THE KINGDOM OF ESWATINI

MINISTRY OF HEALTH

NATIONAL SANITATION AND HYGIENE POLICY

2019

FOREWORD

The country is accelerating efforts towards the realization of Sustainable Development Goals (SDGs) and accessing sanitation services in order to achieve Eswatini's vision 2022. The Ministry of Health is committed to promoting universal access to safe sanitation and hygiene services as one of the key initiatives towards the attainment of the country's vision. The implementation of sustainable sanitation services will efficiently contribute to public health, poverty reduction, climate change resilience, economic growth and environmental protection.

This policy provides concrete areas of focus and is aligned to international and national policies, frameworks and guidelines. The focus of the National Sanitation and Hygiene Policy is to ensure and strengthen:

- Reliable and sustainable sanitation services for all,
- Promotion of hygiene behaviour change at all levels,
- Effective regulation of sanitation services,
- Capacity and resources for sanitation services access and delivery,
- Institutional arrangements for sanitation services,
- Financial effectiveness and optimization of leverage of public financing.

The development of the National Sanitation and Hygiene Policy is the result of a sector analysis with extensive consultations with key informants. The consultation process was inclusive and targeted stakeholders from public, private and non-governmental institutions at various levels, including both rural and urban communities. The Policy is aligned on the real sector needs and reflects the stakeholders' expectations which are a prerequisite for ownership purpose and successful and smooth implementation of activities.

The Ministry is committed to implementing this policy, and I urge all stakeholders, implementers and partners to adhere and actively support the process in ensuring a concerted and smooth implementation of this Policy.

Senator Lizzie Nkosi
Minister for Health

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Our most sincere gratitude is due to WaterAid for providing technical and financial support throughout the development of the Policy. Special appreciation is also extended to the Environmental Health Department and the entire Ministry of Health staff for their support, dedication and contributions.

Dr Simon M. Zwane
PRINCIPAL SECRETARY
MINISTRY OF HEALTH

ABBREVIATIONS AND ACRONYMS

AEC	Annual Education Census
CAPEX	Capital expenditures
CBO	Community-Based Organisation
CLTS	Community Led Total Sanitation
CSO	Civil Society Organization
DUG	Department of Urban Government
DWA	Department of Water Affairs
EHD	Environmental Health Department
ETGPS	Educational, testing, guidance and psychological services Department
FSM	Faecal Sludge Management
GDP	Gross Domestic Product
HMIS	Health Management Information System
IEC	Information, Education, Communication
JMP	Joint Monitoring Program
Mbcc	Municipal Council of Mbabane
MDGs	Millennium Development Goals
MEPD	Ministry of Economic Planning and Development
MHUD	Ministry of Housing and Urban Development
MICS	Multiple Indicator Cluster Survey
MNRE	Ministry of Natural Resources and Energy
MoET	Ministry of Education and Training
MoF	Ministry of Finance
MoH	Ministry of Health
MoICT	Ministry of Information Communication & Technology
MoPS	Ministry of Public Service
MTAD	Ministry of Tinkhundla Administration and Development
Mzcc	Municipal Council of Manzini
NGO	Non-Governmental organization
NDS	National Development Strategy
NSHCT	National Sanitation and Hygiene Coordination Team
NSHP	National Sanitation and Hygiene Policy
NSTWG	National Sanitation Technical Working Group
NWA	National Water Authority
ODF	Open defecation free
OPEX	Operating expenses
PHAST	Participatory Hygiene and Sanitation Transformation
PPCU	Public Policy Coordination Unit
PPP	Public Private Partnership
PRSAP	Poverty Reduction Strategy and Action Plan
RGCs	Rural Growth Centres
RWSB	Rural Water Supply Branch
SADC	Southern African Development Community
SDG	Sustainable Development Goals
EEA	Eswatini Environment Authority
SWA	Sanitation and Water for All
SWAp	Sector Wide Approach
ESA	Eswatini Standards Authority
EWSC	Eswatini Water Services Corporation
UNICEF	United Nations Children's Fund
VIP	Ventilated Improved Pit Latrine
WatSan	Water and Sanitation
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
WWTP	Wastewater treatment plant

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1 INTRODUCTION

1.1 Rationale for a Sanitation and Hygiene Policy

Government of Eswatini through the Ministry of Health – Environmental Health Department (MoH-EHD) in collaboration with relevant stakeholders is responsible for the overall planning and coordination of Sanitation and Hygiene services in Eswatini.

Data from the Joint Monitoring Program (JMP) show that only 58% of the country's population have access to basic sanitation facilities, and 11% practice open defecation [32]. It is worth noting that the country was not able to meet its Millennium Development Goals (MDGs) target on sanitation in 2015. It is also unlikely that Eswatini will meet its sanitation coverage target of 100% by 2022 as set out in the National Development Strategy (NDS).

Two of the main diseases that are commonly transmitted through the faecal-oral route and severely affect children in Africa are diarrhoea and pneumonia. Diarrhoea is the second biggest killer of children in Eswatini [14], while pneumonia is first of children in Africa, responsible for 18% of all child deaths [15]. Washing hands with clean water and soap can drastically reduce this number. In order to cope with these challenges as well as to comply with the Sustainable Development Goal (SDG) targets to which the country subscribed – ending open defecation and 100% of sanitation coverage by 2030 – the MoH-EHD with the support of UNICEF initiated the development of the National Sanitation and Hygiene Strategy (2017-2021)[1].

The strategy sought for the need to develop a specific National Sanitation and Hygiene Policy (NSHP) to guide the development of the sector at long term. Ideally, the Strategy will have to be aligned with the Policy. These two strategic documents will guide the implementation of activities and development of reliable sanitation services to meet the SDG by 2030.

Being developed in parallel, the Sanitation and Hygiene Regulatory Framework will complement the national strategic documents to enable the provision of safe and reliable sanitation and hygiene services throughout the country, covering urban, peri-urban, small towns, and rural areas.

The **National Sanitation and Hygiene Policy** is the second of a three-part set of strategic documents on sanitation and hygiene management for Eswatini (see Figure 1). It provides a framework and guidelines to help shape its long-term National Sanitation and Hygiene Strategy, in benefit of the EmaSwati population.

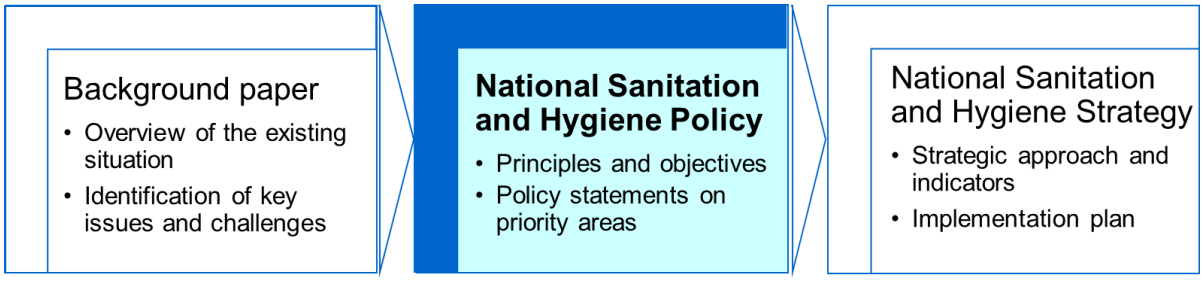

Figure 1 : Eswatini's Sanitation and Hygiene Strategic Documents

The NSHP outlines the key sector challenges, presents a number of central tenets and principles that transcribe Government's vision and states the global objective of the sector and the specific

[1] The document is under draft

objectives that will strengthen the enabling environment and sanitation and hygiene management in Eswatini. The policy statements are aligned to the specific objectives and cover every area material to the efficient delivery of sanitation services. Eventually, the NSHP sets out the institutional arrangement for an effective, efficient and sustainable delivery of sanitation services.

1.2 The Policy Development Process

The present policy document is the result of a sector analysis with a comprehensive desk review of key sector documents (refer bibliography in combined with a broad discussion and stakeholder consultation process led by a team of international consultants). A National Sanitation Technical Working Group (NSTWG) formed by key sector stakeholders was created specifically to support the development of the NSHP and the related strategy. The consultation process was inclusive and includes in-depth bilateral meetings with key stakeholders from central to local level, field visits of urban, peri-urban and rural areas in the four regions, and several consultative national workshops. The full list of stakeholders consulted is given in APPENDIX 3 .

2 SITUATIONAL ANALYSIS

The baseline information was gathered to understand the sanitation and hygiene programming context in Eswatini. This information is compiled in a distinct document: Background of sanitation and hygiene in Eswatini. The Background document includes the state of sanitation and hygiene, the existing policies and regulations, legal and regulatory instruments, and current institutional arrangement. Chapter 2 summarises the main points of the Background document and highlights the key challenges and priority areas.

2.1 Country Profile

2.1.1 Country organization and population distribution

Eswatini has four regions: Hhohho, Lubombo, Manzini and Shiselweni. These regions are divided into 55 *Tinkhundla* (or constituencies). These, in turn, are subdivided into *imiphakatsi* (or chiefdoms).

There are two municipal councils, the Municipal Councils of Mbabane (Mbcc) and Manzini (Mzcc), five Town Councils and six Town Boards. There are also areas which can be classified as rural growth centres (RGCs).

The most important basic information includes the 2017 Population and Housing Census [33]. The Eswatini population is estimated in 2017 at 1,093,238 people. It represents an absolute population increase of 74,789 inhabitants or an annual growth rate of 0.7% since 2007 [25].

In 2007, only 15.4% of the population was living in urban areas [25].

The population is distributed as follows among the regions:

Eswatini/Regions	Population 2017	Percentage to total Population 2017
Eswatini	1,093,238	100.0
Hhohho	320,651	29.3
Manzini	355,945	32.6
Shiselweni	204,111	18.7
Lubombo	212,531	19.4

Table 1 : De-Jure Population of Eswatini/ Regions [33]

The average household size for regular households has reduced from 4.7 in 2007 to 4.0 in 2017.

Most of the housing in the country (about 69%) are occupied by owners, while 18.4% is rented and 10.8% allocated by Government. Housing units occupied by renting is about 40% in urban areas, compared to 12% in rural areas [25].

2.1.2 Demographic growth

According to the 2017 Census, during the past decade, both Hhohho and Manzini regions recorded growth rates of 1.3% and 1.1% respectively, which is more than the national average of 0.7%. During the same period, Lubombo recorded growth of 0.2%, while Shiselweni registered a negative growth of -0.2% [33]. The stated figures show a rural-to-urban migration of population. Indeed, better infrastructural facilities accompanied by more employment and economic opportunities are to be expected in Hhohho where the national capital is located, while Manzini is both a commercial and industrial hub of the country which attracts people. This urban growth results in the development of peri-urban informal settlements.

Urban centres are struggling to host the new population in terms of infrastructure and public services: housing, water supply, sanitation services, waste management, energy demand, roads, etc. Sanitation and hygiene approaches need to be updated in order to meet the demands in informal settlement areas.

Informal growth is not only restricted to major towns but is also affecting outlining small towns and RGCs (Luve, Siphofaneni, Ngculwini, Buhleni, Kwaluseni and more are to be expected) [9].

2.1.3 Poverty and informal settlements

Poverty and vulnerability especially for rural and informal settlement populations hampers access to sanitation. About 69% of the population lives below the poverty line. 76% and 50% of the population in rural and urban areas respectively, is considered as poor. 48% of the population cannot meet their food requirements i.e. they are considered to be living under extreme poverty [20].

Insufficient income and the poor conditions of their daily living have led the underprivileged section of the population not meeting their basic needs.

Poverty reduces the capacity of populations to climb the sanitation ladder. Both the 2010 and 2014 Multiple Indicator Cluster Survey (MICS) indicated 53% national sanitation coverage (see Table 2). Informal settlements on the boundary of urban areas present multiple challenges for sanitation as shared sanitation facilities are prevalent. This has resulted in urban population having lower access to sanitation services as compared to rural areas [31].

WATER AND SANITATION				
MICS Indicator		**Indicator**	**Description**	**Value**
4.1	**MDG 7.8**	Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	72.0
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	16.8
4.3	**MDG 7.9**	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	53.0
4.4		Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	55.3
4.6		Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	67.5

Table 2 : Water and Sanitation figures in 2014 [14]

Poverty prevalence and access to safe sanitation are strongly related. According to the Eswatini Poverty Reduction Strategy and Action Plan (PRSAP), in 2001, households practicing open defecation exhibited a much higher poverty prevalence of 78% compared to 23% using flush toilets [20].

