mandates and ambiguities in the policy and legislative instruments related to national sanitation and hygiene.

Re-setting the strategic mandate of the sector will require realignments in the working methods of key partners and stakeholders and consolidating actions in strategic priority areas that can accelerate progress towards achieving Target 7C of the Millennium Development Goals. For that reason the following have been identified as the **Strategic Priority Areas** around which the strategic responses and activities recommended in the strategy revolve: (1)Policy and Legislation (2)Sanitation and Hygiene Sector Coordination Framework (3)Sanitation and Hygiene Services (4)Capacity Building and Infrastructure Development (5)Sanitation Marketing and Hygiene Promotion (6)Monitoring and Evaluation (7)Research and Development (8)Financing Framework

In facilitating the sector-wide approach and creating the opportunity for achieving a sustainable sanitation programme, some **Coordination Structures** and instruments are proposed in this strategy for promoting inter-agency collaboration and partnership in delivering the recommended actions:

Inter-Ministerial Steering Committee on Sanitation and Hygiene as the high-level policy organ to supervise the activities of the National Sanitation and Hygiene Agency.

National Sanitation and Hygiene Agency with overall responsibility for coordination, creating the enabling environment for sanitation interventions of all stakeholders in the different sectors and settings, and monitoring standards for household and public sanitation.

National Sanitation and Hygiene Fund to be created as a semi-autonomous Trust Fund, under the purview of the National Sanitation and Hygiene Agency, to which government, private sector, NGOs, LGAs and other development partners shall be encouraged to contribute. It shall have direct responsibility to coordinate the sourcing, mobilizing and management of the multi-sectoral Fund that will be geared towards financing the implementation of the Strategy

Community Water, Sanitation and Hygiene Committees to be created at the local level with the mandate to cooperate in the implementation of national policies and strategies on water, sanitation and hygiene. Operating under the purview of the Village Development Committees (VDCs) it shall mobilize local communities towards the promotion, social marketing and M&E of national standards in water resources management, sanitation and hygiene

To provide the necessary policy and legislative support for facilitating the effective and efficient functioning of these structures, certain **Framework Instruments** are noted by the strategy as very critical and these include:

- *National Policy on Sanitation and Hygiene*
- *National Strategy on Sanitation and Hygiene*, to operationalise the policy
- *National Sanitation and Hygiene Act*, to give legal effect to the Policy

In providing further support to the realisation of the responsibilities of the key partners and stakeholders in the implementation of the strategy, the development of two important **Operational Tools** is envisaged:

- *Manual on National Sanitation and Hygiene* to provide a compendium of guidelines, indicators of national sanitation standards, various sanitation and hygiene options, etc.

- *Sanitation and Hygiene Management Information System (SHMIS)* for the systematic collection, processing and dissemination of data (quantitative and qualitative) on the sanitation and hygiene sector

To facilitate inter-agency cooperation and collaboration in more concrete ways, **Flexible Collaborative Structures** are recommended and designed to draw upon the collective resources and strengths of the sanitation and hygiene sector for collective planning, programming, implementation of activities, monitoring and evaluation and policy advice:

- *National Working Group on Sanitation and Hygiene (NWGSH)*

The Working Group will in turn be served by three Sub-Working Groups to deal with specific thematic areas such as:

- *Sub-Working Group on Review and Harmonization (SWGRH)*

The Group will bear responsibility for periodically reviewing the specific institutional roles and responsibilities, policies, legislative instruments, planning procedures and technical regulations of partner agencies at the central and local levels respectively. On the basis of the review exercise, it shall recommend strategies on how to coordinate and harmonize the roles and responsibilities, policies, legal and technical instruments and planning procedures of the different stakeholders in ways that would create a sustainable sanitation and hygiene programme

- *Sub-Working Group on Monitoring and Evaluation (SWGME)*

As it is recommended that the National Sanitation and Hygiene Agency as the lead institution for the sanitation and Hygiene sector should take on more of a coordinating and monitoring role, leaving implementation to the respective partner technical institutions, it means that the lead agency has to perform a vital M&E function to ensure that the strategy implementation is on track. That does not deny the partner agencies from exercising their basic M&E responsibilities but for the purpose of the strategy, it is recommended that a central M&E Unit be set up at the level of the Agency. The work of the M&E units in the partner agencies will feed into the work of the central M&E unit. To further facilitate the inter-agency collaboration, the central M&E Unit located at the National Sanitation and Hygiene Agency shall be supervised by the Sub-Working Group with representation from all the key partners and stakeholder. The Group shall convene periodic meetings to review the consolidated M&E report on the implementation of the Policy and Strategy and make recommendations to the National Sanitation and Hygiene Agency on the state of implementation of the Policy and strategy.

- *Sub-Working Group on General Sector Issues (SWGSI)*

The Group will be tasked with the responsibility to initiate, stimulate and mobilize action in some of the key strategic priority areas of the sector such as *action-research, capacity-building, sanitation marketing and hygiene promotion and information dissemination*

ACRONYMS

AMCOW	African Ministerial Conference on Water and Sanitation
CBO	Community-Based Organization
CLTS/ULTS/SLTS	Community-Led/Urban-Led/School-Led Total Sanitation
DHS	Demographic and Health Survey
EHU	Environmental Health Unit
FTI	Fast Track initiative
JMP	Joint Monitoring Programme
KAP	Knowledge, Attitudes and Practices
LGA	Local Government Authorities
MDG	Millennium Development Goals
MICS	Multiple Cluster Indicator Survey
NEA	National Environment Agency
NEQS	National Effluent Quality Standard
NGO	Non-Governmental Organization
O&M	Operation and Maintenance
PHAST	Participatory Hygiene and Sanitation Transformation
PRSP	Poverty Reduction Strategy Paper
PURA	Public Utilities Regulatory Authority
TDA	Tourism Development Authority
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

DEFINITIONS

With so many possible approaches to adopt in the realization of this Strategy, further strategic planning is needed on several levels in order to give practical effect to the different approaches highlighted here.

Sanitation involves appropriate behaviours as well as the availability of suitable facilities, which work together to form a hygienic environment. It refers to a range of interventions to improve the hygienic management and/or disposal of human and animal excreta, solid waste, and wastewater, hazardous and clinical waste.

Hygiene refers to the set of practices associated with the preservation of health and healthy living, especially through the promotion of cleanliness through personal hygiene, domestic hygiene and public hygiene.

Improved sanitation facilities are defined in terms of the types of technology and levels of services that are more likely to be sanitary than unimproved technologies. Improved sanitation includes connection to a public sewers, connection to septic systems, pour-flush latrines, simple pit latrines and ventilated improved pit latrines. Not considered as improved sanitation are service or bucket latrines (where excreta is manually removed), public latrines and open latrines.

Hygiene promotion. The word hygiene means cleanliness relating to health. Good hygiene is a practice of keeping oneself and one's surrounding clean, especially in order to prevent illness or the spread of disease.

Hygiene promotion means encouraging people towards behaviors that embody these practices and are the basis of cleanliness and good health.

The focus of hygiene promotion should therefore be on changing key behaviors, encouraging good practices such as hand washing after defecation and before handling food, use of latrine/toilet and keeping water free from faecal contamination.

It is important to note that there is a distinction between hygiene promotion and hygiene education. Although there is a place for hygiene education in this Strategy, but successful programmes do not instruct people, rather they inform them of the various options to enable them make the informed choices themselves.

Community-Led/Urban-Led/School-Led Total Sanitation (CLTS/ULTS/SLTS) approaches originate from Bangladesh in late 1999. Community-led approaches is an integrated approach to achieving and sustaining open defecation free (ODF) status in which the use of PRA methods enables local communities to analyse their sanitation conditions and collectively internalise the terrible impact of OD on public health and on the entire neighbourhood environment. The approach is documented in the form of a handbook, which is now widely applied internationally as a sustainable instrument for motivating communities in adopting proper sanitary practices, from which this strategy will draw inspiration. The approach involves no individual household hardware subsidy and does not prescribe latrine models. Rather social solidarity, help and cooperation among households in the community are a common and vital element in the approach. While hygiene education in schools can bring about behavioural improvements, it is

important that people develop the solutions to sanitation problems themselves. That is the basis of the approach.

Participatory Hygiene and Sanitation Transformation (PHAST) is a sanitation and hygiene promotion methodology that helps communities assess and analyse their knowledge, conditions and behaviours and plan and subsequently implement improvements. PHAST was developed by the World Health Organisation (WHO) and the World Bank's Water and Sanitation Programme (WSP). The aim of PHAST is to promote good sanitation and hygiene practices so as to reduce especially the transmission of faecal-oral diseases through the use of participatory methods and tools. It is a powerful means of promoting hygiene education for mobilising planned community action.

Household-Centred Environmental Sanitation (HCES) is designed to provide stakeholders at every level, particularly at the household and neighbourhood levels, with the opportunity to participate in the planning, implementation and operation of proper sanitation. By doing so, it aims at contributing significantly to the provision of sustainable services to everyone, within a framework which balances the needs of people with those of the environment, in order to support healthy life on earth. Achievement of this goal in turn contributes to a range of international goals and targets, including ensuring environmental sustainability (MDG Goal 7), improving the lives of slum dwellers (MDG Target 11) and improving access to basic sanitation (the WSSD sanitation target).

Sanitation Marketing and Hygiene Education in Schools as an approach deals with the total package of sanitary conditions and facilities available in and around the school compound, promoting hygienic conditions at the school and fostering practices of school staff and children, which help to prevent water and sanitation-related diseases.

Component-sharing model is a financing strategy whereby communities and /or developers, housing societies etc., finance and build their latrines, lane sewers and collector sewers, and local governments build trunk sewers and disposal facilities. Within the framework of this model, sewage and wastewater treatment facilities will be provided by developers for large schemes where connections to local government disposal facilities are not available. Incentives will be provided to communities and households to realise their contribution to the component-sharing scheme whereby local governments provide trunk sewers and disposal facilities and pave lanes and households build their own sanitation systems and ensure proper connection to the treatment and disposal facilities provided by local government

LIST OF FIGURES AND TABLES

Figure I	Millennium Development Targets on Sanitation and Related MDG Goals	17
Table I	Land Area (Sq.Km) and Total Population Size in 2003	12
Table II	House hold Size by Local Government Area in 2003	14
Table III	Core roles and responsibilities of stakeholders on Sanitation and Hygiene Issues	26

I. INTRODUCTION

I.1. BACKGROUND

The Government of The Gambia recognizes that safe water, improved sanitation and hygiene are essential in achieving the improvements to people's health and development and in contributing to the attainment of Goal 7 and Target 7c of the Millennium Development Goals (MDGs).

While significant efforts have been made in the provision of safe drinking water, much however, still remains to be done in the field of basic sanitation and hygiene. Sanitation seems not to be getting the desired policy response. Besides the Water and Sanitation Project implemented by the Department of Water Resources, with the aim of introducing hygienic means of excreta disposal in the entire country, there has not been much coordinated policy response to basic sanitation issues in the country. Another weakness in the policy response to basic sanitation issues has been the lack of a clear-cut institutional home for sanitation. Sanitation issues could be found in various policies and programmes of several sectors such as the Ministry of Health and Social Welfare, Department of Water Resources, National Water and Electricity Company (NAWEC), Department of Community Development, the National Environment Agency and the Local Government Authorities and Municipalities.

In the area of service delivery, sanitation and hygiene still lacks far behind the provision of safe drinking water. Safe water coverage has rapidly increased from 23.1% in 1983 to 50.4% in 1993 and from 76% in 2003 to 86% in 2006 (UNICEF/WHO JMP Report, 2010). National coverage for sanitation slightly rose from 23% in 1990 to 67% in 2008 (UNICEF/WHO JMP Report, 2010). In urban areas, while the access rate to safe sanitation was as high as 68% (UNICEF/WHO JMP Report, 2010), but some rural areas particularly CRR-South have only 31% (MICS 2005/2006). The most significant disparity was regional with the lowest levels of access occurring in Central River South at 31 percent and Lower River at 66 percent compared to 94 percent and above in Western Region and the Greater Banjul Area (GBA). It may be useful to point out that the percentage of those with no sanitation facilities was greatest in Central River North but declined from 44 percent in 2000 to 19 percent in 2006 (MICS Reports; 2000/2001 and 2005/2006).

For the past four years, the country has also introduced a nationwide monthly cleansing exercise for ensuring proper environmental sanitation. In 2008, an Anti-littering Bill was developed to ensure proper environmental hygiene practices. Waste management which is largely the role of Local Government Authorities has been revived and there are periodic waste collection exercises in the two urban municipalities of Banjul and Kanifing Municipal Council.

1.2. NATIONAL DEMOGRAPHIC CHARACTERISTICS AND THE IMPLICATIONS FOR THE DELIVERY OF SANITATION AND HYGIENE SERVICES

The demographic landscape of The Gambia is also expected to have implications for the implementation of the Strategy.

The population of The Gambia in April 2003 was 1,360,681. The population is heavily concentrated along the coast where the three largest cities; Banjul, Kanifing Municipality and Brikama are located. About 27% of the population lives in the Greater Banjul Area, the metropolitan area comprising of the City of Banjul and Kanifing Municipality, a combined area of 88 sq.km (0.8% of the total land area). Over 52% of the population lives within 20km of the Atlantic Ocean an area less than 10% of the total land area.

Table 1. Land area (Sq.Km) and total population size in 2003

Local Government Area	Land Area (Sq. Km)	Population in 2003
Banjul	12	35,061
Kanifing	76	322,735
Brikama	1,764	389,594
Mansa Konko	1,618	72,167
Kerewan	2,255	172,835
Kuntaur	1,467	78,491
Janjanbureh	1,428	107,212
Basse	2,070	182,586
The Gambia	10,690	1,360,681

Source: 2003 Population and Housing Census, Gambia Bureau of Statistics

According to the Population and Housing Census conducted in April 2003, the population of The Gambia stood at 1,360,681 comprising of 689,840 females and 670,841 males, the fourth highest population density in Africa, imposing extreme pressure on productive land and the provision of social services (GBoS, 2006). Between the 1993 and 2003 inter-censal period, the population grew from 1,038,145 to 1,360,681 representing an increase of 322,546 persons or 31.1 percent. Although the population size has increased by 31 percent, the growth rate has declined from 4.2 percent per annum in 1993 to 2.7 percent in 2003, with a stable birth rate of 41.6 per 1000. Both population growth and birth rate are slowing down slightly. The decrease in fertility may be attributed to an increase in girls' education and retentions in schools, thus delaying the age of marriage and child bearing, and an increased use of contraceptives.

Like other Sub-Saharan African countries, The Gambia is also faced with a rapid increase in urban population due mainly to the influx of migrants from rural areas and the sub-region. Until the mid-1970s rural-urban migration in The Gambia was of a seasonal nature with rural dwellers migrating to urban areas in search of work during the dry season only to return to the rural areas as the rainy season approaches. However, consecutive years of drought in the late 1970s and the resultant effects on reduced agricultural output triggered a new migratory trend. Since this period many rural migrants decided to stay in their urban destinations. Another dimension to the rural urban migration is the influence of education. With most institutions of higher learning located in the Greater Banjul Area, a large number of young persons move to this area in pursuit of higher education and eventually stayed in the area to work. According to the 2003 Population and Housing Census 51% of the Gambia's population lives in the urban areas compared to 37% in 1993. Fifty-three percent of urban dwellers live in Banjul and Kanifing Municipalities. (GBoS, Housing and Population Census, Volume 5, 2003).

As The Gambia has a high fertility and mortality rates, the country is characterized by a youthful population with 42 percent below the age of fifteen and approximately 64 percent under 25 years. The teenage cohort 15 - 24 is the most affected by rural-urban migration as is evidenced by higher than average concentration of this age group in Banjul and Kanifing municipalities. The age group above 65 years accounts for about 3.4 percent of the population. The estimated 50.4 percent dependency rate makes a high and increasing demand on household income and food budget as well as social facilities such as schools, health facilities, water and sanitation facilities, housing and other utilities such as telephone and electricity.

In The Gambia, traditional living patterns in which generations of families live together largely remain in existence. In such a setup, members of a household would normally consist of a second or even third generation of family members. Families are mainly modeled along the large traditional family settings, which in the past were required for agricultural production, among other things. The level of modernization and mechanization of agriculture does not

make such residential arrangements any more important. However, for social reasons, co-residence of members of an extended family is still a common practice in The Gambia.

Results of the 1993 and 2003 censuses show the predominance of extended households among Gambian households. Nuclear households, as may be expected are more prevalent in urban areas particularly in Banjul and Kanifing municipalities and least in the predominantly rural areas (see Table 2). In 1993, average household size was estimated at 8.96 declining to 8.61 in 2003. The smallest household can be found in Banjul and Kanifing municipalities with estimated average household sizes of 6.02 and 7.26 persons for Banjul and Kanifing in 1993 but declining in 2003 to 5.16 and 6.50 for Banjul and Kanifing.

The 1993 and 2003 figures show a gradual decline in household sizes in the urban areas, whilst the rural areas show a remarkable increase in household size with Mansa Konko recording the lowest increase from 7.9 (1993) to 8.3 (2003) and Basse recording the biggest increase from 13.6(1993) to 14.2 (2003). The decline in household size in the urban areas might be influenced by increased urbanization and literacy levels among the populations of these areas. The national experience generally tends to follow a declining pattern from 8.9 (1993) to 8.3(2003). The average household size in 2003 for The Gambia has been 8.5 persons for the past twenty years, with an urban average of 6.8 persons and the rural areas at 10.7 persons. Of these, the Basse Local Government Area recorded the highest household size and the Banjul Municipality recording the lowest.

Table 2: Household size by Local Government Area, 2003

Local Government Area	1993	2003
Banjul	6.0	4.8
Kanifing	7.3	6.3
Brikama	9.2	8.3
Mansa Konko	7.9	8.3
Kerewan	9.4	9.2
Kuntaur	10.0	10.6
Janjanbureh	10.0	10.3
Basse	13.6	14.2

Source: GBoS, 2003 Population and Housing Census

The demographic characteristics have several implications for the delivery of sanitation and hygiene services. The rural-urban exodus has given rise to illegal settlements in overcrowded urban and peri-urban areas, making sanitation and hygiene challenges in such areas a daunting task. This situation will impact even more on the delivery of the strategy where the settlements are built along natural drainage ways, affecting the free and smooth flow of run-offs.

The predominantly male rural exodus also leads to an increase in female-headed households in rural areas, thereby leaving women with the responsibility to deliberate over important household decisions including issues relating to water, sanitation and hygiene. This also raises the issue of making the strategy gender and culture sensitive considering the role and responsibilities of women in the typically patriarchal Gambian society.

National statistics also show the preponderance of extended households in the rural areas compared to the nuclear family set-up predominating in the urban areas. With an average household size of 10.7 in rural areas, the pressure this is expected to place on the provision of sanitation and hygiene facilities on rural households could be tremendous.

I.3. RATIONALE FOR THE DEVELOPMENT OF THE STRATEGIC PLAN

The development of a National Strategy for Sanitation is of critical importance to the operationalisation of the National Sanitation Policy. It is expected that the goals promoted in this strategy will contribute to the realisation of some of the health, education, environment and socio-economic objectives of the Government's development agenda as stipulated in Vision 2020, MDG-based PRSP II and the Health Policy. It is also expected that through this Strategy the Gambia's vision of a nation free from sanitation and hygiene preventable disease and ill-health, as well as ensuring a healthy environment and social dignity of individuals will become more evident over the coming years.

The basic objective of this sanitation strategy is to put in place and promote a sector-wide approach and programme which enhances and facilitates coherent sanitation services. As of now, sanitation issues have been largely compartmentalized among various agencies without a unified strategic approach and direction for addressing the challenges in a systemic and concerted manner. This unfortunate situation resulted in poor coordination, uneven response, overlapping and duplication of efforts and unnecessary competition for the meager available resources. The strategy is therefore expected to fill this gap by promoting a more coherent strategic direction, supporting a coordinated management of sanitation issues and put in place a more rational and efficient service delivery system that is sustainable.

In the absence of a Strategic Plan, managers are merely concerned with routine and day-to-day operational management issues. This Strategy on the other hand will provide managers with the opportunity to cast sanitation issues in a medium-to long-term perspective and hence be able to effectively plan for and assess the impact or outcomes of strategic interventions.

I.4. PROCESS FOR THE DEVELOPMENT OF THE STRATEGIC PLAN

This strategic plan derives from the national sanitation policy for The Gambia. In that respect, the development of the Strategic Plan benefited from the range of consultations with a diverse range of the stakeholder community, as well as studies leading to the elaboration of the policy framework, including the conduct of a situational analysis on sanitation in the Gambia. Special consultative meetings were also organised with the National Assembly Members and Local Government Authorities to create and raise their awareness on critical policy and legislative issues relating to sanitation.

The stakeholder consultations, studies and field visits to sanitation-related project sites culminated in a Strategy Development Workshop. The output of this workshop and the eventual drafting of the Strategic Plan were put through a peer-review process with the organization of a national Validation Workshop.

II. POLICY AND LEGAL CONTEXT

This Strategy has been developed within the context of a number of national, sub-regional, regional and international policy and legislative instruments relevant to sanitation and hygiene. These instruments seek primarily to strengthen and highlight the important relationship between sanitation and development as well as to emphasise the important role that sanitation plays in the daily lives of people.

At the national level the Recommendations of the First National Policy on Sanitation and Hygiene for The Gambia (2009) have provided the core policy foundations for the elaboration of this Strategy.

In a similar vein, the Government of The Gambia has also taken note of recent initiatives at the international level and in particular the pledges made in the Millennium Development Goals (MDGs) which the Government has seriously aligned to its national development agenda through the development of an MDG-based Second Poverty Reduction Strategy Paper (MDG-based PRSP II).

At the international level, sanitation coverage increased from 49% in 1990 to 59 % in 2004. Widely considered the most important medical advance of the last 150 years, improved sanitation has yet to reach 2.6 billion people in the developing world. The regions presenting the lowest coverage are West and Central Africa (36 per cent), South Asia (37 per cent) and Eastern and Southern Africa (38 per cent). At the current rate, meeting target 7C of the Millennium Development Goals(MDG) by halving the proportion of people without basic sanitation by 2015 will be missed by more than half a billion people.

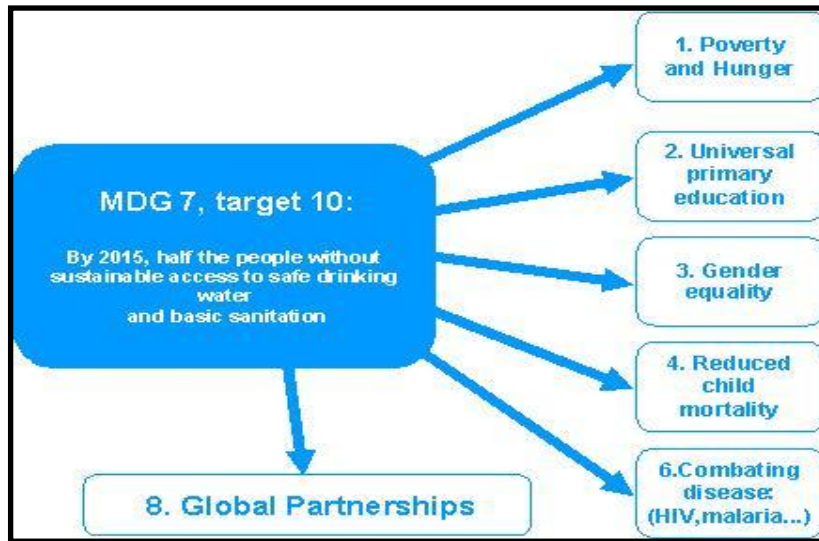
In the case of Sub-Saharan Africa, current statistics show that it is seriously off-track on MDG 7 sanitation target. With 546,000,000 without adequate sanitation and 221,000,000 practicing open defecation, if the current trend prevails, it is expected that the region will not meet the target until 2084 (WHO/UNICEF, JMP 2008).