2.2 Situation and Challenges of Sanitation and Hygiene in Eswatini

2.2.1 Access to sanitation facilities

Sanitation coverage and access to basic sanitation services

According to WHO/UNICEF (2017), 58% of the EmaSwati population use at least basic sanitation services[2]. Still 11% of the population, mainly in rural areas, rely on open defecation practice exposing the population to poor sanitation and hygiene conditions [32].

According to the same source basic sanitation services coverage has increased from 47% in 2000 to 58% in 2015 in rural areas, while in urban areas it remained almost constant during the same period, with a slight increased from 57% to 58%. This can result from the development of informal settlements in peri-urban areas - usually due to rural exodus as well as population growth - increasing poverty in urban areas.

These figures are in line with data from national surveys. According to the 2014 MICS, 53% of the household population is using an improved and not shared sanitation facility. 29% of households use an improved toilet facility that is public or shared with other households [14]. According to the type of facility used by the household, 10% of household population uses flush to piped sewer system and a further 8% uses flush to septic tank. Approximately, 23% of households use ventilated improved pit latrine (VIP) while 41% use pit latrine with slab. 11% of the household population practice open defecation.

According to the 2007 Eswatini Population and Housing Census [25], the following classification was made:

- Safe toilet facility: flush toilets and VIP facilities;
- Unsafe toilet facility: Pit ordinary and bush.

With this classification, only 31% of all households were accessing a safe toilet facility in 2007.

On-site sanitation technologies used in Eswatini

In urban areas, most of inhabitants rely on flush toilet either to a piped sewer system or a septic tank with a soak pit. In peri-urban, rural areas and informal settlements, the population mainly use septic tanks, VIP and pit latrine. The superstructures are either with concrete blocks, iron sheets or stick and mud. For households which do not access any type of sanitation facility, *flying toilet* is practice in peri-urban areas, while open defecation is more common in rural areas.

[2] According to WHO/UNICEF definition, a *basic sanitation service* is an *improved sanitation facility* that is not shared with other households. An *improved sanitation facility* is defined as one that hygienically separates human excreta from human contact. These include wet sanitation technologies (flush and pour flush toilets connecting to sewers, septic tanks or pit latrines) and dry sanitation technologies (ventilated improved pit latrines, pit latrines with slabs, or composting toilets). Improved sanitation facilities that are shared with other households are classified as *limited sanitation services. Unimproved sanitation facilities* are pit latrines without slab or platform, hanging latrines or bucket latrines.

Institutional sanitation and hygiene

According to 2015 Annual Education Census (AEC), there is a total of 901 primary and secondary schools registered in the country [38]. The Table 3 shows that the schools use either flush toilets, VIP or traditional pit latrines. Most of the primary schools (about 74%) rely on either VIP or pit latrines. The majority of the facilities (81% and 87% for primary and secondary schools respectively) are separate facilities for either female, male, or staff, while the remaining facilities are shared between male and female or even staff and pupils. According to access to water, on average, 13% and 8% of primary and secondary schools respectively, have no water supply, and a majority of schools in this category also claimed that the water they used was not safe for drinking [37]. The majority of schools access water from other sources than municipal water supply schemes, such as boreholes.

	Total	Total sanitation facilities (seats)	Type of facilities		Separate or mix facilities		Access to water		
			Flush toilet	*VIP or pit latrine*	*Per gender (either for female, male or staff)*	*Mix (either female and male, or pupils and staff)*	*No access*	*Piped water from municipalities*	*Other sources*
Primary schools	622	10 808	26%	74%	81%	19%	13%	18%	69%
Secondary schools	279	5 647	43%	57%	87%	13%	8%	17%	75%

Table 3 : Sanitation and Water services access in primary and secondary schools in Eswatini (data source: 2015 AEC [38])

The School Management Guide [26] provides guidance to implement improved sanitation in schools. According to both 2013 and 2015 AEC, there was an increase of 1,729 new sanitation facility EEAts in primary schools during the period. However, the percentage of primary schools with no access to supply water remained the same.

Data on school sanitation and hygiene are limited. The 2015 AEC does not make any distinction between schools located in rural and urban areas. It does not specify the number of sanitation facilities per pupils, nor the availability of both hand washing facilities with water and soap and menstrual hygiene disposal facilities. There is no data available on the water quality from boreholes.

The Ministry of Education and Training (MoET) reported that the lack of available water in rural schools has negative impacts on hygiene conditions: facility cleanliness, hand washing, and school attendance due to menstrual hygiene issues.

2.2.2 Faecal sludge collection, transport, treatment and reuse

Faecal sludge emptying service in Eswatini is provided exclusively by vacuum trucks. The service is delivered by both the private and public sectors and tariffs vary greatly amongst operators. In rural areas and small town, the service efficiency is much lower than in urban areas.

Collected faecal sludge are disposed in one of the wastewater treatment plants (WWTPs) in operation in the country. The faecal sludge discharge tariff is currently 757 SZL per $6m^3$. Both communities and faecal sludge emptying providers complain against the expensive cost of the service. As a comparison, discharging 6 m^3 of domestic wastewater into the sewer line will cost 108 SZL to the user.

Reuse of treated sludge is not common in Eswatini. After being removed from the drying beds, the sludge is stored on the WWTP premises.

2.2.3 Sewerage and decentralized systems

Most of urban areas are partially covered by a sewer network[3]. There are 24 sewerage systems including wastewater treatment plants in the country. These systems collect grey water, black water and industrial wastewater, but do not collect rainwater. The total population connected to a sewer line is about 12,000 units (or about 60,000 equivalent-persons) including households, commercial buildings, public buildings and industries.

Treatment technologies used in Eswatini are: waste stabilization ponds, vertical constructed wetlands (or reed beds), activated sludge, trickling filter, chlorination, etc. The operating expenses (OPEX) are recovered through water tariff, while the capital expenditures (CAPEX) are covered by Government.

Treated wastewater is discharged into water bodies, mainly rivers.

Package wastewater treatment plants[4] are provided by the private sector to non-sewered institutions or industries. There are currently 12 package plants in operation throughout the country. The private sector provides construction/installation, operation, maintenance and monitoring services.

2.2.4 Hygiene practice

Hand washing practice in rural areas is not a common practice. The main issues are the lack of water, lack of hand washing facilities, and lack of soap. Soap is an expensive product for some rural communities. According to the 2014 MICS, only 68% of the households visited have soap or another cleansing agent available (78% in urban areas and 62% in rural areas) [14].

Proper hand washing practice is an issue in schools in rural areas due to the absence of regular water supply. It was reported that the combination of lack of adequate facilities and water scarcity has a negative impact on school attendance for girls during menstruation.

The 2014 Health Management Information System report (HMIS) indicated that the incidence of diarrhoeal diseases is among the leading top ten causes of morbidity in the country. According to the trend analysis the drop-in percentage of population practicing open defecation decreased from 15% to 11% between 2010 and 2015 [32]. Poor sanitation and hygiene affects early development of children and therefore impacts them throughout their lives. Open defecation and lack of improved sanitation are statistically linked to poor nutrition especially of children under the age of five years leading to factors such as stunting.

2.2.5 Wastewater from industrial origin

Although agriculture is the dominating activity in the country [20], there are three growing industrial hubs located in Matsapha, Ngwenya and Mbabane respectively. These activities may potentially generate large volume of contaminated wastewater. It then requires a specific attention from the authorities.

[3] The sewer coverage of Mbabane and Manzini is estimated at about 40%

[4] Package wastewater treatment plants are decentralized pre-engineered and pre-fabricated facilities to treat wastewater on-site. The final effluent can be released safely into the environment such as receiving streams, rivers, etc. Typical applications are industries and manufacturing facilities, educational campuses, construction sites, recreational areas, government compounds, small and medium size communities, etc.

2.2.6 Climate change and sanitation

Eswatini has recently experienced a severe hydrological drought. This has continued to persist in most semi-arid areas in the lowveld, coupled with poor ground water and surface water recharge due to insufficient rainfall to enable development of new water points in these areas [16]. This has a severe negative impact on water supply as well as on hygiene conditions and sanitation.

2.2.7 Eswatini's national development policies and strategies

The following strategic documents provide a common strategic framework to guide interventions of government and stakeholders in Eswatini towards achieving sustainable development in the sub-sectors.

- Eswatini Constitutions, 2005 [8]
- National Development Strategy (Vision 2022) [23]
- Poverty Reduction Strategy and Action Plan, 2007 [20]
- National Health Sector Strategic Plan II (2014-2018)
- National Sanitation and Hygiene Strategy, *draft, on hold* [9]
- National Health Policy, 2016 [11]
- National Environmental Health Policy, 2002 [18]
- National Water Policy, *under draft since 2009* [1]
- Water, sanitation and hygiene (WASH) sector strategic development plan (WASH SDP) (2017-2022) [7]

Sanitation and hygiene components are captured in the documents, but there is no clear definition and scoping for sanitation and hygiene. In addition, given the current low sanitation coverage, and the limited budget allocated to the sector, it is unlikely that the NDS target of reaching 100% sanitation coverage by 2022 will be reached.

2.2.8 Legal and Regulatory Framework

The relevant existing legal and regulatory instruments that frame the development of the sector are listed below:

- Eswatini Water Act, 2003 [3]
- Public Health Act, 1969. *This act is currently being refined and updated* [13]
- Environment Management Act, 2002 [19]
- Water Services Corporation Act, 1992 [28]
- Waste Water Regulations, 2000 [24]
- Water Pollution Control Regulations, 2010 [34]

Despite a certain number of acts and laws, the existing regulations need to be complemented to encompass the entire sanitation value chain. The current regulations do not address the following issues:

- Facilitation of ease of doing business in order to promote the development of the private sector;
- Regulation of the sanitation service providers to ensure delivery of high quality service;
- Regulation of the delegation of public service in order to guide municipalities and public agencies in outsourcing public services;
- Regulation of the access to sanitation facilities at the work place and institutional building.

2.2.9 Actual Institutional Arrangements

The management of sanitation and hygiene services includes a variety of activities to be carried out by public and private stakeholders; for example, planning, legislation, regulation, licensing, construction, inspection, coordination, financing and monitoring.

Roles and responsibilities are relatively well distributed amongst several institutions. However institutional leadership, institutional cooperation and coordination are not fully defined and enforcement of policies, standards and laws remains an issue. The present roles distribution is as follows:

- MoH-EHD — Responsible of the coordination of the overall sanitation and hygiene sector. It elaborates strategic documents and guidelines and monitors the sector. It mainly focuses on the development of rural sanitation, such as promotion of adequate hygiene practice and behaviour change and support for the construction of individual sanitation facility. It provides subsidised material and equipment to rural communities. Provision of temporary toilet for special events
- EHD regional units — Provide faecal sludge emptying service mainly in the small and medium size towns where there is a need for septic tank desludging. Provide training and technical support to rural communities to increase access to improved sanitation facilities and services.
- MNRE-DWA — The Department of Water Affairs (DWA) of the Ministry of Natural Resources and Energy (MNRE) is responsible for supplying water in rural areas and to a lesser extent coordinating and improving the link between water supply projects and sanitation development.

  MHUD — The Ministry of Housing and Urban Development (MHUD) mission is to facilitate the delivery of housing and urban services through appropriate physical planning, and strengthening the institutional capacity of urban local authorities.
- MHUD-DUG — According to the MHUD portfolios, the Department of Urban Government (DUG) is responsible of urban local government administration, infrastructure development and maintenance, refuse collection and disposal, building plans approvals and vacuum tanker services (including sewerage disposal).
- Municipal Councils (Mbabane and Manzini) — Provide faecal sludge emptying service and public toilet service; in a few cases the service is outsourced to the private sector. Promotion of individual sanitation and hygienic practices within town boundaries. Enforcement of sanitation and hygiene practice. Issue construction permit.
- Town Councils and Rural Growth Centres — Enforcement of sanitation and hygiene practice. Issue construction permit.
- MTAD — The Ministry of Tinkhundla Administration and Development (MTAD) is committed to promoting the Tinkhundla system of governance through effective coordination and delivery of services to the people. In particular, it focuses on community development through participatory approach, enabling legislative environment, institutional strengthening including information management systems and local government development.
- MoET — Provides support to schools to implement sanitation activities. Development of the School Management Guide in 2011. Provides training to teachers.
- Schools — Ensure availability of safe drinking water, improved sanitation facilities and usage of adequate hygiene practices in schools.

- NSTWG — The National Sanitation Technical Working Group (NSTWG) is a temporary structure to support the development of the National Sanitation and Hygiene Strategy. Its role was extended to support the development of the NSHP and the Sanitation Regulatory Framework. It is composed of key ministries, municipalities, public agencies, international organizations, development partners, and NGOs.
- EWSC — The Eswatini Water Services Corporation (EWSC) is accountable for the provision of sewerage services as well as wastewater and faecal sludge treatment in urban areas throughout the country. It defines sewerage and treatment tariffs.
- EEA — The Eswatini Environment Authority (EEA) regulates and enforces sewerage services and develops effluent discharge standards. It also reviews and approves Environmental and Social Impact Assessment Studies and enforces mitigation plans.
- Development partners — Capacity building and development of strategic documents at national level. Involved in the provision of equipment and facilities to rural communities.
- Private sector — Provision of faecal sludge emptying service, operation of public toilet and provision or temporary toilet for special events, construction and operation of wastewater treatment package plants.
- WatSan Committees — Operate and maintain water points through elected WASH committees.

2.2.10 Monitoring & Evaluation

The Population and Housing Census is conducted every 10 years and inform on access to water and sanitation services at household levels. The Central Statistical Office with the support of UNICEF conduct the Multiple Indicator Cluster Survey (MICS) on a 4-year basis. The reports provide data on progress toward the MDG targets. The Annual Education Census also record information on the school's access to water and sanitation services, but do not provide hygiene related data.

The Eswatini WASH sector held its first Joint Sector Review (JSR) meeting in 2016 and a report was published. This is a great step toward improving the monitoring and assessing the performance of the sector. However, the sector lacks of clear definitions and indicators at national level. Figures vary greatly from one report to another. The recent experience of the 2017 Population and Housing Census that utilized mobile technology for data collection (GIS, GPS and tablets) shall serve for the development of a monitoring and evaluation (M&E) and performance measurement system for the sanitation and hygiene sector.

3 POLICY OBJECTIVES AND GUIDING PRINCIPLES

3.1 Vision

A country with a universal and constant use of safely managed sanitation services[5] and basic hygiene facilities[6].

3.2 Scoping of the Policy

The content and scope of the NSHP is directly linked to the definition of "sanitation" and "hygiene". The access to improved sanitation and related services is a major challenge in Eswatini and a Government's priority, the sector agreed on the following scoping that guided the selection of the policy objectives:

Sanitation:	Safe management of human excreta, urine, faecal sludge and wastewater from domestic, industrial and institutional origins along the value chain.
Hygiene:	Personal hygiene and hygiene related to sanitation. In particular, it includes hand washing with water and soap, menstrual hygiene management, proper use of sanitation facility and disposal of excreta, safe disposal of children's faeces, as well as food and water hygiene at household level.

Provision of clean water shall be covered by the Water Policy. Solid Waste Management requires specific attention in Eswatini and therefore shall be covered in a specific Solid Waste Management Policy.

3.3 General Objective

Ensure sustainable and affordable access to safe sanitation and hygiene services for all as a contribution to poverty reduction, public health, economic and environmental protection.

3.4 Specific Objectives

The following Specific Objectives encompass the key triggers to achieve the sanitation and hygiene management General Objective in Eswatini. The Specific Objectives formulate what shall be done, while the Strategic Action Plan indicates how, when and by whom the various actions will be undertaken. In other words, Policy is about creating the vision or "doing the right things", while Strategy is about "doing things right".

The Specific objectives are formulated to be directly used for strategic planning and monitoring, and are as follows:

[5] According to WHO/UNICEF definition, safely managed sanitation service is an improved sanitation facility that is not shared with other households (i.e. basic sanitation service), and where excreta are disposed of in situ or transported and treated off-site. It includes, households using toilets where the excreta are flushed out of the household, transported through sewers and treated at a treatment plant; households using toilets or latrines connected to septic tanks or pits, from which excreta are either emptied and treated off-site, or remain stored and are considered treated and disposed of in situ.

[6] According to WHO/UNICEF definition, a basic hygiene facility is a handwashing facility with soap and water. Handwashing facilities can consist of a sink with a tap water, but can also include other devices that contain, transport or regulate the flow of water. Buckets with taps, tippy-taps and portable basins are all examples of handwashing facilities. Bar soap, liquid soap, powder detergent and soapy water all count as soap.

(1) Facilitate, promote and regulate the participation of actors who will raise household sanitation coverage to 100%.

(2) Implement and sustain improved sanitation for schools, health care facilities and other public institutions and locations.

(3) Promote, regulate and enforce access to improved sanitation facilities in every work place and public/private gatherings.

(4) Facilitate, support and regulate safe wastewater management from industrial origin.

(5) Implement and sustain safe, well-regulated and affordable collective off-site sanitation services (sewerage and sludge collection, treatment and disposal), and promote recycling and reuse.

(6) Promote hygiene behaviour change and change of social norm.

(7) Ensure efficient monitoring and evaluation of the sanitation and hygiene sector performance.

(8) Align resources and optimize leverage of public financing.

(9) Enact and update laws, regulations and standards, for all levels of the Eswatini society, in order to protect public health.

(10) Develop the sector's institutional and capacity building framework.

3.5 Guiding Principles

The formulation of the Sanitation and Hygiene Policy is guided by a number of policy principles, namely:

i. **Right to basic services**: Each person and community has equal right to access basic sanitation services. Priority will be given to "some for all" rather than "all for some" until the SDG for access to universal coverage for all is reached. Due attention will be given to affordability considerations.

ii. **Equity and equality**: Services must be delivered to give equal access to both rural and urban populations, especially those which are community-based. Sanitation activities, projects and services will be developed with a strong focus on elderly, poor and vulnerable people facing limitation to afford basic sanitation services.

iii. **Decentralization**: The responsibility for sanitation development is vested at the decentralized level. The sanitation sector is committed to building and strengthening decentralized planning, implementation and management capacities.

iv. **Community participation**: The beneficiaries of sanitation and health services shall be actively involved in planning, decision making and oversight throughout the project implementation cycle. In particular, they should choose the service level that responds to their needs and capacities. The final responsibility for household sanitation shall remain at individual level.

v. **Cost recovery and financial sustainability**: Operation and maintenance costs of sanitation infrastructure shall be borne by the users. Affordability shall be addressed by the choice of appropriate technologies and by enhancing efficiency. The polluter-pays and user-pays principles are to be applied in sewerage management and for industries.

vi. **Private sector participation**: The sanitation sector will continue to promote delegated management through private providers, which is a key strategy to enhance the sustainability. The private sector will also be promoted and supported in developing capacities for investment, construction and service delivery.

vii. **Operational efficiency** and strengthening of accountability are seen as priorities for *collective* services (sewerage and faecal sludge management) development and management, in order to improve financial viability, minimize fiduciary risk (checks and balances) and optimize the use of the available resources.

viii. **Emphasis on behaviour change**: The sector recognizes the critical importance of hygiene behaviour change and the achievement of sustainable health benefits. Sanitation and hygiene activities and projects shall be developed through strategic cooperation with the Ministries of health, education and training, and Tinkhundla and local administration**.**

ix. **Gender consideration**: The crucial roles and the particular interests of the most marginalised are fully acknowledged. All sector activities shall be designed and implemented in a way to ensure equal participation and representation of men and women, and to pay due attention to the viewpoints, needs and priorities of men, women and children.

x. **Grouped settlements**: The sanitation sector gives consideration to service delivery in grouped settlements where densities are high, taking into account the changing habitat structure.

xi. **Environment and water resources protection**: Sanitation will be developed in close coordination with water resources management, based on an integrated approach. Wastewater disposal shall be planned and managed with a view to minimize environmental impact and ensure the protection of water resources.

xii. **Sector Wide Approach**: The sanitation and hygiene sector aims to develop a consistent, national approach, to harmonize financing and implementation modalities and to optimize stakeholder coordination under the lead of the Sector Working Group. The Sector-Wide Approach (SWAp) as well as the sector's capacity building efforts will consider all sector stakeholders, including NGOs and the private sector.

xiii. **Results-based management**: Monitoring and evaluation systems will be developed in conjunction with planning and budgeting procedures, involving decentralized actors (in particular the regions), in order to ensure that the activities and investments are in line with the defined sector objectives and priorities. Monitoring and Evaluation for Research and Learning (MERL) approach shall be used instead of Monitoring and Evaluation (ME).

3.6 Climate Change Resilience

According to the recent droughts the country experienced and in the context of climate change and global warming, the NSHP shall promote the development of innovative climate resilient technologies and approaches. When technically possible, the following measures should be systematically applied:

- Minimization of water use and reuse of treated water at all levels will contribute to sustainable management of natural water resources. It concerns industries, households, institutions, businesses, hotels, restaurants, WWTPs, etc.
- Reuse of mineralized sludge and urine in agriculture will reduce the need in imported fertilizers, hence reducing transport. Combined with the waste reduction, it will contribute to the reduction of greenhouse gas emissions.
- Energy optimization by promoting the use of low energy demand technologies will reduce the country carbon foot print. Electrical appliances shall be the last choice in sanitation infrastructure, such as WWTP.
- Selection of robust technologies will increase resilience to climate change adverse effects.

4 POLICY OBJECTIVES FOR ENSURING SUSTAINABLE AND AFFORDABLE ACCESS TO IMPROVED SANITATION FACILITIES AND HYGIENE SERVICES

The availability of wastewater and faecal sludge disposal facilities and services of adequate standards are important prerequisites if the public health sector of the Kingdom of Eswatini is to achieve the poverty reduction strategic objectives and the Sustainable Developments Goals.

4.1 Objective 1: Facilitate, promote and regulate the participation of actors who will raise household sanitation coverage to 100%.

If Eswatini made remarkable improvements by developing well-functioning sewerage systems in most of the densely populated areas, individual on-site systems will remain the sanitary solution for the large majority of EmaSwati households in reaching the overall coverage objective. *Improved and modern individual household sanitation* shall be designed, made available and affordable to the household and operated by them in order to provide affordable and high standings of services. The development of the modern household sanitation shall take into account disabled people.

4.1.1 Policy statement: Raise household sanitation coverage by enhancing the demand for sanitation through a combination of measures

In order to achieve universal access to sanitation by 2030 according to the SDG targets, Eswatini shall improve, replace or build about 400,000 improved household sanitation facilities, or about 30,000 facilities per year[7].

Despite the low percentage of basic sanitation service coverage, and the intensive support provided by the MoH to increase rural sanitation coverage, households remain the country's largest financiers of sanitation devoting substantial resources to developing their own facilities. Thus, ownership, behaviour change and commitment are critical steps for sustainably increasing sanitation coverage and improved access to local materials and services, as well as for ensure the sustained use of these facilities.

Government institutions shall therefore focus on promotion and facilitation, while households will remain the main investor. Well-designed sanitation programs should show leverage ratios of up to 1:10 between public and private investments. As detailed in Section 5.2.2, subsidies shall be allocated to boost the involvement of the private sector and make available affordable sanitation products and services on the local market. Additional incentives shall target the poor and vulnerable that cannot afford for subsidised material or services, and be allocated by Local Authorities[8].

Increasing sanitation coverage shall be combined with the development of measures to safely managed the excreta. The Objective 5 specifically covers faecal sludge management services from collection to reuse (see Section 4.5). However, it is unlikely that all on-site sanitation facilities will be emptied, and sludge transported to a treatment plant. The sector shall promote adequate practices to safely cover filled pits, or to safely dispose of excreta in situ, with a special focus on remote communities.

[7] Considering that 58% of households have access to basic sanitation services, 24% have limited sanitation services, 7% use unimproved sanitation facilities, and 11% practice open defecation (JMP 2017). And the demographic statistics presented in Section 2.1.

[8] Local Authorities refer to either municipalities, Tinkhundla administrations or regional governmental offices.

POLICY ACTIONS

1. Promote awareness campaigns (including Community Participatory Approaches) aiming at behaviour change and changing of social norms.
2. Market the sanitation products and services, targeting people's expectations and preferences such as comfort, status, health benefits, value or safety.
3. Integrate sanitation and hygiene in education and training in schools and higher learning institutions.
4. Provide limited and selective material incentives or subsidies to accelerate the improvement, construction or replacement of sanitary facilities.
5. Promote safe management and disposal of excreta in situ, mainly for rural and remote communities.