The above alarming statistics on the situation of sanitation impacts on all global development efforts; contributes to 28% of child deaths (WHO, 2008), costs 9% of GDP (World Bank, 2008), forced school children to loose 473 million school days (UNHDR, 2006), while in terms of environmental impact, each year it results in more than 200 million tonnes of human waste to go uncollected and untreated around the world, fouling the environment and exposing millions of people to disease and squalor.

In recognition of the importance of sanitation to the overall MDGs, the UN General Assembly declared 2008 as the International Year of Sanitation (IYS). The central objective of IYS (2008) is to put the global community on track to achieving the sanitation MDG target through advocacy and awareness building.

At the regional level, important policies and commitments have recently been adopted in Africa and in particular 'African+5' Regional Ministerial Conference held in Durban, South Africa, in 2008 which led to **The eThekweni Declaration**.

Figure 1: Millennium Development Target on Sanitation and Related MDG Goals



The Declaration set the global bar for progressive and ambitious political commitment on sanitation and through it delegates agreed on an Action Plan for 2008 to 2010 to put Africa ‘back on track’ to meet the sanitation MDGs; that countries should review the plan at their individual levels and then adapt it to their own contexts and then to report back to AMCOW (African Ministerial Committee on Water and Sanitation) with country specific action plans by June 30th 2008.

In further recognition of the importance of water and sanitation for social, economic and environmental development, at the 11th African Union Summit of 2008 held in Egypt, African leaders committed themselves to the **Sharm-el-Sheikh Declaration(2008)** in order to: increase efforts to implement past declarations on water and sanitation (WatSan); raise the profile of sanitation by addressing the gaps in eThekweni Ministerial Declaration on sanitation; create conducive environment to enhance the effective engagement of Local Authorities, Private sector and CSOs; build institutional and human resources capacity at all levels and mobilize increased donor and other financing for the water and sanitation initiatives

At the sub-regional level, a three-day consultative meeting was organised for West African countries in Abuja in 2009. **The Abuja Declaration (2009)** was designed to review progress made on national action plans towards achieving the eThekweni Action Plan and ministerial commitments made at the African Union Summit held in Egypt in 2008, how support can be provided for realizing both commitments, and to identify the challenges, constraints and steps to be taken to address them.

The Government of The Gambia has deemed it important to situate the national strategy on sanitation and hygiene within the sub-regional, regional and international contexts respectively in order to take advantage of the momentum and initiatives that have been and are still strongly evolving at the continental and global levels respectively. Furthermore, the domestication and implementation of these frameworks and instruments at the national level will have the double effect of bringing national regulations and practices in line with international standards as well as providing a platform for the fostering of international cooperation, both in terms of resources as well as technical ability, in the field of sanitation and hygiene.

The National Health Policy Statement (2008) has as its main mission “to promote and protect the health of the population”. Although the policy statement is inadequate in terms of direct and explicit policy prescriptions on sanitation, it has covered several areas that have important implications for sanitation. One of the objectives of the policy closely related to sanitation puts direct emphasis on water rather than sanitation and is designed to “enhance commitment to the reduction of the burden of disease in the population through further advocacy for increased access to safe water for the population to reduce incidences due to water-borne diseases and poor sanitation” Even in terms of actions envisaged in the realisation of the policy objectives, the instrument still falls short of providing comprehensive coverage for sanitation. The prescribed actions are designed to enhance “reduction in the frequency of environmental health and safety-related problems and diseases by 50% by 2015” through the following strategies (1) ensuring proper management of solid, gaseous and liquid wastes, and (2) enforcement of Environmental Health-related Acts.

However some of the structures recommended for the realisation of the policy objectives have clear advantages for the promotion of sanitation. These include the (1) Environmental Health and Safety Unit, with the primary responsibility to promote “education on proper hygiene practices on environmental health and sanitation” , (2) Health Education and Promotion Unit, with responsibility for the “promotion, policy development and resource mobilisation for ... proper hygiene practice and environmental health”, and (3) Devolution of responsibilities from “central to regional levels to encourage the provision of safe water and environmental sanitation”

The Draft Public Health Act (2008) was revised to improve on the 1990 Act. It has given substantive consideration for public and environmental health and other related matters. The Act empowers the Minister of Health to make regulations relating to the collection, removal and sanitary disposal of rubbish, night soil and other offending matter. The Act also mandates the Director of Health Services, who heads the Department of Public Health (DPH), inter alia, to abate nuisances and to remove or correct any condition that may be injurious to public health.

The Draft Public Health Act 2008 covers many relevant sanitation issues such as: food hygiene, prevention and control of infectious diseases, occupational health and safety, slaughter houses, control of animals and adherence to international health regulations.

The Public Health Act (2008) is a strong public health inspection tool, but with inadequate provision on sanitation issues.

The Occupational Health and Safety Policy (2007) aims at integrating occupational health and safety into national health policies and strategies, through partnership with other sectors. It seeks to promote healthy and safe workplaces in both the formal and informal sectors, develop and strengthen occupational health and safety institutions, and strengthen inter-sectoral collaboration and coordination between stakeholders, with the health sector taking the lead role.

The Gambia Utilities Act (1972) establishes the National *Water and Electricity Company (NAWEC)* as a private enterprise with the responsibility to provide potable water and electricity. NAWEC is also given responsibility for the evacuation of the wastewater/sewage which results from the use of potable water by the population.

No distinction is however made between urban and rural service provision, though NAWEC's area of activity is largely limited to the Greater Banjul Area and the 10 provincial growth centres.

The National Water Policy provides the legal, institutional and strategic framework for water resources management and development in the Gambia. All aspects of water resources are given attention. The accent is on the development of capacities to meet increasing demand in all areas, not only for drinking water supply. The criteria for potable water quality, which are defined in the 'Water Quality Standards for Surface Fresh Waters and Groundwater' attached to the Environmental Quality Standards Regulations (1999), are based on the *World Health Organisation (WHO)* Conventions on water quality.

The National Water Policy has however made insufficient provision for sanitation issues. The provisions of the policy also create a conflicting situation on the issue of institutional responsibility for sanitation issues, in having to identify NAWEC (the National Water and Electricity Company) to serve as a lead agency for sanitation.

The National Environment Management Act (1994) is a conglomeration of laws and regulations applicable to environmental protection in the Gambia. The laws and regulations concern public health and pollution control as well as natural resource management.

The *National Environment Agency (NEA)* was set up in 1994 by the National Environment Management Act (NEMA). The Act empowers the Agency, inter alia, to identify and classify materials, processes and wastes that are dangerous to human or animal health and the environment.

NEMA has not however made adequate provision for basic sanitation and hygiene services supply and enforcement.

The Waste Management Bill (2007) is designed to complement the *National Environment Management Act (NEMA)*, by filling the enforcement gaps in the existing environmental legislation in the area of waste management, and thereby ensuring that NEMA environmental protection principles are complied with in respect of international principles and standards on waste management.

The Anti-Littering Regulation (2008) considers indiscriminate littering as a public offence. It also introduced a nationwide monthly cleansing exercise, locally known as "Set-Setal", to promote proper environmental sanitation and hygienic practices among the population.

The Gambia Public Utilities Regulatory Act (2008) establishes the Public Utilities Regulatory Agency (PURA) as a regulator for public utilities such as electricity, telecommunications, drinking water supplies, wastewater and waste management. PURA's institutional mandate also permits it to recommend and administer a licensing system for public utilities, the periodic assessment of tariffs imposed on customers and the efficiency of service delivery. The agency has established a National Consumer Parliament to provide a platform for consumer-supplier interaction in evaluating service delivery, responding to consumer complaints and so on.

The Local Government Act (2002) defines the role of local government institutions – such as Area Councils, District Authorities, Ward Development Committees (WDCs), Village Development Committees (VDCs), public health institutions, schools, and agricultural infrastructures in local governance.

The Local Government Act defines the responsibility of Local Government Authorities in ensuring general hygiene and sanitation, as well as the provision of public services such as portable water, wastewater and waste management.

A drawback in the implementation of the Local Government Act (2002) is that it entrusts the Minister of Health responsible for the administration of the Public Health Act (2008) to delegate service provision to local governments. The delay however, in delegating basic services like sanitation and general hygiene to local governments is a major contributor to the low sanitation situation in the country. This situation justifies the development of a comprehensive framework for ensuring the effective and efficient coordination of institutional mandates and responsibilities on sanitation.

The National Education policy (2004-2015) elaborates on the expansion of the number of schools, the required number of classrooms, and related school facilities such as sanitary and water facilities.

The National Education Policy makes no provision for hygiene and sanitation in the school system, yet the issue is considered critical to the proper and total quality management of the schools. The Policy failed to set basic principles, guidelines and standards for the provision and use of water and sanitary facilities in schools. Notwithstanding this omission in the policy document, the sector has made significant steps in ensuring the provision of basic sanitary facilities and services in the school environment.

The Second Poverty Reduction Strategy Paper (PRSP II) 2007-2011) has as its third intervention area, 'improvements to the coverage of basic social services and social protection needs of the poor and vulnerable'. However, the document fails to elaborate on basic sanitation. Brief mention is only made of the inadequacy of solid waste management in the country.

The National Policy on Sanitation and Hygiene has been elaborated in 2009, for which this Strategic Plan is designed in operationalising its implementation. In that respect, this strategy draws its inspiration from the policy.

III. THE SITUATION OF SANITATION AND HYGIENE IN THE GAMBIA

III.1. INTRODUCTION

In the elaboration of the National Sanitation Policy and this Strategy, a situational analysis of the sanitation sector was carried out using a three-pronged methodology. Individual interviews were conducted with programme/project managers and heads of institutions dealing with hygiene and sanitation-related issues; meetings were organized in the different regions of the country with the various stakeholders in the sanitation sector and a five-day national strategy development workshop was organized to bring together the different levels and categories of stakeholders.

The Strategy development workshop which formed the primary basis for the elaboration of this Strategy, involved an analysis of the core problems which express the challenges experienced by stakeholders in the sanitation sector, a stakeholder analysis to identify the characteristics, needs and interests of the prioritized groups, individuals and institutions and a SWOT analysis linking the threats and opportunities to the external environment with the internal weaknesses and strengths of the sanitation sector in The Gambia.

On the basis of the different forms of consultation and data collection methodologies used, the core **problems** identified can be summarized and prioritized into the following thematic areas:

III.2. THE STATE OF SANITATION AND HYGIENE IN SCHOOLS, HEALTH FACILITIES, PUBLIC PLACES AND COMMUNITIES

III.2.1. SANITATION AND HYGIENE IN SCHOOLS

Schools in many developing countries often operate in environments that are not conducive to effective learning, and poor WASH conditions are one of the determinants of this situation. Consequently, much attention has recently been devoted to developing best practices for implementing; sustaining and scaling school WASH programmes (UNICEF/International Water and Sanitation Center, 1998).

In the Gambia, the WASH situation in schools is particularly dire as sanitation standards vary greatly between private and public schools, urban and rural schools. An assessment of 32 schools from all the 6 regions and 2 municipalities throughout the country revealed that 72.7% of schools get drinking water from taps, while 23% get water exclusively from wells, and 35% of the taps and 32% of the wells were not functional at the time of the study. Furthermore, the study show that 18% of the sampled schools having both piped and well water facilities (Situational Analysis of Sanitation in The Gambia, 2009).

The burden of water and sanitation infrastructure was equally distressing. In terms of access to portable water, in 28.1% of the schools assessed, students had no access to drinking water or water for hand washing, while for schools where students had access to portable water the median pupil: water ratio was at an abysmally low rate of 630:1. In terms of toilet availability, the median pupil: toilet ratio was 97:1. While efforts are made to maintain cleanliness, many facilities are closed due to poor maintenance of the infrastructure. In general, there are no urinals. The disposal of sewage from septic tanks is often carried out at school costs. In the rural areas, pit latrines are often used. In regards to hand washing, 56.2% of public schools assessed reported the practice of hand washing, and from those, 67% (i.e. two third) reported making soap available to students.