4.1.2 Policy statement: Develop service providers' capacities for improved sanitation and hygiene

The sector programs shall be reinforced in order to enable the development of local service providers, which shall produce building material, construct facilities and provide services such as portable toilet and sludge removal. Among the approaches to be considered are vocational and commercial training programs, Labour Intensive Local Development Program and Output-Based Aid (OBA).

The construction of domestic and private latrines will remain the responsibility and initiative of the householder or business owner.

The households will access local services and materials for the construction, operation and maintenance over the lifespan of their sanitation facility. However, the efficiency of the local service providers has to be upgraded in order to offer the opportunity to the users to improve the quality of their individual services, both for individual and common good.

High-end suppliers exist in Eswatini, and issues are to be found in rural and peri-urban areas with low purchase capacities. The local market should be supported so that the local service providers are able to offer suitable and affordable solutions to the households, together with advice for the selection of the most suitable solution depending on the household needs and capacity. This support to the local service providers includes training, tax exemption, and support for marketing provision of equipment (such as vacuum tankers, manual Gulper pumps or similar, or moulds for producing sanitation platforms).

The local service providers should be challenged and supported to innovate and develop suitable and affordable solutions for the households, businesses, and institutions. For that purpose, they can be inspired by the existing facilities in the city, as well as the regional, and international experience in the sector.

The Local Authorities will be in charge of supervising and regulating the local service providers, so to make sure that the services and products sold to the households comply with the national requirements. The capacity of both municipalities and EHD regional offices will be increased so that it is able to play its role (see Figure 2 in APPENDIX 4).

POLICY ACTIONS

1. Improve capacity of local sanitation providers through measures including, but not limited to, training, tax exemption, and support for marketing provision of equipment (such as vacuum tankers, manual Gulper pumps or similar, or moulds for producing sanitation platforms).
2. Challenge and support local service providers to innovate and develop suitable and affordable solutions for the households, businesses and institutions
3. Ensure efficient supervision and regulation of the local service providers

4.1.3 Policy statement: Promote research, and develop, pilot and demonstrate innovative individual household sanitation technologies

The sector shall promote systematic research and development of affordable hygienic sanitary solutions, including the provision of manuals. For rural and urban households without individual water connections, the sector shall prioritize waterless excreta disposal or solutions using grey water such as pour flush toilets, while strongly promoting the use of water for hygienic purposes such as hand washing. Several facilities have already being imported, tested and implemented by public institutions, private companies and NGOs at country level[9]. Learning from success and failure of past projects shall be promoted in order to capitalize the sector experience and replicate the successful systems and approaches widely. Technical solutions may also include rainwater harvesting and reuse of wastewater.

Practical field testing, construction of demonstration centres, dissemination of knowledge and scaling-up as well as sanitation marts shall be done at regional level and involved Eswatini's academic and professional sector, the Royal Science and Technology Park, private investors as well as the international community. The Eswatini Standards Authority (ESA) shall be involved in the standardization of sanitation technologies in accordance with environmental and gender requirements.

POLICY ACTIONS

1. Promote systematic research and development of affordable hygienic sanitary solutions, including child-friendly hygiene and sanitation facilities for schools.
2. Develop (and keep updated) manuals presenting a range of affordable hygienic sanitary solutions for both rural and urban areas.
3. Promote experience learning and sharing from past projects and initiatives.
4. Approval by the MoH-EHD with the support of the NSHCT of any new product or service imported or developed by the service providers.

[9] Examples are enviro loo, hydro loo, dry composting toilet, ecosan and urine diversion toilet (e.g. Otgi toilet)

4.2 Objective 2: Implement and sustain improved sanitation for schools, health care facilities and other public institutions and locations

Sanitary facilities of public institutions, in particular schools and health care facilities shall play a clear exemplary role for the population.

4.2.1 Policy statement: Revise the existing joint program between the MoH and MoET to provide hygienic sanitary facilities and services. Promote hygiene in all schools, health care facilities and other public institutions

Schools are one of the main platforms to sensitize and promote good sanitation and hygiene practices. The construction of WASH facilities in schools, hand washing with soap, and promotion of personal hygiene including adequate facility for menstrual hygiene, shall be promoted. Promotion of incentives such as sanitation and hygiene competitions in music composing, poems, prose writing, songs, dance and drama, shall accelerate the adoption of appropriate hygiene practices by pupils and students. Special attention shall be paid to the girl-child since their success in school has been demonstrated to be directly link to sanitation and hygiene issues.

The MoET and MoH shall be accountable for ensuring that all schools and health care facilities respectively, have safe water that is continuously available, and that both the staff, patients and pupils/students have access to adequate sanitation and hand washing facilities with water and soap. The operation and maintenance of the facilities shall be undertaken by the schools and health care facilities themselves.

The School Management Guide shall serve as a basis to develop adequate sanitation school regulation and standards.

Well-built public toilets meeting norms and standards, being safe for women and accessible for disabled people in places of high frequencies such as markets and bus ranks/terminals shall allow promoting public health and lowering risks of diseases. Special emphasis must be given to the proper management of public latrines that can be delegated to the private sector or associations. Successful examples of safe management of public toilets already exist in the country i.e. public toilets at the Mbabane central market. Municipalities shall be accountable for public toilets management.

POLICY ACTIONS

1. Provide all health care facilities, schools and public institutions with safe sanitation and hand washing facilities that are gender friendly and accessible.
2. Include a sanitation component addressing both constructive and soft elements such as awareness promotion in all educational and health infrastructure projects and programs, paying special attention to the girl-child and disabled people.
3. Provide adequate facilities to deal with menstrual hygiene in schools.
4. Include sanitation and hygiene in the school curricula.
5. Provide adequate funding to schools to ensure safe operation and regular maintenance of sanitation facilities.
6. Ensure the access to improved and hygienic sanitation and hand washing facilities in public places (markets, bus ranks/terminals, parks).

4.3 Objective 3: Promote, regulate and enforce access to improved sanitation facilities in every work place and public/private gatherings

4.3.1 Policy statement: Establish an effective regulatory and institutional framework for promoting and regulating the access to sanitation facilities at work place and in public/private gatherings

All EmaSwati citizens and visitors must be able to access improved and safe sanitation facilities at all time in every commercial establishments and work places. Such places include restaurants, hotels, cafeteria, industries, shops, garages, malls, farms, plantations, construction works, institutions, etc.

The owner or organizer of each public or private gatherings, such as weddings, funerals, public facilities, national events, sports grounds, playgrounds, churches, dip tanks, etc., must provide to the public and guests, improved sanitation facilities and basic hygiene service.

Government shall develop the related regulation including standards and guidelines to both support private establishments to comply with the regulation and to ensure effective enforcement.

Government and Local Authorities should allocate sufficient staff and resources to conduct routine visits of premises and ensure safe sanitation facilities are provided. Enforcement shall be conducted by a regional regulation institution. Innovative enforcement mechanisms should be developed such as encouraging the population and workers to complain and report in case of violation.

In parallel, Government shall support the service providers to ensure availability of affordable and appropriate technologies on the local market, such as portable toilets.

POLICY ACTIONS

1. Develop the regulation to ensure that every workplace and public/private gatherings provide improved sanitation facilities to their employees, visitors and guests.
2. Ensure effective enforcement of the regulation.

4.4 Objective 4: Facilitate, support and regulate safe wastewater management from industrial origin

4.4.1 Policy statement: Establish an appropriate legal and regulatory framework as well as innovative enforcement mechanisms for the management of industrial and hazardous wastewater

The industrial and hazardous wastewater shall be disposed of according to regulations in force. Government should complement the regulation and develop appropriate standards for the discharge of industrial and hazardous wastewater into either a sewer system or the environment. Requirements regarding the standards of wastewater (pre-) treatment will be defined depending on the local conditions and enforced over time taking the financial capacity of the industry into account.

This shall be done in close cooperation between the MoH-EHD, MNRE, EEA, EWSC and ESA. Government has the responsibility to ensure that all actors comply with the legal and regulatory framework. In parallel, the public sector will have to facilitate and support the different actors, such as the private sector, to introduce appropriate services and technologies to deal with industrial and hazardous wastewater. This should however be done in a way that will protect the economic capacity of the industries, and the jobs that go with it.

In the context of climate change and limited water resources, industries shall adopt the *cleaner production approach* which is in line with the waste management hierarchy: source reduction and minimization, reuse, recycling, recover, treat and dispose. This approach is in line with the trends at

international level which is to work *with the industries* so to reduce the effluents as much as possible, before planning for treatment. Government shall first support industries in order to reduce as much as possible the effluent volume and toxicity, secondly train local regulation authorities to provide them with the capacity to find acceptable and negotiating solutions with the industries, before eventually enforcing treatment.

According to hazardous wastewater from health care facilities, the MoH shall ensure that each health care facility is equipped with an appropriate on-site treatment or pre-treatment system that significantly reduces the exposure to harmful chemicals and pathogens. Health care facilities are expected to play an exemplary role for other potential polluters.

POLICY ACTIONS

1. Update and complement the relevant regulations to ensure safe management of industrial and hazardous wastewater.
2. Ensure (implement, regulate and enforce) that all health care facilities manage their wastewater safely.
3. Facilitate and support the introduction on the EmaSwati market of appropriate technologies to deal with industrial and hazardous wastewater.
4. Promote minimization of waste at the source and cleaner production approach.

4.5 Objective 5: Develop and sustain safe, well-regulated and affordable collective off-site sanitation services (sewerage and sludge collection, treatment and disposal), and promote recycling and reuse

Off-site collective sanitation services combine infrastructure elements and service functions that involve public and private actors from different sectors. Services emphasize faecal sludge and wastewater collection, transport, treatment and disposal services. These cover on-site or non-sewered sanitation systems (sludge collection, transport, treatment and disposal), and sewered sanitation systems (sewer line and wastewater treatment services). Off-site collective sanitation services are opposed to *on-site collective sanitation services* (i.e. public toilet services).

Providing access to safe off-site collective sanitation services to the EmaSwati population will contribute to reaching the overall SGD target of 100% *safely managed sanitation services* (refer to definitions in APPENDIX 2).

4.5.1 Policy statement: Reinforce the regulatory and institutional framework for sewerage and sludge management services

Sewerage services and faecal sludge management (FSM) services tend to have different institutional houses, technologies, management and regulation.

The development of an effective regulatory framework will start with a review and harmonization of the existing laws, standards and regulations, including the contractual framework of EWSC (see also Section 6.1 page 25). The executive responsibilities and cooperation modalities shall be clarified by defining and separating the regulatory, operational and supporting roles and shall include the supporting capacity building concept for investment management and service provision.

The EEA role and capacity shall be clarified and reinforced. According to sewerage services, it shall intervene in order to make sure that the wastewater and effluent disposal meet the environmental requirements. The EEA shall also regulate the sludge collection, transport and disposal services.

The framework should determine the regulatory agencies and stipulate their roles in terms of industrial wastewater management. These agencies should have adequate instruments to ensure effective enforcement.

POLICY ACTIONS

1. Clarify the roles of agencies ensuring a separation of the regulatory, operational and supporting roles.
2. Update and complement the regulation to ensure safe management of industrial and hazardous wastewater.

4.5.2 Policy statement: Promote viable, low cost approaches for sewerage schemes

Sewerage shall be confined to areas where it can be demonstrated that it is more favourable than on-site sanitation, considering affordability, technical feasibility (settlement density, water consumption, infiltration rate) and environmental requirements.

Eswatini has built, operated and maintained successfully several sewerage systems throughout the country including WWTPs. In urban areas, an estimated 30% of the population rely on these systems. With the increase of the urban population and the development of densely populated settlements in peri-urban areas, the demand for sewerage services will keep increasing steadily.

In order to deliver an affordable public service in line with the demand in the densified urban centres with piped water, the sector shall investigate affordable sewerage technology options for collection and treatment of wastewater. Systems and approaches to be considered are simplified, condominial or small-bore (solid free) sewerage systems, combination of collection of grey water through sewerage and FSM services, etc. The final choice should always result from a feasibility study comparing options.

Innovative management models shall be promoted, such as community or privately operated decentralized sewerage systems.

POLICY ACTIONS

1. Invest in innovative and affordable sewerage options for collection and treatment of wastewater, in line with the future demand.
2. Promote innovative sewerage management models.

4.5.3 Policy statement: Promote viable, low cost approaches for faecal sludge collection, treatment and disposal

Faecal sludge collection service is mechanised in Eswatini and offers a safe service, collected faecal sludge are disposed in existing WWTPs. However, cooperation between service providers should be promoted (MoH-EHD, municipalities and private operators) in order to deliver an affordable and efficient service to all layers of the population in the four regions.

The sector shall also consider the development of the supply chain to ensure sustainability of the services provided, such as availability of spare parts and repairer.

EWSC with the support of the MoH-EHD shall investigate the possibility of treating the faecal sludge separately from the wastewater. So far, collected faecal sludge are directly discharged into WWTPs and co-treated with wastewater.

Efficient and low-cost technologies internationally exist for the dewatering of faecal sludge. In the context of Eswatini – space availability, existing WWTPs – benefits would be multiple: decreasing of the wastewater treatment cost, increasing wastewater treatment efficiency, possibility to reuse the mineralized sludge in agriculture. In addition, the existing WWTPs offer the opportunity to treat the secondary effluent from faecal sludge dewatering systems for a nominal additional cost.

Innovative management models shall be promoted to improve the service provision, such as public private partnership (PPP) for both faecal sludge collection service delivery and treatment plant operation. Benefits can be multiple: increased of private sector involvement, optimization of public resources allocation, focus on supervision and monitoring, harmonize service tariffs.

POLICY ACTIONS

1. Strengthen cooperation between the different faecal sludge collection service providers to deliver safe and affordable service to all segments of the population.
2. Assess technically and financially, and in line with the expected sludge collection increase, the most affordable way to treat the faecal sludge.
3. Promote innovative FSM models.

4.5.4 Policy statement: Promote recycling and reuse of treatment by-products

Eswatini has recently experienced a severe hydrological drought. Government shall promote the development of climate change resilient innovative technologies and practices to minimize the water use while promoting good hygiene and sanitation practices.

When technically possible, reuse of treated wastewater should be promoted to reduce pressure on natural water resources, such as for irrigation or road construction wetting.

Innovative approaches for the reuse and recycling of urine and mineralized sludge in agriculture shall be piloted and replicated. In particular, the demand for these products shall be assessed first.

POLICY ACTIONS

1. Promote the development of climate change resilient innovative technologies and practices to limit the use of water and recycle and reuse treatment by-products.
2. Promote the demand and develop a market for the products.

4.5.5 Policy statement: Harmonized public service tariffs and Implement cost recovery for collective sewerage systems

Faecal sludge collection and transport service is provided by different public institutions. The tariffs applied are significantly different among service providers. Tariffs shall be harmonized to ensure equity between the population segments. This may imply cross-subsidisation. In a similar way and in line with the promotion of the private sector, public institutions shall look at innovative mechanisms to support the private sector in providing competitive service tariffs (incentives, PPP schemes with a strong focus on service supervision).

Based on the *user-pays principle*, EWSC is already recovering operational costs for urban wastewater services (both wastewater collection networks and treatment plants) through user fees. The capital investment cost of the sewerage systems is currently being supported by Government. The recovery of investment costs of the fixed assets shall commence in a later stage taking into account the financial capacity of the clients (i.e. polluters).

Communities shall be involved in the decision and implementing process with regard to project planning, construction and maintenance of simplified sewerage systems with the option to contribute in kind to reduce costs (i.e. lower tariffs).

Transparency in the tariff structure of the sewerage services will facilitate adhesion of the users in paying the right price for the right service. In this view, the tariff applied for the discharge and treatment of faecal sludge needs to be revised to be in accordance with the tariff paid by sewerage customers to treat their wastewater.

The *polluter-pays principle* applies to industries. Industries usually enjoy a higher financial capacity than households and the polluter-pays criterion shall be fully enforced. Tariffs shall consider both wastewater volumes and the nature and level of toxicity.

POLICY ACTIONS

1. Revise and harmonize the tariffs of the sludge collection and transport service, and promote partnership with the private sector for service delivery.
2. Revise the tariff of sludge discharge and treatment and increase transparency of the tariff structure.
3. Implement a cost recovery model for sewerage system including capital investment.
4. Fully apply the polluter-pays criterion for industries.

4.6 Objective 6: Promote hygiene behaviour change and change of social norm

4.6.1 Policy statements: Achieve ODF by promoting behaviour change

Government of Eswatini shall pursue a policy of 100% open-defecation-free (ODF) Eswatini by 2030. In combination with the increase of the sanitation coverage (see Section 4.1), achieving and maintaining ODF status at national level will contribute to a safe and systemic use of the sanitation facilities, and in turn the public and environmental health benefits the country is aiming at. Behaviour change and change of social norm shall be promoted through a combination of measures: awareness campaigns, leadership at community level, education and enforcement.

ODF shall not be limited to households and geographical areas (e.g. villages) since people are regularly moving. It should consider all public places including streets, areas along the roads and highways.

The ODF status shall be ensured by an effective:

i. Community behaviour change: adoption of safe practices and application of the *non-acceptance* criteria at community level (i.e. open defecation is not accepted by the community);

ii. Enforcement of an existing formal municipal regulation (e.g. by-law) and/or informal community-based ODF regulation.

In order to measure the progress, adequate ODF indicator need to be adopted (see Figure 3 presented in APPENDIX 4).

POLICY ACTIONS

1. Conduct awareness campaigns (including Community participatory approaches).
2. Promote leadership at community level. Changing social practices and norms is dependent on effective participation and support of (traditional) community leaders.
3. Strengthen education and training programs in schools and higher learning institutions.
4. Support Local Authorities to enact adequate by-laws.
5. Promote informal enforcement. Enforcement at community level will facilitate the adoption of new practices and will ensure sustainability of the facilities.

4.6.2 Policy statement: Promote hand-washing, personal hygiene and safe use of water at all levels

Improved public and personal hygiene practice and an adequate and balanced nutrition are key elements to achieve sustainable health improvements and the related benefits Eswatini is aiming at. It encompasses both hygiene practices as well as hard elements such as facilities, devices and products.

Besides food hygiene such as water and food storage, food preparation and animal husbandry practice inside habitat, hand washing with water and soap has been proven to be highly efficient in cutting the faecal-oral route reducing (child) morbidity and mortality and health care expenses, while increasing school attendance and productivity. Other successful practices include adequate menstrual hygiene, safe disposal of children's faeces and proper disposal of grey water

Investments in promoting the use of basic hygiene facilities (refer to definitions in APPENDIX 2) have demonstrated similar results as investments in water and sanitation at much lower costs [30].

The MoH shall advocate and intensify its effort to prioritized hand washing with soap programs combined with food hygiene at household level. Target audience for supporting hand washing advocacy campaigns are MNRE, MoF, implementing agencies, funding agencies, development partners, communities, etc.

Health care facilities, frontline health workers, schools and teachers shall be actively supported and their capacities increased in order to accelerate behaviour change progress at community level.

The MoH and its partners shall develop innovative approaches to inform, educate and promote behaviour change and adoption of safe hygienic practices. These approaches shall consider school competitions, community education events, hand washing day, involvement of community leaders, mass media, national celebrities, etc.

Marketing campaigns shall be conducted in parallel to ensure that innovative and affordable hygiene facilities and products are available on the local market.

POLICY ACTIONS

1. Promote hand washing advocacy campaigns.
2. Increase capacities of frontline health worker and promote awareness campaigns at community level supporting community leadership involvements in behaviour change.
3. Intensify hygiene education and training in schools, especially in rural areas. School shall play a clear exemplary role for the population.

4. Develop affordable and practical hand-washing facilities and make them available on the market.
5. Promote the availability of sanitation products such as soap to households (promotion of the private sector, incentives).
6. Improve water supply and access to clean water, and promote food hygiene and safe storage, use and consumption of water at household level, especially in rural areas and remote communities.

5 MEANS OF IMPLEMENTATION

5.1 Objective 7: Ensure efficient monitoring and evaluation of the sanitation and hygiene sector performance

A comprehensive monitoring and evaluation (M&E) and performance measurement system is a sector priority and a basis for consistent results oriented management and an evidence based policy dialogue in the context of a Sector Wide Approach (SWAp). The Management Information System (MIS) shall be linked to the overarching, cross-sectoral M&E systems (Joint Sector Review) on the one hand, and to regional systems on the other hand.

In light of the recent adoption of the 2030 Agenda for Sustainable Development the Government of Eswatini has committed itself to report on the progress made on achieving the SDGs. These international monitoring requirements can also be seen as an opportunity to strengthen the existing M&E Unit of MoH, and revise and update the existing monitoring systems in line with the aspirational SDG targets and definitions which already formed the basis for the development of the NSHP. In order to increase data reliability and facilitate comparison, the sector shall agree on definition and terminology of indicators. Definitions and calculation methods of indicators will be agreed upon with the Central Statistical Office to make administrative data collection comparable with national household surveys.

The sector shall also promote knowledge management based on experience sharing and lessons learned from activities implementation, new approaches, technologies, and improved services.

Annual sector performance reports shall be published by the Hygiene and Sanitation Unit (see Section 6.2.1).

POLICY ACTIONS

1. Build capacity of the M&E Unit of the MoH and strengthen the existing M&E system to develop a comprehensive M&E and performance measurement system for the sector.
2. Formulate a set of “golden” indicators to monitor the sector progress performance.
3. Develop a reliable data collection and reporting protocol in cooperation with the regions and partners, in order to align it as far as possible with their regular reporting mechanisms.
4. Establish a reliable baseline by conducting a national inventory of existing infrastructures.
5. Provide reliable data about sanitation infrastructures and services at schools and health care facilities.

6. Create a national database of all sanitation service providers along the value chain in the country (including plumbers, masons, business premises, construction company, faecal sludge emptying companies, etc.).
7. Promote knowledge management.
8. Publish annual Sanitation and Hygiene Sector Performance Report.
9. Update the national database of water supply facilities (including information on functionality).

5.2 Objective 8: Align resources and optimize leverage of public financing

5.2.1 Policy statement: Create a Sanitation and Hygiene budget line and increase budget allocated to sanitation and hygiene activities

The Ministry of Health's annual budget for sanitation and hygiene is 0.016% of the national budget, or 0.08% of Gross Domestic Product (GDP) instead of 0.5% as directed by the 2008 eThekwini Declaration and reinforced by the 4th AfricaSan Conference [7].

The efficient delivery of sanitation services in a manner that ensures sustainability depends on adequate funding that should not heavily rely on external sources.

Sanitation and hygiene improvement initiatives must be aligned with the broader development goals of the Government of Eswatini. Specific budget lines for sanitation and hygiene shall be created at national level and financing for sanitation services shall be a priority on the development agenda of the MoH.

To finance the planned substantial improvements within a short time, all stakeholders must be involved and motivated to contribute financially. Government of Eswatini, through its EHD, shall align the stakeholders. Progress accountability and a participative approach shall support such alignment.

POLICY ACTIONS

1. Create a specific budget line in the MoH's national budget for sanitation and hygiene issues.
2. In line with the 2008 eThekwini Declaration and the 4th AfricaSan Conference, increase the MoH's annual budget for sanitation and hygiene progressively to reach at least 1.5% of the GDP at short term (2021) and 5% of the GDP at long term (2026).
3. Allocate specific budgets for primary and secondary schools to ensure delivery of appropriate sanitation and hygiene services. It shall include provision of a sufficient number of improved facilities for boys, girls and teachers, hand washing facility, appropriate facility for menstrual hygiene, provision of use of soap, toilet paper and water at all time, daily cleaning service, faecal sludge emptying service, as well as for maintenance to ensure sustainability of infrastructure.

5.2.2 Policy statement: Allocate targeted incentives and subsidies in order to optimize leverage of public financing

Public finance is limited, and effective allocation, compatible with government's investment plans is vital. Clear public investment priorities shall motivate private investments and leverage public financing rather than financing or subsidizing investments directly.

The planning and implementation of interventions has to consider the affordability of all citizens and the private sector, thus proposing steps for progressive improvements of performance over time. Full cost recovery should be the ultimate aim. The issue of equity shall be taken into account when defining the investment modalities for infrastructure.