Furthermore, since the advent of Universal Primary Education (UPE) in The Gambia, there has been an unprecedented increase in the number of students enrolling in primary schools. Due to the difficulty of securing funds at public schools, WASH conditions at these schools are often worse than those in private schools (for example at Marina International School, which is private, the median pupil: latrine ratio was 20:1 while for Essau Basic School, which is public, the median pupil: latrine ratio was 514:1). Therefore, the ability of head teachers to draw additional support from international organisations, NGOs and the private sector greatly contributes to improve sanitation standards in the schools. In the framework of the Fast Track Initiative (FTI), sanitary facilities and services are now being provided to a number of upper basic schools, thus enabling girls to overcome feelings of discomfort and come to school even during menstruation days.

Access to adequate and safe water, and improved sanitation and hygiene at school level is considered to be a basic human right. It is now internationally recognized that if sanitation and hygiene is improved in schools, it will have an influence on growth and development of the child, school attendance, academic performance, and lower rate of school drop out, particularly among adolescent girls who are beginning to menstruate and children with special needs (UNICEF, 2005)

III.2.2. SANITATION AND HYGIENE IN HEALTH FACILITIES

It is expected that health facilities would pay greater attention to the provision of basic sanitation and hygiene practices. However, during the situational analysis exercise conducted on sanitation in 2009, the status of health facilities presents a rather different picture. With a total of 30 health facilities across the country assessed during the survey, as a general observation, the accent in health service delivery is placed more on the provision of drugs and supplies with limited attention given to basic sanitation and hygiene promotion and practice at the level of the facility.

In terms of access to portable water, in 17% of the facilities surveyed, outpatients have no access to drinking water, while of the 65 taps installed in the assessed facilities, 15 (i.e. 23%) are not functioning, thus depriving patients of improved service over relatively long periods of time. The same situation applies to the provision of toilet facilities and sinks. This situation is indicative of the poor standard of maintenance, particularly in health facilities assessed as part of the survey.

In the case of hand washing, 17% of the health centres visited do not have hand washing facilities for outpatients. In 40% of the centres where hand washing is possible, no soap is available however.

The provision of toilet infrastructure is equally appalling in the centres assessed. 10% of the centres assessed do not have any form of toilet facility for outpatients. The median patient: toilet ratio was 43:1, while in a third of the centres, toilets are not separated by male/female. Generally, WASH conditions in the facilities are often in appallingly unsatisfactory conditions.

In terms of waste collection and disposal, solid waste generated is systematically burnt within the premises of the centres, although delays in the exercise often represent a threat to the health of children playing in the vicinity of the centre. Clinical waste on the other hand, is provisionally stored in safety boxes. However, in many cases, boxes are not collected regularly, whereby over 15 boxes were observed in one of the centres during the survey.

III.2.3. SANITATION AND HYGIENE IN PUBLIC PLACES

For an assessment of sanitation in public places three main categories will be identified: (1) Mass public interaction areas such as conventional markets, traditional markets or “Loomo”

and fish landing sites, (2) Mass transit points such as Car parks, ferry terminals and border posts, and (3) Entertainment centres (theatres, cinema halls, music festivals and discotheques), leisure facilities (sports stadium) and public institutions such as financial institutions and Offices.

In regards mass public interaction areas, a total of 14 conventional markets and 14 traditional markets or “Loomo”, where over 100,000 people interact weekly, were assessed throughout the country in respect to their sanitary situation. When assessed for access to portable drinking water, such services are generally poor in mass interaction areas. 9 markets (i.e. 64.3%) were dotted with at least one tap. Only 6 Loomo (46%) had a least one tap. The availability of toilet on the other hand is grossly inadequate considering the number of people interacting in such places. Squat toilets were found in 57% of the conventional markets and 64% of the traditional markets (Loomo). The assessed facilities were equipped with an average of 2 to 4 toilets. In terms of hand washing, where there are toilet facilities, hand washing possibilities generally also exist. Hand washing can be practiced by using empty cups, but without the use of soap in general. In regards solid waste management, the generated waste is regularly collected by the municipalities, in fulfillment of one of their main responsibilities.

In the case of mass transit points, 14 car parks, 5 ferry terminals, and 8 border posts were assessed, where between 100,000 and 200,000 people transit weekly at these points. When assessed for access to portable drinking water, 64% do not have a tap, particularly at ferry crossing points and border posts. In terms of the availability of toilet facilities, most car parks (71%) have toilets (mostly 2 units). Border posts and ferry terminals generally have none, except at very busy ones, such as Barra, Sabi and Kerr Musa. However, the conditions of the toilets are generally poor. Where there are toilets, hand washing possibilities generally also exist (cup), although no soap is available in the facilities assessed. For solid waste management, the garbage is generally collected and burnt at the facility at regular intervals (e.g. weekly or monthly).

Entertainment centres, leisure facilities and public institutions on the other hand are better off in terms of the provision of basic sanitary facilities. The problem here has to do with the median ratio between the number of units and the user population. The disproportion leads to misuse and breakdown in the facilities, leaving them in rather dilapidated, filthy and unhygienic conditions.

III.2.4. SANITATION AND HYGIENE IN COMMUNITIES

Human excreta management and associated hygiene practices between rural and urban areas, literate and illiterate populations across the country, present marked differences. The level of awareness and practice of hygiene is higher in urban than rural settings and among literate than illiterate populations. Differences in the type of system used also present distinct challenges for the two settings. In Banjul where sullage is evacuated through the sewerage system, hygiene threats for the population are connected to blockage of sewers and stagnation of sewage in yards and streets. In the rural areas, threats for the population are connected to low awareness of the importance of sanitation and hygiene, open defecation, and poor quality latrines.

An assessment of latrine facilities at the rural community level indicate that between 81.8% and 86.4% of the sampled households use traditional pit latrine (TPL) facilities, and of these only 18.2% to 31.8% use TPL with slab. Latrines with hand flush are found in only 9.1% of households. No use of WC was reported in the standard rural settings and the reasons given for not using improved latrines lies in their high costs and the access to the technology. In the CRR for example, many rural communities do not have access to proper sanitary facilities and therefore, practice open defecation. In addition, a large part of the population uses uncovered

hand dug wells for their supply of drinking water. In regards hand washing, 86.4 % - 95.5% of respondents reported washing their hands after defecation or disposing child faeces. However, only 41% use soap for hand washing (Situational Analysis of Sanitation in The Gambia, 2009).

Solid waste management on the other hand, has been devolved to the local government authorities through the 2002 Local Government Act. Technically, a distinction can be made between municipal solid waste on the one hand (generated from households, offices, schools, public places, etc) and industrial, medical and hazardous waste on the other hand (generated from industrial plants, health facilities, energy generating plants, etc).

In general, Municipal Cleansing Services provide for the collection, disposal and treatment of municipal waste. For the *collection of solid waste*, the situational analysis study (2009) reported the recent acquisition of new tractors by both the Banjul City Council (BCC) and the Kanifing Municipal Council (KMC). However, it reports that 'the capacity of Cleansing Services in these areas is still insufficient'.

In regards to the *disposal of solid waste*, the inadequacy of disposal facilities throughout the country is of a serious concern. The disposal of household and communal waste is done indiscriminately, although adequate sites have been identified in the growth centres (generally 5-6 km away from the cities) by the National Environment Agency (NEA) after geological tests had been conducted.

In the Greater Banjul Area (GBA), there are two waste disposal facilities. The *Mile 2 Dumpsite* is used for the disposal of 250 Tonnes of waste produced per day by Banjul, while the larger *Bakoteh Dumpsite* receives the garbage generated by in the Kanifing Municipality (Waste Strategy Report, 2003). At present, the two sites are inappropriately used for final disposal, though they are meant to be transitional facilities, with the final disposal expected to take place at a new sanitary landfill at Tambana near Brikama.

However, the Environmental Impact Assessment of the Greater Banjul Area Water Supply System indicated the unsuitability of the Tambana site (now partly in use also as a dumpsite for Brikama). With its location in the vicinity (1.7 km) of the 10 new boreholes additionally supplying the GBA and Brikama with drinking water, this site represents a serious threat for the drinking water supply, considering the possibility of contamination of the groundwater over the next 10 years.

For the *treatment of the solid waste*, generally the collected refuse is burnt at the dumpsites. Wherever possible, the rubbish may also be burnt where it is generated (school, health centre, factory, etc.). Some re-using of the waste occurs at the main dumpsites – i.e. *Mile 2 and Bakoteh Dumpsites* (BCC and KMC Municipalities) through scavengers, who collect metallic items, plastic material, glass bottles, electrical devices, books, etc. Children are frequently involved in such activities.

Hazardous and industrial waste differs in many respects from solid waste in terms of the issues, management, health and environmental impact. With the exception of clinical waste, no official data exists in regards the generation, production rates and management strategies of hazardous waste in The Gambia, in order to ensure compliance with operational and discharge standards (Waste Strategy Report, 2003). In addition, serious steps need to be taken in addressing the problems arising from the large amounts of oil sludge from NAWEC Power Station in Kotu, the liquid caustic soda discharge from Gambega Factory as well as those from the multitude of car repair garages scattered all over the neighbourhoods through out the country.

Clinical waste on the other hand, consisting of sharp items which have been in contact with open wounds (syringes, knives), is generally kept in 'safe boxes' at the health facilities. The

safe boxes are collected by regional health officers at more or less regular intervals (e.g. 4 to 12 weeks). They are brought to the Medical Research Centre (MRC), where they are incinerated. Larger health facilities, like Ahmadiya Hospital, have their own incinerators.

Waste water management poses serious problems for the rural and urban communities alike, both in terms of the safe disposal of sewage and the evacuation of rainwater runoff.

In the case of *sewage disposal*, this is generally considered inadequate in the growth centres outside of the GBA. The sludge from septic tanks is either spread on unproductive land or flushed into the River Gambia without undergoing any treatment. The Greater Banjul Area contains the only two sewerage systems in the country: (1) an underground system which collects the sewage from households in Banjul, and (2) the *Kotu* sewerage system.

The National Water and Electricity Company (NAWEC) is responsible for the management of both sewerage systems, although its speciality is primarily in the provision of potable water than the management of the resultant wastewater. The latter aspect is thus seriously neglected. The Sewage Unit lacks the necessary equipment (pumps, suction tanks and jetting machines) to cope effectively with occurring blockages. It relies basically on the use of iron rods to free the underground drains, and has to frequently hire tanks from the private sector to perform its work.

Since its construction in 1982 the *Banjul Sewage System* encountered serious deterioration over the years (ref. NAWEC study). There are blockages of the system due to collapses of major pipes in about 10 locations in the network. Besides equipment problems at the two pumping stations, intermittent power supply impairs their regular functioning. Consequently, there is occurrence of regular overflows of the environment with insalubrious matter at the pumping stations. In addition, the collected sewage is not treated, and is disposed of by means of ocean outfall at a distance of one kilometre from the shore.

In the case of the *Kotu Sewage System*, it was commissioned in 1981 to serve the hotels, restaurants, self-catering apartments and other tourism-related business located in the Tourist Development Area (NAWEC Study). The system consists of a gravity collector sewer system with individual service connections, four pumping stations and associated rising mains that convey wastewater to the Kotu Stabilization or Oxidation Ponds.

Problems associated with the disposal and treatment of sewage poses other challenges to biodiversity and human health. The level of contamination of the sea water through wastewater from both sewerage systems is monitored by mere observation of 'unusual fish death' on the shoreline – so-called 'coastal monitoring'. In that respect, it is feared that contamination of the sea water in the Banjul waters and by similar installations in the neighbouring countries could affect fish production and people's health along the coast.

Weak implementation of the Physical Planning Act results in the proliferation of illegal settlements, poor physical planning and its accompanying poorly planned infrastructure development and settlements. This situation contributes to poor *drainage management* in many communities. In addition, in many towns, constructions across natural drainage channels hinder the free flow of *rainwater runoff*, and are responsible for the flooding of whole areas.

Generally, few settlements have a drainage facility serving limited sections of the population. Only the Greater Banjul Area is equipped with partly functional rainwater drainage systems. The drains are made of concrete lined trenches which are located at the side of the streets and are sometimes covered with concrete slabs. They lead to larger parallel evacuation canals. Problems of clogging of the drainage system mainly result from inappropriate waste disposal by the communities particularly in the market areas, and the carrying away of stockpiled building materials (sand and gravel) at the road side into the drains mainly through rainwater run-offs.