The EHD shall structure service delivery to slowly shift financing from supply-driven to demand-driven services with a strong inclination towards targeting basic sanitation and hygiene services for the most vulnerable members of society. Households shall be motivated to invest in their own sanitation facilities and services.

Market response shall be supported by allocating incentives to the private sector to stimulate the development of a market along the sanitation value chain, from on-site sanitation facility, to faecal sludge collection, transport, treatment and re-use of mineralized sludge in agriculture. These incentives can be provided through training, technical support, subsidised material, access to finance, tax free programs, etc. The final goal being to provide universal access to safely managed sanitation services and basic hygiene facilities.

Even with the availability of subsidised material on the market, the poorest quintile will hardly access improved sanitation. Ideally, the price of the sanitation and hygiene products on the market should remain the same for all users, the poorest accessing to financial support from other sources than sanitation, such as social and community development programs.

Industries shall also be considered in the incentive program to prevent industrial pollution. If the financial planning includes economic incentives to promote private investment, ideally, they are to be combined with enhanced enforcement interventions. The principle of incentives is most often economically justified by health and environmental benefits and incentives can accelerate the implementation of strategic action plans. They must be carefully conceived to avoid disturbance of market efficiency, economically justified and may include a balanced range of tax exemption, targeted subsidies and financing facilities.

POLICY ACTIONS

1. Leverage public financing in sanitation and hygiene by developing a national incentive program that targets the private sector and industries.
2. Develop a national subsidy program for the poorest quintile to access safely managed sanitation services, and promote sustainability for rural sanitation and ODF communities.

6 LEGAL AND INSTITUTIONAL FRAMEWORK

6.1 Objective 9: Enact and update laws, regulations and standards, for all levels of the Eswatini society, in order to protect public health

Eswatini has several policies and legislations that capture sanitation and hygiene components, but related issues are still to be fully integrated. This Policy aims to provide the framework for such integration. However, to give effect to the Policy, the country should review and update the existing legislations and regulations, and complement by enacting new laws when necessary[10].

The regulatory framework shall cover all sub-sectors, including individual and collective sanitation along the value chain, institutional sanitation, grey water management, wastewater from industrial origin, adoption of appropriate practices that protect the environment and public health, delivery of safe sanitation services by both the public and private sectors, harmonization of sanitation services tariff, the promotion of the private sector, and the reuse of treatment by-products.

[10] A Regulatory Framework is being drafted in parallel of the present NSHP.

POLICY ACTIONS

1. Undertake an audit of existing policies and legislation to ensure alignment with the objectives of the National Sanitation and Hygiene Policy.
2. Implement the Sanitation and Hygiene Regulatory Framework. This comprises regulations, standards and guidelines that will guide and frame the development of the sector, and will ensure provision of safe and high-quality sanitation and hygiene services.
3. Support Local Authorities to enact their own by-laws and decrees in their jurisdiction.
4. Prescribe specific punishments and penalties for violators and the manner and procedures for the application thereof.
5. Regulate programmes and projects implementers such as NGOs.

6.2 Objective 10: Develop the sector's institutional and capacity building framework

6.2.1 Policy statement: Establish the institutional leadership

Institutional leadership is necessary to warrant a firm, permanent framework of cooperation and coordination of the interventions of, government institutions and the private sector involved in the improvement of sanitation and hygiene infrastructure and services at all levels.

The MoH through the EHD is responsible of the coordination of the overall sanitation and hygiene sector, however due to limited capacities, dedicated staff and resources, it mainly focuses on individual sanitation and rural communities. Currently, there is no dedicated sanitation and hygiene unit officially designated to sanitation and hygiene.

The aim of a Sanitation and Hygiene Unit should be to improve universal sanitation and hygiene management at national level. Its mandate should be derived from consensus among institutional and non-governmental stakeholders. The Unit should have a dedicated budget derived from the MoH's budget.

POLICY ACTIONS

1. Establish a fully-fledged Sanitation and Hygiene Unit (SHU) as part of the MoH-EHD, supported by a high-level working group among government agencies and development partners (see Section 6.2.2 below) that shall coordinate, implement and monitor the strategic action plan. The SHU shall have decentralized sanitation and hygiene officers at regional level.

6.2.2 Policy statement: Strengthen the coordination and cooperation framework

The Sector-Wide Approach (SWAp) shall be established to harmonize financing and implementation modalities and to optimize stakeholder coordination within the Water sector under the lead of a Sector Working Group. The SWAp will consider all sector stakeholders, including NGOs and the private sector. The three components of the SWAp shall be i) Water irrigation, ii) Water Resources Development and Management, and iii) Water supply, Sanitation and Hygiene. Sub-sector working groups shall be created to lead each component.

The EHD shall see all stakeholders as partners in development and shall develop a sound and healthy collaborative structure with relevant stakeholders including other ministries. This SWAp sub-structure shall meet upon request but at least quarterly. It shall comprise ministries (MoH, MNRE,

MHUD, MTAD, MoET, MoF), municipal and town councils, public agencies (EEA, EWSC, ESA), donors and development partners, private sector representatives, Civil Society Organizations (CSOs), etc.

POLICY ACTIONS

1. Establish the SWAp for the Water sector.
2. Formalize and gazette the temporary National Sanitation and Hygiene Technical Working Group into the permanent *National Sanitation and Hygiene Coordination Team* (NSHCT). The NSHCT will be a sub-sector working group of the SWAp.
3. Invite new members to be part of the NSHCT: MoF, NGOs, private sector representative, CSOs.
4. Assign a dedicated senior staff from the Sanitation and Hygiene Unit to coordinate the NSHCT.
5. Assign a dedicated staff from the Sanitation and Hygiene Unit to facilitate coordination with the relevant ministries, and enhance outcomes from WASH related programmes.
6. Strengthen the WASH forum to invite new member.

6.2.3 Policy statement: Strengthen partnerships and stakeholder involvement

Government of Eswatini recognizes the diversity of sanitation and hygiene stakeholders. The stakeholders' buy-in and continuous involvement is required to guarantee the sustainability of sanitation and hygiene services and activities. Key stakeholders include: government ministries and departments, municipalities, towns, private sector, CSOs, Community-Based Organisation (CBOs), academia, researchers, traditional leaders, local communities, etc. Partnership building is critical in addressing sanitation and hygiene challenges.

The private sector has showed interest in investing in the delivery of high-quality sanitation services, but at the same time faces financial barriers, such as high importation tax and allocation of subsidies to public services. The local service providers should be challenged and supported to innovate and develop suitable and affordable solutions for the households and businesses. They should be able to advise the households on the selection of most suitable solutions for individual sanitation depending on the needs, expectations and capacity.

POLICY ACTIONS

1. Enhance participation of different stakeholders in addressing sanitation and hygiene issues.
2. Develop tools for building partnerships between the public-private and the civil society in addressing sanitation and hygiene issues.
3. Facilitate the creation of sanitation businesses and strengthen the private sector's commitment and investment in sanitation delivery service through incentive mechanisms (promotion, delegation of services, technical support, training, tax exemption).

6.2.4 Policy statement: Consolidate institutional roles and responsibilities to ensure accountability and transparency

Sanitation is not usually organised as a single sector, yet institutional issues such as regulations, norms, institutional incentives, finance, monitoring, enforcement and behavioural change have to be addressed and managed.

Government of Eswatini recognizes the diversity of sanitation and hygiene stakeholders. Their roles and responsibilities will have to be clearly defined.

So far, Government has been highly involved in the implementation of sanitation activities at household level through programs and projects. Due to limited Government's resources (staffing, equipment and financing), Government shall redefine its role in order to optimize the allocation of these resources. It shall reduce its operational involvement and focus on planning, regulation, coordination, finance and supervision. Its modus operandi should promote and broaden the private sector's participation and contributions in sanitation and hygiene management.

Construction, operation and maintenance of domestic and private on-site sanitation facilities will remain the responsibility of the householders or business owners in question.

POLICY ACTIONS

1. Conduct a sector institutional reform in order to establish roles and responsibilities of all stakeholders, increase accountability and transparency, avoid role overlap and optimize resources. Roles and responsibilities must ensure universal sanitation: individual and collective sanitation applied to rural, peri-urban, urban, institutional, workplaces, public/private gatherings, and industrial premises and areas.
2. Develop a comprehensive arrangement that ensures that Government's role is of policy maker, planner, overseer, regulator and coordinator.

6.2.5 Policy statement: Strengthen capacities of stakeholders

Qualified staffs are to be found at all levels. Government shall strengthen this installed capacity to articulate the development of the sector at short and long term. Among the levels to be considered are:

a) Technical assistance and strengthening of MoH-EHD to effectively manage and oversee the implementation of the policy and strategy;
b) Technical training for regional EHD officers, EEA, private sector staff, school teachers, etc.;
c) Training of trainers for participatory mobilisation and sensitisation activities;
d) Academic education in engineering and other relevant fields at higher learning and research institutions such as the Royal Science and Technology Park;
e) Managerial and financial training for the private sector to ensure sustainability of businesses and services.
f) Staffing and equipment of public institutions at central and decentralized level.

Training will only be one part of the overall capacity development program. Overall the comprehensive capacity development program will also have to address i) institutional, ii) organisational and iii) individual capacities.

The concept will be based on cooperation with existing training and educational institutions for academic education and research & development.

POLICY ACTIONS

1. Assess capacity gaps and training needs for the different sector actors.
2. Elaborate a capacity development program.
3. Allocate adequate qualified and experienced staffing and equipment to the new Sanitation and Hygiene Unit, including sanitation and hygiene staff at regional level.

4. Strengthen capacities of decentralized institutions to ensure efficient support, supervision, regulation and monitoring at local level.
5. Enhance knowledge management from successful initiatives throughout the country: experience sharing and lessons learned of new approaches, technologies, improved services.

6.2.6 Policy statement: Reinforce international cooperation

By subscribing to the Sustainable Development Goals Eswatini committed in ending open defecation, and reaching a universal use of basic and safely managed sanitation services by 2030. In order to reach these objectives, international support in the form of financial resources, technology development and transfer, and capacity building remains crucial.

POLICY ACTIONS

1. Effectively participate in and contribute to international and Africa Region sanitation and hygiene discussions and commitments (e.g. AfricaSan, AMCOW, ESAWAS, SADC, SWA).
2. Constitute and strengthen the capacity of a multi-sectoral technical negotiating team in order to increase funding.
3. Enhance mutual cooperation between Government of Eswatini, development partners and other international and regional actors in investing in the sanitation and hygiene sector.

7 IMPLEMENTATION FRAMEWORK

7.1 Strategic Frameworks

7.1.1 National Sanitation and Hygiene Strategy

Government of Eswatini considers sanitation and hygiene as a priority development concern and is committed to take urgent and long-term actions to reduce poverty, promote public health and endorse sustainable economic and environmental development. Therefore, a national sanitation and hygiene strategy and action plan is to be developed. A first draft of the National Sanitation and Hygiene Strategy and Action Plan has already been drafted. The document is the result of a consultative process that involved different stakeholders, including the NSTWG, government ministries and departments, parastatals, CSOs, NGOs, private sector, academia, traditional leaders and communities. The strategy shall be aligned and calibrated to reach the NSHP's objectives. Government of Eswatini commits itself to reviewing it periodically, but not later than every five years.

7.1.2 National Development Strategy (Vision 2022)

Vision 2022 Eswatini is politically committed to achieve long term aspirations and targets in sustainable socio-economic development. The National Sanitation and Hygiene Policy is coherent with the National Development Strategy (NDS). The NDS aims at promoting private and informal sector investments and active participation of these groups in economic growth and development; ensuring broad-based participation of all stakeholders in the national development planning, implementation, monitoring and evaluating processes; and promoting decentralization of power and decision making to ensure effective delegation and execution of national functions and duties. Government also committed to ensure the provision of adequate sanitation services, including the provision of facilities for persons with disabilities. In parallel, Government's vision aims at

strengthening programs to educate communities on the relationship between safe water, sanitation and health; reinforcing the teaching of sanitation and hygiene in the school curricula; and providing capacity building, training and development programs for personnel in both the public sector and NGOs in order to render them a viable force for dealing with sanitation issues, particularly in peri-urban and rural areas.

7.1.3 Poverty Reduction Strategy and Action Plan

The Poverty Reduction Strategy and Action Plan (PRSAP) is one of the key documents for operationalising the National Development Strategy and the Vision 2022. The PRSAP has the objective to ensure that each homestead amongst rural poor has a VIP as a minimum requirement. The PRSAP acknowledges the fact that the construction of individual pit latrines remains the responsibility of individual homesteads and individual users. Government will therefore intensify its efforts to educate the public on the use of safe hygienic methods of waste disposal.

7.1.4 WASH sector strategic development plan (2017-2022)

The WASH sector strategic development plan provides the stakeholders with a shared vision and guidance on a pragmatic approach to deal with current WASH issues and gaps. The Plan aims to support the country in achieving overall socio-economic development embraced through its Vision 2022 as well as achieving the SDG targets. The Plan recognises the vital role of a strong legislative and regulatory framework for WASH success. Monitoring has been identified as the missing link within the sector yet it is essential for tracking progress and identifying gaps.

7.2 Clarifying Roles and Responsibilities

The Policy establishes a number of institutions whose roles and responsibilities are as outlined in the Table below.

	INSTITUTION/AGENCY	ROLE AND RESPONSIBILITIES
CENTRAL LEVEL	Ministry of Health (MoH)	• Custodian of the National Sanitation and Hygiene Policy and monitoring its implementation. • Validate strategic documents. • Approve regulation. • Approve and allocate budget for the Sanitation and Hygiene Unit
	Environmental Health Department (EHD)	• A department under the Ministry of Health responsible for the coordination of the overall sanitation and hygiene sector. • Lead the promotion of sanitation services and hygiene practice and behaviour change in both urban and rural areas. • Formulate, review and update strategic documents. • Formulate, review and update regulations to govern implementation of sanitation and hygiene related matters. • Review strategic Action Plans.
	Sanitation and Hygiene Unit (SHU)	• Established under the MoH-EHD for the implementation and monitoring of the National Sanitation and Hygiene Strategy and Action Plan. • Facilitate the coordination with the MNRE-DWA for

	INSTITUTION/AGENCY	ROLE AND RESPONSIBILITIES
		WASH related activities. • Support the MoET for sanitation and hygiene related activities in schools. • Coordinate the National Sanitation and Hygiene Coordination Team. • Publish Annual Sanitation and Hygiene Sector Performance report. • Support and promote private sector's participation and contributions in sanitation and hygiene management. • Provide technical support for on-site sanitation. • Promotion of knowledge management. • Promotion of research and development
	Health Promotion Unit (HPU)	• A unit under the Ministry of Health that promote awareness campaigns and behaviour change.
	M&E Unit	• A unit under the Ministry of Health that monitor the progress through data collection.
	Ministry of Natural Resources and Energy (MNRE)	• Responsible for providing general management of land, minerals, water and energy resources.
	Department of Water Affairs (DWA)	• A department under the MNRE responsible for supplying water in rural areas. • Coordinate between water supply projects and sanitation development.
	Ministry of Housing and Urban Development (MHUD)	• Facilitate the delivery of housing and urban services through appropriate physical planning, and strengthening the institutional capacity of urban local authorities.
	Department of Urban Government (DUG)	• A department under the MHUD responsible of urban development. • Provide support for sanitation infrastructure development and maintenance in urban areas. • Provide building plans approvals. • Provide support for the safe delivery of vacuum tanker service and sludge disposal in urban areas.
	Ministry of Education and Training (MoET)	• Implement sanitation and hygiene facilities in schools. • Provide training to teachers. • Provide manual for sanitation and hygiene activities in school. • Provide a budget for schools to maintain high level of sanitation and hygiene services. • Develop specific training for sector's professionals.
	Ministry of Finance (MoF)	• Formulate and implement fiscal and financial policies that optimize economic growth and improve the welfare of its citizens. • Release adequate budgets on time to the sanitation and hygiene sector.

	INSTITUTION/AGENCY	ROLE AND RESPONSIBILITIES
		• Develop financial incentive mechanisms for the sanitation sector.
	Ministry of Tinkhundla Administration and Development (MTAD)	• Promote the Tinkhundla system of governance through effective coordination and delivery of services to the people. • Support community development through participatory approach. • Support local administration to develop enabling legislative environment. • Strengthen local information management systems. • Provide financial subsidies to the poorest quintile of the population to access safely managed sanitation services.
	Public Policy Coordination Unit (PPCU)	• Facilitate the drafting, review and update of the National Sanitation and Hygiene Policy.
	National Sanitation and Hygiene Coordination Group (NSHCT)	• Coordinate implementation of activities and optimize resources. • Facilitate the evaluation and monitoring of the sector. • Debate and refine priorities and action plans. • Support the review and drafting of national documents: policy, strategy, regulation, standards, guidelines, manuals. • Facilitate organisation of events. • Inform about sector's progress.
	WASH Forum	• Facilitate the flow of information within the sector.
	Eswatini Water Services Corporation (EWSC)	• Parastatal organization accountable for the provision of sewerage services as well as wastewater and faecal sludge treatment in urban areas. • Provide technical support for collective sanitation. • Set sewerage and treatment tariffs.
	Eswatini Environment Authority (EEA)	• National regulating body for environmental issues. • Regulate and enforce sewerage services. • Regulate and enforce package plant management. • Develop, review and update effluent discharge standards. • Review and approve Environmental and Social Impact Assessment Studies. • Enforce mitigation plans. • Deliver permit and license to sanitation service operators.
	Eswatini Standards Authority (ESA)	• Validate standards related to the sanitation and hygiene sector.

	INSTITUTION/AGENCY	ROLE AND RESPONSIBILITIES
REGIONAL LEVEL	EHD regional offices	• Implement, follow up and monitor Rural Sanitation Programs. • Conduct awareness campaigns and behaviour change. • Support households to gain access to basic sanitation services and hygiene services (trainings, material provision and technical support) • Provide or delegate faecal sludge emptying service. • Supervise and regulate the local service providers. • Monitor drinking water quality. • Provides hygiene education and training to improve drinking water quality.
	EWSC regional offices	• Operate and maintain sewerage systems in Town Councils and RGC • Report to the central office.
LOCAL LEVEL	Municipal Councils (Mbabane and Manzini)	• Provide or delegate sanitation services (faecal sludge emptying service, public toilet service). • Supervise and monitor delegated public services. • Evaluate service performance. • Regulate local service providers. • Regulate the use of improved sanitation and open defecation practice.
	Town Councils and Rural Growth Centres	• Provide or delegate public toilet service. • Regulate the use of improved sanitation and open defecation practice.
	Schools	• Provide high level of sanitation and hygiene services in schools. • Teach appropriate hygienic practice and promote behaviour change.
	Health Care Facilities	• Provide access to improved sanitation and hand washing facilities with water and soap in health care facilities.

8 POLICY REVIEW

This Policy will be reviewed periodically, but no later than after every 10 years, so as to ensure that it keeps abreast with national changes, emerging sanitation and hygiene approaches and technologies, as well as the new trends and developments of the sector at international level.

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APPENDIX 2 : Glossary of Terms

Basic hygiene facility	According to WHO/UNICEF definition, a basic hygiene facility is a hand washing facility with soap and water. Hand washing facilities can consist of a sink with a tap water, but can also include other devices that contain, transport or regulate the flow of water. Buckets with taps, tippy-taps and portable basins are all examples of hand washing facilities. Bar soap, liquid soap, powder detergent and soapy water all count as soap.
Basic sanitation service	According to WHO/UNICEF definition, a basic sanitation service is an improved sanitation facility that is not shared with other households.
Blackwater	Black water is the mixture of urine, faeces and flush water along with anal cleansing water (if water is used for cleansing) and/or dry cleansing materials. Black water contains the pathogens of faeces and the nutrients of urine that are diluted in the flush water.
Community-led total sanitation (CLTS)	Approach to achieve sustained behaviour change in mainly rural people by a process of "triggering" leading to spontaneous and long-term abandonment of open defecation practices.
Collection	The process of picking up liquid waste from residences, businesses, or a collection point, collecting them in a sewerage pipe or loading them into a vehicle, and transporting them to a processing site.
Community participation	**C**ommunity members voluntarily contribute ideas, labour, materials and management to community initiatives. Community participation gives rural consumers voice, uses community management capacity and is an instrument of empowerment.
Coverage	The physical presence of sanitation services, enabling access, but may not guarantee use. The WHO/UNICEF Joint Monitoring Program (JMP) gives the definition of what is basic, limited and unimproved sanitation.
Ecological Sanitation (ecosan)	Sanitation the design of which strives to protect ecosystems, and treats excreta as a valuable resource to be recycled. The term is widely understood to reflect this general approach to excreta management, but ecosan technology often implements the approach through the separation of urine and faeces at the level of the individual toilet.
Effluent	The out flowing liquid or fluid discharged to the external environment.
Enabling Environment	Policies, financial instruments, formal organizations, community organizations and partnerships which together support and promote needed changes in hygiene practices and access to technology.
Equity	Equity means fairness and impartiality to all concerns. In the context of sanitation and hygiene it recognizes that there should be no policy, legal, technological barriers which exclude access to entitlements. Equity recognizes

	that people are different and may require support to overcome impediments that limit access or sustainability of service use.
Faecal sludge	Faecal sludge comes from on-site sanitation technologies and has not been transported through a sewer. It is raw or partially digested, a slurry or semisolid, and results from the collection, storage or treatment of combinations of excreta and black water; with or without grey water. Examples of on-site technologies include pit latrines, un-sewered public ablution blocks, septic tanks, aqua privies, and dry toilets. Faecal sludge is highly variable in consistency, quantity, and concentration. The physical, chemical and biological qualities of faecal sludge are influenced by the duration of storage, temperature, intrusion of groundwater or surface water in septic tanks or pits, performance of septic tanks, and tank emptying technology and pattern.
Faecal sludge emptying or desludging	The process of removing faecal sludge from on-site sanitation system (septic tanks, aqua-privies, etc.).
Gender	While gender refers to biological differences between men and women, gender differences are also socially constructed, impacting the division of roles, responsibilities and power between women and men. These vary over time and between cultures, classes and age groups.
Grey water	Water from the kitchen, bath, laundry and other domestic activities which should not normally contain much urine or excreta. (Note that laundry wash water is likely to carry some faecal contamination).
Hygiene	According to WHO definition, hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases. For the purpose of this Policy, refer to the definition provided in Section *3.2 Scoping of the Policy.*
Hygiene related to sanitation	Behaviours related to the safe management of human excreta, such as hand washing with soap or the safe disposal of children's faeces. Hygiene thus determines how much impact water and sanitation infrastructure can have upon health, because it reflects not the construction, but the use, of such facilities.
Hygiene Education	An element of hygiene promotion concerned with teaching people about how diseases spread; for example, through the unsafe disposal of excreta or by not washing hands with soap after defecation. Although this type of awareness-raising may be part of a larger hygiene promotion program, it should not be the sole focus of the program.
Hygiene Promotion	A planned approach to preventing sanitation-related diseases through the widespread adoption of safe hygiene practices. It begins with and is built on what community people know, do and want.