III.3. INSTITUTIONAL SETTING FOR THE MANAGEMENT OF SANITATION AND HYGIENE

A marked feature and characteristics of the landscape of the sanitation sector in The Gambia is the proliferation of institutional responsibilities and roles in the delivery of sanitation services. The proliferation gives rise to overlaps in institutional mandates, policy and legislative instruments. This situation does not augur well for coordination, collaboration and strategic partnerships. To facilitate the implementation of this Strategy, a comprehensive review and harmonisation is required in all areas of overlapping and duplication.

Table 3: Core roles and responsibilities of stakeholders on sanitation and hygiene issues

STAKEHOLDER	RESPONSIBILITIES
Ministry of Health and Social Welfare	<ul style="list-style-type: none"> □ The lead Ministry with responsibility for overall coordination, creating an enabling environment for sanitation interventions of all stakeholders in the different sectors and regions and monitoring sanitation standards in households, schools and public facilities. □ Enforce health policies and legislations to promote improved sanitation and proper hygiene practices □ Promote sanitation social marketing approaches to promote good hygiene and prevention of sanitation related diseases □ Ensure a comprehensive health services deliveries □ Prosecute offenders of the Public Health Act and Regulations □ Provide technical backstopping through posting of PHO to the LGAs for improving the sanitation service deliveries □ Guide development partners' interventions and ensure a coherent sector approach.
Ministry of Local Government and Lands	<ul style="list-style-type: none"> □ Supervise the implementation of the Local Government Act □ Enforce legal regulations on land administration and use □ Enforce physical planning regulations and housing developments □ Provide the technical backstopping to the lined departments under the Ministry □ Network and collaborate with development partners to improve service deliveries.
Municipalities and Local Government Areas(LGAs)	<ul style="list-style-type: none"> □ Implement the Local Government Act □ Work with communities to collect rates and taxes from the respective Local Government Areas □ Provide social amenities and support to the needy in the LGA □ Build and rehabilitate roads and causeways within the localities □ Provide water, solid waste and excreta disposal facilities within the Local Government Areas □ Manage a waste collection system in the respective LGAs □ Prosecute offenders of the LGA regulations and Acts.
Department of Water Resources	<ul style="list-style-type: none"> □ In partnership with the Ministry , develop and implement policies for the national water resources management □ In partnership with the development partners, implement programs to provide potable water supply systems and improve sanitation in the rural communities □ Assist village communities in the management of their water supply systems □ Conduct water quality monitoring country wide □ Manage and run the water quality laboratory in Abuko

	<ul style="list-style-type: none"> □ Provide technical advice and guidance for groundwater extraction in the Gambia □ Focal point for the World Metrological Organization (WMO).
National Water and Electricity Company (NAWEC)	<ul style="list-style-type: none"> □ Supply water, electricity and sewerage in urban and peri-urban areas of the Gambia □ Establish and implement policies and systems to manage sewerage in the Tourist Development Area (TDA) and Banjul city (collection and disposal)
National Environment Agency (NEA)	<ul style="list-style-type: none"> □ Enforce the National Environmental Management act □ Implement policies and legislations on environmental management and standards □ Develop thorough regulatory instruments and enforce legal standards for effluent disposals □ Implement environmental education & conservation programmes □ Monitor, identify and control the importation and use of toxic and hazardous materials to the public and the environment
Department of Basic and Secondary Education (DoBSE)	<ul style="list-style-type: none"> □ Implement policies and programs for basic and secondary education □ Ensure that basic standards are adhered to by all schools □ Establish and conduct systematic monitoring of basic and secondary schools □ Provide the human and the material support to public basic and secondary schools, including the provision of sanitary facilities □ Provide training of teachers and ancillary staff on sanitation
Department of Community Development (DCD)	<ul style="list-style-type: none"> □ Support the formation and strengthening of community institutions for better management and sustainability of development interventions □ Work as partner with the communities to identify problems and develop/apply possible solutions □ Establish and implement an Appropriate Technology and Research Unit to build and strengthen the community skills □ Conduct community sensitization for effective participation to enhance ownership and sustainability □ Training of community artisans on low-cost latrine construction
Public Utility and Regulatory Authority	<ul style="list-style-type: none"> □ Enforce laws and regulations on water supplies, electricity and sewerage in urban and peri-urban areas of the Gambia.
UNICEF/WHO	<ul style="list-style-type: none"> □ Support Governments efforts to improve health and to reduce morbidity among the poor and vulnerable population.
Ministry of Works, Construction and Infrastructure	<ul style="list-style-type: none"> □ With responsible for the construction of government houses, its activities will ensure that adequate provision is made for sanitation services in government and public buildings □ Construction and maintenance of storm water drainage for roads and sewage treatment works in public institutions

III.4. CONTRIBUTIONS OF KEY STAKEHOLDERS IN THE DELIVERY OF SANITATION AND HYGIENE SERVICES

There is no standard formula for the delivery of sanitation and hygiene services in the country. Primary contributors include: central government, Local Government Authorities/Municipalities, large scale private sector (such as NAWEC), small scale private sector; NGO/CBO and the household

There is no specific national budget line for sanitation by the central government. However, government contributions to sanitation are made through institutions such as the Department of Community Development's Appropriate Technology Centre, the National Environment Agency (NEA), etc.

Government Local Fund (GLF) Revenue 2007 amounted to 231,192,000 Dalasis. The target for national sanitation expenditures set at the Durban Summit (eThekweni Declaration) is 0.5% of GDP. However, current public budgetary allocations fall far short of meeting this target.

The activities of the Environmental Health and Safety Unit, Health Education and Promotion Unit, Regional Public Health Officers and the School of Public Health (University of The Gambia) to a large extent determine the contributions of the Ministry of Health and Social Welfare to the delivery of sanitation services in the country.

The contribution of the Ministry for Basic and Secondary Education to sanitation is entailed in the school building programme and in the payment of utility bills for electricity, water supply and sewage disposal of some schools. For public lower schools, their normal source of revenue is the school fund of D15 per student per year. They generally pay for water and electricity, waste disposal and repairs of sanitary and other installations.

Municipalities on the other hand, finance sanitation mainly from revenues *accrued from markets*. Solid waste collection constitutes a major component of their expenditures. The percentage to the total revenue allegedly varies between 30% for most of the municipalities and Brikama, and 75% in LRR.

An important element for the monitoring and evaluation of sanitation issues in the country is the Health Management Information System (HMIS) managed by the Ministry of Health and Social Welfare, and the Multiple Indicator Cluster Survey (MICS) and 'Gaminfo' managed by the Gambia Bureau of Statistics (GBoS). There are however drawbacks in the extent to which these data sources provide a comprehensive picture of sanitation situation in the country. While HMIS is primarily used for the collection of epidemiological data, MICS is largely restricted to the documentation of data on only human excreta management. This situation justifies the need for a management information system which could provide a comprehensive data source for sanitation.

III.5. SWOT ANALYSIS OF THE SANITATION AND HYGIENE SECTOR

Linking the opportunities and threats of the external environment with the internal weaknesses and strengths, made it possible to analyze the influence of external factors on the sanitation sector. The analysis also made it possible to determine the potential of the sector as well as its vulnerabilities and constraints. On the basis of the regional consultations and the national consultative workshop for the elaboration of the strategy the following have been identified as the major strengths, weaknesses, opportunities and threats:

The main **strengths** of the sector include among others:

- ▶ high political commitment towards general environmental sanitation
- ▶ availability of MICS data on sanitation coverage that could be used to measure progress as well as highlight the disparities
- ▶ availability of locally-trained masons on latrine slab construction
- ▶ availability of private sanitary service providers in the urban areas
- ▶ introduction of CLTS approach in communities
- ▶ existence of National Sanitation Policy Frame work
- ▶ existence of an Anti Littering Regulation
- ▶ existence of a Waste management Bill and Strategy
- ▶ existence of a Hazardous Chemicals Regulation
- ▶ existence of an Environmental Quality Unit at the National Environmental Agency (NEA), for the monitoring of hazardous waste.
- ▶ existence of relevant sector policy and legislative instruments and the capacity of the Ministry of Health and Social Welfare to stimulate and promote quality sanitation and hygienic practices augur well for the development of the sector.

Institutional **weaknesses** associated with the sector, if not properly identified and addressed, could in turn lead to constraints that may inhibit the ability of the sector to take advantage of some opportunities in its global environment. The major weaknesses identified for the sector include among others:

- ▶ fragmentation of institutional responsibilities for sanitation and hygiene issues resulting in over-lapping and duplication of responsibilities, lack of effective coordination and collaboration among otherwise would-be partners
- ▶ a very poor perception of sanitation especially among senior public officers resulting in the low priority accorded to it in national development blueprints, agenda and public budgets
- ▶ poor infrastructural capacity and human capability and competence to manage the existing sanitation infrastructure and institutions
- ▶ the lack of a comprehensive national system to facilitate the regular and systematic collection, documentation, storage, dissemination and application of sanitation data
- ▶ inadequate integration of sanitation issues in other economic and social sectors, including the schools, public facilities and mass public meeting points such as car parks, fish landing sites, border posts, etc
- ▶ inadequate dissemination of policies, legislations and regulations on sanitation to enhance understanding of their values to stakeholders
- ▶ poor institutional capacity for monitoring and evaluation of policies

- ▶ lack of appropriate managerial, technical and professional capacity and competitive competence in sanitation and hygiene issues hence reducing their capacity to be
- ▶ lack of linkages and networking among institutions and a mentality of almost total dependence on the public budget on the part of key actors involved in sanitation. However, there are other funding sources that could be tapped to realize the implementation of the Strategy, such as household-financing, micro-finance, the contributions of other development partners such as NGOs, bilateral and multilateral agencies

The global environment of the sanitation sector is constantly spinning out **opportunities** as well as **threats**. The ability of the sector to identify these threats and devise counter-strategies to minimize their adverse effects, as well as take advantage of the opportunities and translate them into positive outcomes, would ensure an added value and dimension to the process of sanitation social marketing and hygiene promotion in The Gambia.

The major **opportunities** identified include among others:

- ▶ the existence of the Global Fund for Tuberculosis, Aids and Malaria(GFTAM), the Global Sanitation Fund (GSF) and The Fast Track Initiative (FTI) funding window at the Ministry of Basic and Secondary Education
- ▶ availability of different channels for behaviour change communication including traditional opinion leaders, print and electronic media and traditional communicators;
- ▶ the work of community-based organizations, international/national NGOs and United Nations System Agencies in sanitation and hygiene
- ▶ the government's association with and commitment to international agreements and agenda relating to sanitation such as the International Decade for Sanitation(2008), resolutions of AfricaSan+5 and the resultant eThekwini Declaration(2008), and the Abuja(2009) and Cairo(2008) Declarations respectively on sanitation in Africa.

The major **threats** constituting serious challenges for the sector include:

- ▶ rapid urbanization due to massive rural exodus which in turn gives rise to overcrowding and illegal settlements in slums particularly in Greater Banjul Area
- ▶ floods and the resultant disasters posed to settlements and assets
- ▶ indiscriminate settlement of populations along natural drainage ways due to the weak implementation of the Physical Planning Act
- ▶ civil conflict in the sub-region resulting to the influx of refugees
- ▶ inadequate knowledge of proper sanitation and hygienic practices among the populations especially the rural and illiterate
- ▶ indiscriminate dumping of solid waste materials

On the basis of the identification and analysis of the core problems and stakeholders, and conduct of the SWOT analysis, this Strategic Plan will target the following key **stakeholders** among others(1) Top-level policy and decision makers (2) Senior-level planning and

programming officers (3) Traditional communicators (4) Research and training institutions (5) Media practitioners and media houses (6) Managers of sanitation and hygiene-related programmes and projects (7) The vulnerable groups (women, the youth, physically-challenged, (8) the elderly, children and the poor) (9) Traditional and local (municipal) authorities (10) Law enforcement agents (11) Development practitioners and agents (12) Private sector (13) Civil society/Community-based organisations.