Sanitation	The global definition of sanitation is broader than the management of human excreta, urine, faecal sludge and wastewater. Components are: access and use of sanitation facilities, safe collection, storage, treatment and disposal/re-use/recycling of human excreta (faeces, urine, faecal sludge, black water and wastewater); safe management of grey water; management/re-use/recycling of municipal solid waste; collection and management of industrial and hazardous waste products (including hospital wastes, chemical/radio-active and other dangerous substances); management of industrial and hazardous liquid waste. For the purpose of this Policy, refer to the definition provided in Section *3.2 Scoping of the Policy*.
Improved sanitation facility	According to WHO/UNICEF definition, an improved sanitation facility is defined as one that hygienically separates human excreta from human contact. These include wet sanitation technologies (flush and pour flush toilets connecting to sewers, septic tanks or pit latrines) and dry sanitation technologies (ventilated improved pit latrines, pit latrines with slabs, or composting toilets). In Eswatini, the minimum standard required is a VIP.
Inclusion	Inclusion is the process of improving the terms for individuals and groups who are disadvantaged based on their identity, to take part in society. Ensuring that a project is inclusive enhances the inclusion agenda requires better knowledge on the nature of inequality, enhancing capacity and putting in place incentives that will result in better outcomes. Underlying such design also requires strong institutions that will hold state and service providers accountable.
Individual sanitation	Individual sanitation generally refers to on-site sanitation systems at household level (both wet and dry) where urine and excreta (sometime grey water) are stored. Partial degradation of organics is usually achieved in these systems, and the faecal sludge has to be collected and transported for further treatment.
Industrial liquid waste	Industrial liquid waste is a wastewater generated from industry and commerce during manufacture and processing. It usually carries a variety of chemical compounds.
Informal Sector	The part of an economy that is characterized by private, usually small-scale, labour-intensive, largely unregulated, and unregistered manufacturing or provision of services. In FSM, it usually refers to manual FS emptiers.
Institutional Strengthening	Process designed to enhance the ability of an institution to meet its objectives more effectively through a combination of measures including technical assistance, training, improved management structure system and better legislative and regulatory frameworks.
Legal framework	The framework of law, usually comprising national laws and regulations and municipal by-laws.
Limited hygiene	According to WHO/UNICEF definition, a limited hygiene facility is a hand

facility	washing facility that lacks water and/or soap. Ash, soil, sand or other materials are sometimes used as hand washing agents, but these are less effective than soap and are therefore considered as limited hand washing facilities.
Limited sanitation service	According to WHO/UNICEF definition, a limited sanitation service is an improved sanitation facility that is shared with other households.
Local Authorities	Local Authorities refer to either municipalities (municipal and town councils, and rural growth centres), Tinkhundla administrations or regional governmental offices.
Menstrual Hygiene Management	Millions of girls and women are subject to restrictions in their daily lives simply because they are menstruating. Besides the health problems due to poor hygiene during menstruation, the lack or unaffordability of facilities and appropriate sanitary products may push menstruating girls temporarily or sometimes permanently out of school, having a negative impact on their right to education.
Menstruation	Normal biological process and a key sign of reproductive health, yet in many cultures it is treated as something negative, shameful or dirty.
Open defecation	Practice of people defecating outside and not into a designated toilet, leaving the faeces exposed.
Open defecation free (ODF)	All community members are using sanitation systems rather than practising open defecation.
Personal Hygiene	Personal hygiene involves those practices performed by an individual to care for one's bodily health and well-being, through cleanliness. It includes hand washing with water and soap, menstrual hygiene, washing the body, etc.
Private Sector Participation	A partnership between the public and private sectors which allows the private sector to participate in service delivery. Sometimes 'privatization', is the preferred term which implies that the public sector is no longer responsible for ensuring provision of the service.
Public toilet	Latrine/toilet facilities that are open for public use that have custodians and where those intending to use the toilets are mostly required to pay fees. Public toilets require water, hand washing facilities, light, accessible to differently abled people, and be clearly delineated to address gender discrimination.
Safely managed sanitation service	According to WHO/UNICEF definition, safely managed sanitation service is an improved sanitation facility that is not shared with other households (i.e. basic sanitation service), and where excreta are disposed of in situ or transported and treated off-site. It includes, households using toilets where the excreta are flushed out of the household, transported through sewers and treated at a treatment plant; households using toilets or latrines connected to septic tanks or pits, from which excreta are either emptied and treated off-site, or

	remain stored and are considered treated and disposed of in situ.
Sanitation Marketing	The use of marketing techniques to promote the construction and use of sanitation facilities. Sanitation marketing considers the target population as customers. It borrows private sector experience to develop, place and promote an appropriate product: in this case the product is a toilet and excreta disposal system, be it sewerage connection, pit latrine or other mechanism. Critically the facilities must be readily available at an affordable price in the right place.
Septic Tank	A septic tank is a watertight chamber made of concrete, fibreglass, PVC or plastic, through which black water and sometimes grey water flows for primary treatment. Settling and anaerobic processes reduce solids and organics, but the treatment is partial, not complete. The effluents may be discharged into soak pits or small-bore sewers, and the sludge have to be pumped out periodically.
Sewage	Human excreta and waste water, flushed along a sewer pipe.
Sewerage	A system of sewer pipes, manholes, pumps, etc. for the transport of sewage.
Stakeholders	Those persons, groups or institutions that have interests (often financial) and can significantly influence, or are important to the success of a project/program.
Standards	Governmental norms that impose limits on the amount of pollutants or emissions generated.
Subsidy	Direct or indirect payment from government to businesses, citizens, or institutions to encourage a desired activity.
Targets	Referring to or relating to result(s) aimed at by carrying out an action(s). An objective is usually qualitative while a target is more specific or quantitative.
Total sanitation	Total Sanitation refers to a condition where open defecation is fully discouraged, proper liquid and solid waste disposal is maintained and drainage systems properly managed to reduce the social, economic, environment and health impact of residents.
Unimproved sanitation facilities	According to WHO/UNICEF definition, unimproved sanitation facilities are pit latrines without slab or platform, hanging latrines or bucket latrines.

APPENDIX 3 : List of consulted stakeholders

The following stakeholders have been consulted individually by the ECOPSIS's Consultant Team:

• Government Ministries	MoH-EHD, Ministry of Education and Training – Educational, testing, guidance and psychological services Department (MoET-ETGPS), Ministry of Natural Resources and Energy – Department of Water Affairs (MNRE-DWA)
• Government Agencies	Eswatini Water Services Corporation (EWSC), Eswatini Environment Authority (EEA)
• The National Sanitation Technical Working Group (NSTWG)	MoH: EHD, Health Promotion Unit, M&E Program; Ministry of Housing and Urban Development (MHUD); MNRE-DWA; Ministry of Tinkhundla Administration and Development (MTAD), MoET, Public Policy Coordination Unit (Prime Minister's Office), Municipal Council of Mbabane, Municipal Council of Manzini, Matsapha Town Council, UNICEF, WaterAid, Gone Rural Bomake, EEA and EWSC
• Decentralized Governmental bodies	Regional Environmental Health Divisions in the 4 regions (Hhohho, Manzini, Shiselweni, Lubombo)
• Municipalities (major town and secondary towns)	Mbabane Municipality, Municipalities of Hlatikhulu (Shiselweni) and Siteki (Lubombo)
• Development Partners	WaterAid, UNICEF
• Private sector	San Projects company (FS emptying, mobile toilets, package plant, etc.), Masuku Impulsive (operation of public toilets)
• Communities and associations in the 4 regions	

In addition, the following stakeholders participated to consultation workshops:

• Government Ministries	MTAD, MHUD
• Municipal Council or Town Board of	Mbabane, Ezulwini, Ngwenya, Piggs Peak (Hhohho region), Matsapha, Manzini, Mankayane, Malkerns (Manzini region), Nhlangano, Hlatikhulu (Shiselweni region), Vuvulane (Lubombo region)
• Public institutions	His Majesty's Correctional Services

APPENDIX 4 : Typical repartition of roles for the development of individual sanitation projects

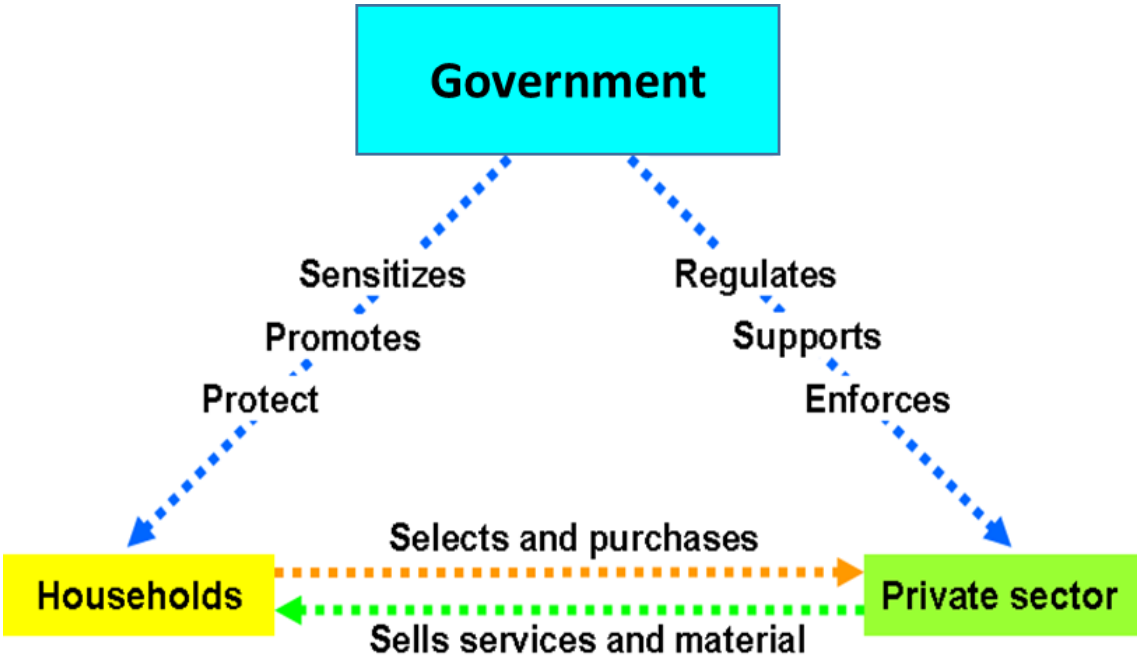

Figure 2 : Repartition of roles for the development of individual sanitation projects

APPENDIX 5 : Strategic approach to ensure adherence to ODF status over time

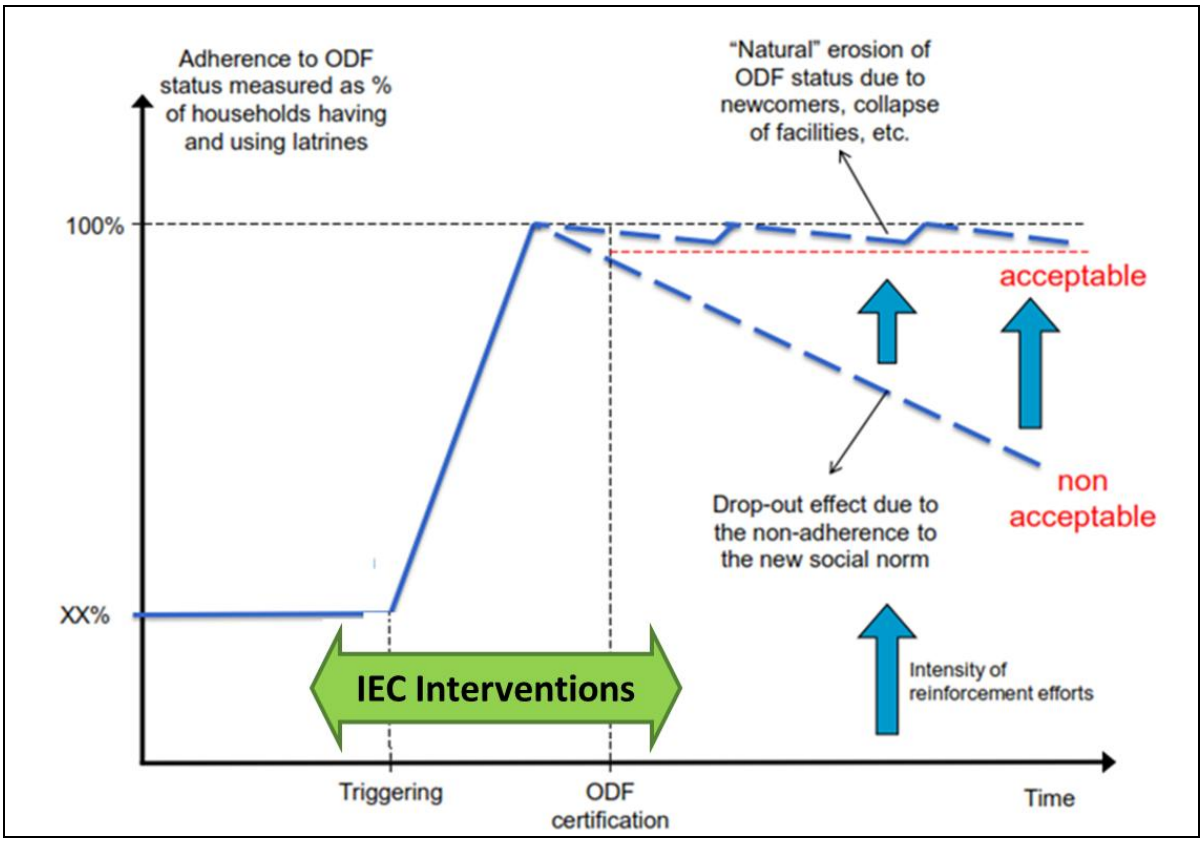

Figure 3 : Adherence to ODF status over time [29]