IV. PRINCIPLES, GOALS AND OBJECTIVES

IV.1. INTRODUCTION

In consideration of the fact that the Gambia, including other UN member states, made a commitment to meet the Millennium Development Targets by 2015, and in particular Target 7C (To halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation), actions the country will therefore take in achieving this target must be deeply entrenched in core values and principles which motivated its commitment to the Millennium Pledges in the first instance.

IV.2. GUIDING PRINCIPLES AND CORE VALUES

In order to enhance improvements in sanitation and hygiene practices, the implementation of the Strategic Plan shall be guided by the following principles and core values:

- i. In recognition of the existing compartmentalisation of sanitation issues in different ministries, department and agencies, **coordination, collaboration and partnership** will be seriously pursued in order to ensure effective participation in a multi-sectoral approach to addressing sanitation issues;
- ii. The absence of a clear-cut institutional mandate for sanitation is seriously curtailing the monitoring and evaluation functions of the sector. In this respect, **the National Agency for Sanitation and Hygiene** when established, shall serve as the institutional home for sanitation and hygiene issue, with the Ministry of Health and Social Welfare as the lead sector;
- iii. In consideration of the low sanitation status in certain parts of the country, engendered by personal habits, community behaviour and traditional sanitary practices, **a gender and culture-sensitive perspective** shall be given to all sanitation delivery services in order to stimulate and promote positive behaviour changes and household demand for improved health;
- iv. As The Gambia subscribes to several regional and international instruments with provisions on the safeguarding of fundamental human and peoples rights to a healthy and dignified living, **upholding the basic principles of human rights and equity** in the provision of affordable, accessible and sustainable quality sanitation facilities and hygienic practices to all citizens, shall guide the implementation of this strategy;
- v. As sanitation is every body's business, the **involvement and participation of all stakeholders** through constructive partnerships and strategic alliances will be vigorously pursued in order to evenly spread the burden of responsibility;

- vi. In respect of the wide disparities prevalent in the country with regards to the provision of basic quality sanitary facilities in schools, health facilities, public places and mass meeting points, the ***development and monitoring of clear national standards and guidelines*** shall be seriously pursued by the National Agency for Sanitation and Hygiene, in order to promote the provision of and improvements to standard sanitation facilities and hygienic practices; and
- vii. In order to ensure an effective public information service for the communities, with a view to providing them with a wide range of appropriate safe sanitation options, ***capacity-building and training*** for public health officers and technicians, artisans and operators of sanitation facilities, and other public officials and community workers shall be vigorously pursued.

IV.3. THE VISION

A healthy and dignified living environment for all communities

IV.4. MISSION STATEMENT

To provide an acceptable, affordable and sustainable sanitation and hygiene service to all communities in the Gambia through inter-agency collaboration and community participation.

IV.5. THE GOAL

The National Strategy for Sanitation and Hygiene is aimed at promoting and providing adequate sanitation and hygiene coverage for improving the quality of life of the Gambian population.

As The Gambia's contribution to the attainment of Target 7c of the Millennium Development Goals (MDGs), the following goals have been set for this Strategic Plan:

- i. Community-Led Total Sanitation (CLTS) is implemented to encourage the elimination of open defecation (OD) in 50 percent of all communities practicing OD by the end of 2015;
- ii. No open pit latrines use and unprotected wells in communities by 2015
- iii. Seventy-five percent of all households will be sensitized and made aware of the importance and need for improved sanitation and hygiene practices for improved health, leading to positive behaviour changes by 2015;
- iv. Fifty percent of all public facilities(particularly schools and health centres) and communities will have access to, and make use of hygienic, affordable, functional and sustainable excreta disposal, safe water supply and hand washing facilities by 2015;
- v. All premises, dwellings and their immediate environments will be clean and free from waste and unpleasant odour, and will have adequate drainage facilities by 2015;
- vi. Hygiene education and wise use of water are taught in fifty percent of all schools by 2015;

- vii. Water, sanitation and hygiene policies and strategies are implemented in all Local Government Authorities by 2015;
- viii. National Policy and Strategy on sanitation and hygiene are adopted by the end of 2012;
- ix. Lead agency and coordination structures for sanitation and hygiene are established and actively functioning by the end of 2013; and
- x. The burden of sanitation and hygiene-related diseases will be reduced by 50% by 2015

IV.6. THE GENERAL OBJECTIVES

- i. To accelerate progress towards achieving MDG Target for sanitation in The Gambia
- ii. To reduce by 2/3 incidence of sanitation and hygiene-related diseases among the population
- iii. Provide communities with the awareness and knowledge to promote improved sanitation and hygienic practices for better health;
- iv. Build the technical skills and capacity of stakeholders such as public health officers, technicians, artisans and other public officials and community workers, for quality service delivery and the promotion of basic sanitation and hygienic practices in accordance with national policies and guidelines;
- v. Develop and disseminate guidelines and standards for the promotion and utilisation of cost-effective, appropriate and sustainable quality sanitation and hygiene facilities;
- vi. Review and harmonise existing policies, legal and institutional structures with a view to creating an appropriate coordinating framework for enhancing the effective and efficient implementation of the national sanitation and hygiene policy and strategy;
- vii. Put in place an efficient and effective monitoring and evaluation mechanism and process at both the community and central levels for the implementation of the national sanitation and hygiene policy and strategy; and
- viii. Develop a financing mechanism that harnesses the potential of both public and private sectors as well as community and household resources for the implementation of the sanitation and hygiene policy and strategy

V. COMPONENTS OF THE STRATEGY

V.1. STRATEGIC PRIORITY AREAS

Following the consultative process described in the introductions, a number of strategic priority areas, strategic objectives and strategic responses were defined for the Strategy. The structure of the implementation framework for the Strategy was thus organized around the following eight identified strategic priority areas:

Strategic Priority Area 1: Enabling Environment: Policy and Legislation

Strategic Priority Area 2: Sanitation and Hygiene Sector Coordination Framework

Strategic Priority Area 3: Sanitation and Hygiene Services

Strategic Priority Area 4: Capacity Building and Infrastructure Development

Strategic Priority Area 5: Sanitation Marketing and Hygiene Promotion

Strategic Priority Area 6: Monitoring and Evaluation

Strategic Priority Area 7: Research and Development

Strategic Priority Area 8: Financing Framework

V.2. STRATEGIC OBJECTIVES AND FORMS OF RESPONSE

The eight (8) strategic priority areas identified for this Strategy have been further subdivided into strategic objectives, for each of which a number of concrete forms of action have been proposed, as follows:

Strategic Priority Area 1: Enabling Environment: Policy and Legislation

Strategic Objective 1: Review and harmonize existing policies and legislative instruments for a more coordinated response to sanitation challenges

Strategic Response:

- I.1.1. The *Sub-Working Group on Review and Harmonization* to review policies and legislative instruments at the central and local levels respectively
- I.1.2. Carry out a comprehensive review of policies and legislative instruments in regards sanitation and hygiene, and put forward recommendations on how to harmonize strategies, approaches, methods and tools of various stakeholders and partners for enhanced coordination
- I.1.3. Conduct a gap analysis on sanitation and hygiene to better inform the development of a sanitation and hygiene *Operational Plan*
- I.1.6. The *Sub-Working Group on General Sector Issues* mobilized to undertake the following communication tasks:
 - I.1.6.1. Design and implement a programme of awareness-raising and sensitization of the different stakeholders on sanitation and hygiene issues
 - I.1.6.2. Ensure systematic dissemination of the policy and legislative instruments to enhance wide scale awareness of their provisions on sanitation issues

Strategic Objective 2: Strengthen the enforcement regime for policy and legislative instruments on sanitation and hygiene

Strategic Response:

- I.2.1. Conduct a KAP survey on sanitation and hygiene to determine the level of public awareness and understanding of sanitation and hygiene issues and in particular relevant national policies, legal instruments and standards
- I.2.2. Develop and implement re-training activities for the law enforcement agents in the application and enforcement of sanitation and hygiene-related legislations such as the Public Health Act (2008), National Environment Management Act (1994), Waste Management Act (2007), Hazardous Chemicals and Pesticides Management Act, Anti-Littering Regulation (2008), Local Government Act (2002), Occupational Health and Safety Act (2007)

- I.2.3. Provide support to law enforcement agencies to facilitate the execution of their duties, through the supply of required equipment and materials such as computers, vehicles and communication equipment
- I.2.4. Develop simplified and user-friendly versions of relevant policies and legislative instruments for the benefit of schools and the general public in rural and urban settings, in order to broaden knowledge and understanding of their provisions
- I.2.5. Develop guidelines and national standards for operationalising the provisions of policy and legislative instruments on sanitation and hygiene, and disseminate them to all relevant agency levels
- I.2.6. Ratify and domesticate into national laws and regulations, relevant regional and international instruments on sanitation and hygiene-related issues, and ensure government commitment to the implementation of the provisions of these instruments such as the eThekweni Declaration among others
- I.2.7. Ensure the adoption of all relevant policies, strategies and legislative instruments on sanitation and hygiene

Strategic Priority Area 2: Sanitation and Hygiene Sector Coordination Framework

Strategic Objective 1: To develop a coordination framework that will enhance the effective implementation of the sanitation and hygiene policy and strategy

Strategic Response:

- II.1.1. *The Sub-Working Group on Review and Harmonization* to review institutional roles and responsibilities of various stakeholders on sanitation and hygiene with the following Terms of Reference:
 - Identify and define the specific roles and responsibilities of the various stakeholders in implementing sanitation and hygiene programmes, and in particular overlaps, ambiguities and conflicts in responsibilities
 - Develop a *Memorandum of Understanding and Cooperation (MOU)* on sanitation and hygiene to require the relevant sectors/Ministries to put in place institutional arrangements, mechanisms for collaboration and cooperation, prioritization of resources and distribution of rights and responsibilities in ways that would create a sustainable sanitation programme
 - Put forward recommendations on how each key partner/stakeholder can provide an *Institutional Anchor or Focal Point* for sanitation and hygiene issues as per the mandate of their portfolio
- II.1.2. Organize stakeholder consultative meetings at different settings and levels to review the MOU and exchange ideas on how to properly coordinate and harmonize the responsibilities and roles of various stakeholders
- II.1.3. Develop and produce adequate copies of the MOU on institutional responsibilities and roles on sanitation and hygiene as agreed at the stakeholder consultative meetings and based on the approved sanitation policy and strategy

- II.1.4. Distribute the MOU document developed on the roles and responsibilities of key stakeholders and partners, at different levels and regions
- II.1.5. Organize workshops at the national, regional, district and ward levels to effectively sensitize stakeholders on the collective responsibilities on sanitation and hygiene issue

Strategic Objective 2: Develop and strengthen a sector-wide approach for improved coordination of the sanitation and hygiene sector

Strategic Response:

- II.2.1. Create an *Inter- Ministerial Steering Committee on Sanitation and Hygiene* as the high-level policy organ on sanitation and hygiene, to exercise a supervisory responsibility over the National Sanitation and Hygiene Agency
- II.2.2. Create the *National Sanitation and Hygiene Agency* with responsibility for coordination, creating the enabling environment for sanitation interventions of all stakeholders in the different sectors and monitoring standards for household and public sanitation
- II.2.3. Establish the *National Working Group on Sanitation and Hygiene* with (3) Sub-Working Groups on (1) Review and Harmonisation (2) Monitoring and Evaluation, and (3) General Sector Issues, to encourage inter-sectoral collaboration on technical issues relating to sanitation and hygiene
- II.2.4. Create *Community Water, Sanitation and Hygiene (WASH) Committees* at the local level to enhance behaviour change communication, social marketing and participatory monitoring and evaluation in the delivery of products and services relating to water, sanitation and hygiene

Strategic Priority Area 3: Sanitation and Hygiene Services

Strategic Objective 1: Improve the supportive environment for the efficient delivery of sanitation and hygiene services

Strategic Response:

- III.1.1. Commission a base-line survey of practices, experiences and know-how on the different sanitation and hygiene options
- III.1.2. Drawing from the results of the base-line survey, carry out a need assessment of the households in meeting national sanitation and hygiene standards.
- III.1.3. On the basis of the results of the needs assessment exercise, produce a comprehensive plan to enhance the delivery of sanitation and hygiene services by stakeholders at different levels and settings
- III.1.4. Compile a *Manual on National Sanitation* to provide a compendium of guidelines, indicators of national sanitation and hygiene standards as well as various alternative options
- III.1.5. Publish and disseminate the Manual widely to all stakeholders
- III.1.6. Conduct User-Education Seminars for stakeholders to enhance knowledge and understanding on the use and operationalisation of the Manual for different purposes and in different settings

- III.1.7. Translate the Manual into the local languages for introduction into the national programmes for Non-Formal Education and Adult Literacy.
- III.1.8. Produce simplified and user-friendly versions of the Manual for introduction into the school system

Strategic Objective 2: Improve the supportive environment for human excreta management

Strategic Response:

- III.2.1. Provide support to the Local Government Authorities in carrying out the following tasks:
- Review, revise and modify local -level policies, restrictive planning regulations and technical norms in order to innovate accordingly
 - Review the sanitation options for effectiveness and ensure that available funds go towards low-cost appropriate technologies for human excreta management
 - Create micro-finance schemes to provide incentives for trained local artisans in the production and marketing of low-cost appropriate latrine hardware
- III.2.2. Provide support to the Community-Based Organizations (CBOs) in carrying out the following tasks:
- Ensure the enabling environment to empower the local communities and households to create the solutions themselves
 - Promote and support the expansion of the Community -Led/Urban-Led and School-Led Total Sanitation (CLTS) approaches to the schools and communities
 - Develop micro-finance schemes to fund household sanitation improvements in human excreta management

Strategic Objective 3: Improve the supportive environment for solid waste management

Strategic Response:

- III.3.1. Provision of appropriate sanitary equipment and materials
- III.3.2. Provision of appropriate waste collection and disposal vehicles
- III.3.3. Training of waste collectors in proper and safe solid waste management
- III.3.4. Identification of ideal dumping sites in collaboration with communities
- III.3.5. Insurance covers for all health workers in the public or private sector
- III.3.6. Provide more encouragement and support to the monthly national cleansing exercise (Set-Setal) and ensure its expansion nation-wide

Strategic Objective 4: Improve the supportive environment for liquid waste management

Strategic Response:

- III.4.1. Undertake the construction and rehabilitation of drainage systems in the urban and peri-urban areas
- III.4.2. In collaboration with the relevant LGAs, Municipalities and the National Environment Agency (NEA), ensure the evacuation and resettlement of populations settled on the natural drainage ways
- III.4.3. In collaboration with the Department for Physical Planning and the Law Enforcement Agencies, ensure the vigorous enforcement of the Physical Planning Act in regards illegal settlements along natural drainage ways

Strategic Objective 5: Improve the management of hazardous and clinical waste disposal

Strategic Response:

- III.5.1. Ensure the provision of hazardous and clinical waste disposal facilities at health centers and related work places such as incinerators, colour-coded waste bins
- III.5.2. Ensure the availability of cleansing materials and Personal Protective Equipment (PPEs) to all health workers dealing with hazardous and clinical waste disposal
- III.5.3. Provision of preventive services to workers in case of exposure or injuries from for example, Tetanus Toxoid Vaccination and Post Exposure Prophylaxis (PEP) in case of accidental exposure to HIV in the work place

Strategic Priority Area 4: Capacity Building and Infrastructure Development

Strategic Objective 1: Develop and strengthen the knowledge and skills base on sanitation among stakeholders

Strategic Response:

- IV.1.2. The *Sub-Working Group on General Sector Issues* mobilised and charged with the following capacity-building tasks:
 - Commission a capacity needs assessment for the sanitation and hygiene sector at the national and community levels respectively
 - Develop a capacity building programme for the various stakeholders in the sanitation and hygiene sector
 - Identify capacity building providers/institutions and resource persons at the national, regional and community levels respectively
 - Develop capacity building activities and corresponding training packages in sanitation and hygiene
 - Develop partnership arrangements for organising the capacity building activities at the national, regional and community levels respectively

IV.1.3. Organise targeted capacity building activities for different levels and categories of the stakeholder community:

- Build the capacity of CBOs, Traditional Communicators, Drama Groups and Peer Health Educators on the importance and management of human excreta, liquid waste and solid waste
- Build the capacity of Multi-Disciplinary Facilitation Teams(MDFTs) in the provision of extension services for household and community improvements to sanitation and hygiene
- Capacity building for health professionals and partners on industrial and clinical waste management
- Training of Trainers for Regional Health Teams(RHTs) in industrial and clinical waste management
- Re-training activities for public sector officials(in particular Planners, Policy Makers, Programme Managers and law Enforcement Agents)
- Capacity building for personnel of LGAs and Municipalities for their sanitation and hygiene functions and in providing sanitation and hygiene outreach functions to their respective local communities
- Capacity building for stakeholders in the sanitation sector in proposal design, project management, resource mobilization, networking and micro-finance management
- Capacity building for community-based resource persons and *Community Water, Sanitation and Hygiene Committees*
- Capacity building for “Natural Leaders” in order to promote the expansion of the CLTS approach to communities in all the regions
- Introduce appropriate participatory approaches in sanitation management in relevant training institutions

Strategic Objective 2: Develop and strengthen an integrated Sanitation and Hygiene Management Information System

Strategic Response:

IV.3.1. Set up a system for the systematic collection and processing of data (quantitative and qualitative) on the sanitation and hygiene sector

IV.3.2. Set up a database and resource centres for the sanitation sector

IV.3.3. Strengthen and integrate the data related to the sanitation and hygiene sector in all its forms, into the *Sanitation and Hygiene Management Information System (SHMIS)*

IV.3.4. Enhance e-knowledge on sanitation among the stakeholders through the:

- Establishment of an inventory of e-knowledge capacity and gaps

- Provision of training and equipping staff on ICT at different levels and settings of the stakeholder community
- Creation of a social network website for the dissemination and networking on e-knowledge in regards sanitation and hygiene

Strategic Priority Area 5: Sanitation Marketing and Hygiene Promotion

Strategic Objective 1: Develop sanitation marketing and hygiene promotion approaches at all implementation levels, based on best practices

Strategic Response:

V.1.1. The *Sub-Working Group on General Operational Issues* mobilized and charged with the following tasks on sanitation marketing and hygiene promotion:

- Carry out a mapping of current marketing approaches on sanitation and hygiene products and services
- Produce an inventory of approaches, practices and experiences on sanitation marketing and hygiene promotion
- Conduct consultative meetings with stakeholders to present and review approaches, practices and experiences before and after introduction/implementation of new approaches
- Harmonize the activities of stakeholders by clearly defining roles and responsibilities in sanitation marketing and hygiene promotion

Strategic Objective 2: Develop and strengthen awareness and knowledge on sanitation marketing and hygiene promotion at all implementation levels

Strategic Response:

V.2.1. Sensitize and mobilize public officers on sanitation and hygiene and involve them in the planning and implementation processes

V.2.2. Develop and strengthen awareness and knowledge of LGAs, local NGOs, and the private sector on sanitation marketing approaches including community- and school-based groups /clubs (Peer Health Educators, Women Associations, etc), PHARST, Sanitation Situation Analysis, etc

V.2.3. Ensure the integration of sanitation and hygiene education in national schools curricula and other tertiary education and training institutions

V.2.4. Develop and distribute supporting materials to enhance implementation of sanitation marketing and hygiene promotion approaches

V.2.5. Monitor experiences in the implementation of the approaches by independent agencies

V.2.6. LGAs to provide support to communities and schools in the dissemination of information materials on sanitation marketing and hygiene promotion approaches such as CLTS/ULTS/SLTS

- V.2.7. Enhance knowledge and understanding among local communities and CBOs on sanitation marketing approaches to enable them establish the balance between local sanitation needs (getting excreta out of the houses) and community needs (protecting the community environment) and thereby participates in sanitation marketing campaigns
- V.2.8. Through the use of Household-Centered Environmental Sanitation (HCES) approaches, support the local communities in creating the forum for discussing with neighbours, ways and means of solving local sanitation problems and encouraging local community leaders in supporting locally-developed solutions
- V.2.9. Provide support to entrepreneurs in carrying out needs assessment and marketing research to enable them to develop low-cost demonstration toilets, which will offer better versions of what people are already using, in conformity with national and local laws and regulations

Strategic Priority Area 6: Monitoring and Evaluation

Strategic Objective 1: Develop an M&E framework for assessing the implementation of the national sanitation and hygiene policy and strategy

Strategic Response:

- VI.1.1. Carry out a mapping of existing sanitation and hygiene monitoring and evaluation practices, methods and tools to enhance the development of the framework
- VI.1.2. Establish an *M&E Coordination Unit* at the level of the National Sanitation Agency
- VI.1.3. Develop the system requirements and framework document for M&E on sanitation and hygiene
- VI.1.5. Field test the draft sanitation M&E framework and Key Performance indicators at selected locations at all levels of implementation
- VI.1.6. Revise and finalize the M&E system for subsequent approval
- VI.1.4. Organize a workshop to validate the framework and Key Performance Indicators (KPIs) for sanitation and Hygiene
- VI.1.7. Disseminate the M&E system including associated tools to all levels
- VI.1.9. Strengthen the capacity of the *Community Water, Sanitation and Hygiene Committees* in participatory M&E to ensure the monitoring and evaluation of CLTS/ODF status in villages

Strategic Objective 2: Promote and support the operationalisation of the M&E framework

Strategic Response:

- VI.2.1. Provide training and equipment in M&E system for national stakeholders
- VI.2.2. Provide training and equipment in M&E system for regional stakeholders
- VI.2.3. Provide training and equipment in M&E system for district stakeholders

- VI.2.4. Strengthen the capacity of the *Community Water, Sanitation and Hygiene Committees* in participatory M&E to ensure the monitoring and evaluation of CLTS/ODF status in villages
- VI.2.5. Provide training to Education Inspectors and Teachers to enhance the monitoring and evaluation of WASH programmes in schools
- VI.2.6. Design methods for the inclusion of sanitation data into national systems of data collection
- VI.2.7. Develop strategies for the sanitation sector to provide further input and data to the WHO/UNICEF Joint Monitoring Programme (JMP)
- VI.2.8. Assessment and Mid-term review of the sanitation and hygiene policy and strategy
- VI.2.9. Assessment and Terminal evaluation of the sanitation policy and strategy

Strategic Priority Area 7: Research and Development

Strategic Objective 1: Develop the framework for carrying out systematic action research activities on sanitation and hygiene issues

Strategic Response:

VII.1.1. Mobilize the *Sub-Working Group on General Sector Issues* to carry out the following tasks relating to Action Research:

- The Task Force to elaborate an Action Research Implementation Plan
- Meeting of the Sub-Working Group organised to discuss and agree on the Implementation Plan for the action research
- Action research carried out in collaboration with the local stakeholders to field-test and adjust low-cost and appropriate sanitation approaches and technologies for introduction and use in various settings
- Organize review and learning workshops to validate the findings of the action research activities in different settings
- Publish and disseminate the research findings to stakeholders at all levels and settings through awareness-creation seminars, press- briefings and other media events such as 'Open Days'
- Advocate for the utilization of appropriate approaches and technologies in order to improve the implementation of the sanitation and hygiene policy and strategy
- Development of the Second Medium-term Strategy and Plan of Action on Sanitation and Hygiene

Strategic Priority Area 8: Financing Framework

Strategic Objective 1: Develop a sustainable financing mechanism for implementing the sanitation and hygiene policy and strategy

Strategic Response:

- VIII.1.1. Establish a semi-autonomous National Sanitation and Hygiene Fund to which NGOs, government, private sector, LGAs and other development partners shall be encouraged to contribute
- VIII.1.2. Form a Board of Trustees to oversee the management of the Fund
- VIII.1.3. The Board organizes a sensitization meeting with key stakeholders
- VIII.1.4. The Board establishes guidelines for the management of the Fund
- VIII.1.5. The Board organizes briefing sessions with potential contributors
- VIII.1.6. The Fund is officially launched
- VIII.1.7. The Board develops and implements a resource mobilization plan including public-private sector partnerships, proposal write-ups to fund specific priority concerns in the sanitation and hygiene sector and contributions from the local community and LGAs

Strategic Objective 2: Ensure accountability and transparency in the management of the financial and other resources provided for the implementation of the sanitation and hygiene policy and strategy

Strategic Response:

- VIII.2.1. Establish accounting mechanisms at all levels of implementation of the sanitation programme
- VIII.2.2. Prepare the financial guidelines, accounting and auditing procedures
- VIII.2.3. Develop the capacities of staff and other stakeholders in the use of the standardized accounting packages
- Vii.2.4. Conduct an internal and external review of the monitoring mechanisms to ensure efficiency and efficacy.

ANNEXES

I. SUMMARY OF STRATEGIC PRIORITY AREAS, OBJECTIVES INDICATIVE COSTS

Strategic Priority Area	Strategic Objective	Indicative Cost (US\$)
I. Enabling Environment: Policy and legislation	I.1. Review and harmonize existing policies and legislative instruments for a more coordinated response to sanitation and hygiene challenges	60,000.00
	I.2. Strengthen the enforcement regime for policy and legislative instruments on sanitation and hygiene	210,000.00
	Sub-total	270,000.00
II. Sanitation and Hygiene Sector Coordination Framework	II.1. Develop a coordination framework that will enhance the effective implementation of the sanitation and hygiene policy and strategy	115,000.00
	II.2. Develop and strengthen a sector-wide approach for improved coordination of the sanitation and hygiene sector	285,000.00
	Sub-total	400,000.00
III. Sanitation and Hygiene Services	III.1. Improve the supportive environment for the efficient delivery of sanitation and hygiene services	170,000.00
	III.2. Improve the supportive environment for human excreta management	755,000.00
	III.3. Improve the supportive environment for solid waste management	265,000.00
	III.4. Improve the supportive environment for liquid waste management	560,000.00
	III.5. Improve the management of hazardous and clinical waste disposal	200,000.00
	Sub-total	1,650,000.00

Strategic Priority Area	Strategic Objective	Indicative Cost
IV. Capacity-building and Infrastructure Development	IV.1. Develop and strengthen the knowledge and skills base on sanitation and hygiene among stakeholders	495,000.00
	IV.2. Develop and strengthen an integrated Sanitation Management Information System (SMIS)	275,000.00
	Sub-total	770,000.00
V. Sanitation Marketing and Hygiene Promotion	V.1. Develop sanitation marketing approaches at all implementation levels, based on best practices	100,000.00
	V.2. Develop and strengthen awareness and knowledge on sanitation marketing at all implementation levels	375,000.00
	Sub-total	475,000.00
VI. Monitoring & Evaluation	VI.1. Develop an M & E framework for assessing the implementation of the national sanitation and hygiene policy & strategy	300,000.00
	VI.2. Promote and support the operationalisation of the M & E framework	255,000.00
	Sub-total	555,000.00
VII. Research & Development	VII.1. Develop the framework for carrying out systematic action research activities on sanitation and hygiene issues	230,000.00
	Sub-total	230,000.00

Strategic Priority Area	Strategic Objective	Indicative Cost
VIII. Financing Framework	VIII.1. Develop a sustainable financing mechanism for implementing the sanitation and hygiene policy and strategy	65,000.00
	VIII.2. Ensure accountability and transparency in the management of financial and other resources provided for the implementation of the sanitation and hygiene policy and strategy	85,000.00
	Sub-total	150,000.00
	GRAND TOTAL	4,500,000.00

II. COMPONENT-SHARING MODEL FOR FINANCING THE STRATEGY

II.1. Introduction

Sanitation and hygiene promotion have both public and private costs and benefits. As a useful principle, public funds (government funds, external donor funds and so on) should generally be used to maximize *public* benefits while private funds should be used for essentially private elements of the system (soap, individual latrines etc).

Only once the financial structure of the whole programme has been established, will it be possible to judge whether financial support to household investments are appropriate or can be provided from available sources.

II.2. Cost Allocation According to Strategic Priority Areas

For the implementation of this Strategy, programme costs might be allocated as follows:

- **Enabling Environment**

These costs would normally be covered from national government budgets, except in cases where Local Government Authorities and Municipalities take full responsibility for programmes and have the financial means (through local taxation such as levy on Market Vendors, Yard Rates, Entertainment taxes, etc) to support these costs.

- **Hygiene Promotion**

Because hygiene promotion has a strong “public good” element, normally it would be part of the supporting role of the programme and could be covered from government sources at the appropriate level. This is a good area for targeting soft or grant-funding from external sources since these costs are unlikely to be recovered from users.

- **Improving Access to Sanitary Hardware**

- ***Sanitation marketing costs*** may be covered from government sources or from the private sector
- ***Capital costs of sanitation hardware*** has traditionally been the significant element in many sanitation programmes. What is argued here is that this is counterproductive and in most cases sanitation hardware should be the responsibility of households. However this places a responsibility on programmers to support and promote sanitation and hygiene goods and services which are appropriate, affordable and sustainable
- ***Operation and maintenance costs*** would in most cases be expected to be covered by households

II.3. Challenges in the adoption of the Component-Sharing Model

It is important to note here, that even the “no subsidy” model comes with significant public costs in the form of administration, regulation, monitoring and evaluation and so on. The public benefits of sanitation and hygiene promotion (and the corresponding public cost if no action is taken) mean that, whatever financial regime is adopted, government retains significant responsibilities and attendant costs.

In this respect the following four alternative funding mechanisms could be examined and their implications for an efficient, effective and sustainable sanitation programme explored: (1)

Household self-financing (2) Subsidies for sanitation (3) Micro-finance and (4) Generating revenue for sanitation and hygiene promotion

II.3.1. household self-financing

Where demand is sufficiently high, households may be willing to meet the full capital and operational costs of sanitation and hygiene. Formal willingness-to-pay surveys can provide information about this, but they are expensive and difficult to administer. As a first step, informal discussions, and participatory evaluations can be used to confirm whether self-financing is viable. Some proxy-indicators of appropriate levels of willingness-to-pay include:

- Ownership of consumer durables of equivalent value;
- High percentage of private house ownership;
- Extremely poor sanitary conditions, linked to high levels of dissatisfaction
- General awareness of health problems and the links with poor sanitation

Where households are expected to finance sanitation the message must be clearly articulated and unambiguously applied. Many households may be reluctant to make the needed investments if they believe that (a) former subsidy programmes are still operating; (b) subsidies are likely to be reinstated; (c) alternative agencies may provide subsidies; or (d) subsidies can be made available if pressure is brought to bear through local politicians.

II.3.2. Subsidies for sanitation

Relying on household financing for hardware delivery can be problematic where

- Demand is low (due to conflicting demands on household resources, high levels of poverty or Low levels of awareness);
- Household action will have limited effect due to congested conditions (often in urban areas this problem is exacerbated because the only viable technical option is piped sewerage of some sort); or
- there is a high percentage of rented accommodation householders who may be unwilling to invest in a house which is not their own, and likewise owners too may be unwilling to invest where tenants are readily available to rent poor quality housing

In such cases subsidies may be advocated to jump-start latent demand or in the interests of equity - to encourage increased access for targeted segments of society. Many "sanitation" programmes have provided capital cost subsidies which were either available universally (this is always the case for piped sewerage for example), available through means- testing which linked subsidies to "poverty", or linked to specific levels of service. These programmes have consistently exhibited a set of problems including:

- Lack of financial sustainability; a policy which states that certain, usually poor people are entitled to free or reduced cost services, is meaningless if there are inadequate public funds
- the relationship between poverty and access is more complex than programmers imagine - there may be many reasons why people do not access services - cost may not be the most important. In this situation subsidies may not increase access;
- Subsidized facilities built during a pilot phase may actually suppress demand as other households wait and see if a subsidy will also come their way;
- Subsidies often create expectations that cannot be fulfilled among other income groups;

- the use of subsidies for construction of “standard” facilities distorts the market and suppresses innovations that might bring down costs;
- Substandard construction of “subsidized” latrines may suppress demand;
- Subsidies aimed at helping the poorest sometimes associate certain technology with poverty and the need for assistance further distorting demand; and

If subsidies are to be used, programmers need to think carefully and select a subsidy mechanism which is likely to (a) achieve the intended policy outcome; (b) reach the intended target group; (c) be financially sustainable; and (d) be implemented in a transparent manner.

II.3.3. Micro-finance for funding sanitation and hygiene services

The alternative to subsidies is the provision of appropriate financing services - commonly credit, but also extending to savings, insurance and so on. Many micro-finance programmes have failed in the past. This is often because financial services were provided by organizations which lacked the appropriate financial skills and failed to offer an appropriate mix of services, or failed to establish their own financial integrity. In addition, provision of financial services can be very difficult in certain situations.

If micro-finance is likely to be an important element of this Strategy, then it is important to consider the following possible programming interventions:

- _ Policy / legal / regulatory changes need to be made to encourage small scale financial service providers;
- _ Capacity building for financial service providers to assist with a move into sanitation and hygiene infrastructure service provision
- _ Capacity building for non-governmental organizations working in infrastructure to assist with a move into micro-finance;
- _ Provision of seed funds, partial or full guarantees or other financial instruments to encourage on-lending to small scale borrowers;
- _ Pro-active use of concessionary development funds from External Support Agencies to finance or guarantee micro-finance services.

II.3.4. Generating revenue for sanitation and hygiene promotion.

Moving away from the household as the focus of financing, it may still be possible to use cross-subsidy or other mechanisms to generate some revenue which can be used to support hygiene promotion and sanitation investments. Examples of possible tools include:

- _ Levying a surcharge on water bills to finance new connections to sanitation networks or hygiene promotion activities
- _ Cross -subsidizing from richer households paying for sewer connections, to provide funds for on-site and lower costs public services; and
- _ Building costs of sanitation services (such as sewage disposal) and hygiene promotion into general utility tariff structures.

III. PROCESS FOR THE IMPLEMENTATION OF THE STRATEGY

Once this Strategy is approved by the competent authorities, there are a number of procedural issues to be followed to enhance its smooth and effective implementation.

1. A comprehensive **Operational Plan** needs to be designed to translate into concrete form the provisions of the strategy. This will include detail timeliness, budgeting and sequencing of activities.
2. The Operational Plan would in turn be translated into **Annual or Biennial** (two-yearly) rolling **Programme of Action**. The Operational Plan and the Programme of Action will be developed under the auspices of the **National Working Group on Sanitation and Hygiene** on behalf of the National Agency for Sanitation and Hygiene Agency
3. In the case of both items(1) and (2) the National Sanitation Agency shall refer them to the **Inter-Ministerial Steering Committee** for consideration and approval, before the start of actual implementation.
4. With the approval of the policy, strategy, operational plan and programme of action, the Local Government Authorities could launch the process of developing the **Regional Sanitation and Hygiene Development Plan** in their areas of jurisdiction.
5. In the development of the local-level sanitation and hygiene plans, the LGAs will adopt a bottom-up planning approach by first soliciting the input of the **Community Water, Sanitation and Hygiene (WASH) Committees**. The input of the WASH Committees goes to the VDCs/WDCs for review and consensus-building. Their decision will reflect the aspirations of the local community/households for sanitation and hygiene improvements in their localities. The **VDCs/WCs** shall be facilitated in this process by the **MDFT** personnel.
6. The VDC/WDC sanitation and hygiene development plans shall be referred to the **Technical Advisory Committees (TAC)** of the respective regions for further review and approval before final submission to the Secretariat of the National Sanitation and Hygiene Agency
7. Agencies, local communities and other stakeholders could **develop projects** on sanitation and hygiene and seek funding from the **National Sanitation and Hygiene Fund**. In this respect, the Fund shall set the criteria for funding eligibility that projects will have to conform to. Again, the Fund will require that all funding applications are first appraised by the National Working Group and its recommendations submitted to the Board of the Fund for review and decision-making.
8. The **Monitoring and Evaluation** system and performance indicators shall be developed to assess the progress of implementation of activities on a continuous basis