glaas | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Benin

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**10.05 M**
Urban population (2012)[a]	**4.58 M**
Rural population (2012)[a]	**5.47 M**
Population growth rate (2012)[a]	**2.71%**
Gross domestic product USD (2012)[b]	**7.56 billion**

[a] World Population Prospects: The 2012 Revision, UNDESA 2013.
[b] World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)[c]	**58.5**
Under 5 mortality / 1,000 live births (2012)[c]	**89.5**
Life expectancy at birth (2012)[d]	**59 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**3063**

[c] Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.
[d] World Health Statistics, WHO 2014.
[e] Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)[f]	**14%**
Use of drinking-water from improved sources (2012)[f]	**76%**

[f] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

WHO/FWC/WSH/15.10

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UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview

Benin has recognized the human right to water and sanitation in legislation since 2010. In addition to participating in GLAAS, Benin also took part in the 2014 Sanitation and Water for All High Level Meeting. During the meeting, the government made a number of commitments for water and sanitation including: include the elimination of open defecation in the next version of the Growth Strategy for Poverty Reduction 2015-2020; and produce a capacity building plan aimed at local authorities.

Benin's long term vision includes achieving universal access to water and to end the practice of open defecation by 2025. The Ministry of Economy and Finance, the Ministry for Water and the Ministry of Health are all in agreement on the vision and it is also supported by local government and civil society organizations.

A national water quality strategy has been adopted and tools to implement the strategy are currently being developed, including an annual plan for water quality monitoring and water safety management plans. Additionally, plans for promoting hygiene and sanitation are being validated.

Six ministries/national institutions are involved in water, sanitation and hygiene in Benin, with the lead for sanitation and hygiene taken by the Ministry of Health, while the Ministry of Water is the lead institution for drinking-water. For now, the Water and Sanitation Sector Group, which meets quarterly, ensures coordination. It is hoped to expand the group to other sectors including education and public transportation as well as to involve municipalities.

Benin has human resource strategies for sanitation, drinking-water and hygiene. To fill gaps identified in the strategies, an objective of the program budget is to continue to strengthen the organizational and operational capacities of the National Directorate of Public Health as well as its decentralized structures. A focus of this objective is the monitoring and evaluation of activities.

Finance for rural and urban water, sanitation and hygiene (WASH) is almost equal in Benin, with 54% of funding going to rural areas and 46% going to urban areas. However, the need for WASH in rural areas is much greater than in urban areas. Additionally, the majority of funding goes towards drinking-water (86%), but there is a much larger need for sanitation.

Highlights based on country reported GLAAS 2013/2014 data[1]

I. Governance

The Ministry of Health has a leadership role in both sanitation and hygiene.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Health in charge of basic sanitation	▯		▯
Ministry of Water		▯	

Number of ministries and national institutions with responsibilities in WASH: **6**

Coordination between WASH actors is in development.

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	▯	69	2015
Rural sanitation	▯	69	2015
Sanitation in schools	▯	100	2015
Sanitation in health facilities	▯	100	
Urban drinking-water supply	▯	75	2015
Rural drinking-water supply	▯	67	
Drinking-water in schools	▯	100	
Drinking-water in health facilities	▯	100	
Hygiene promotion	▯		
Hygiene promotion in schools	▯		
Hygiene promotion in health facilities	▯		

There are a range of specific plans that are implemented addressing the issues of improving and sustaining services.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES (Low → High)
Keep rural water supply functioning over long-term	
Improve reliability/continuity of urban water supply	
To rehabilitate broken public latrines	
Safely empty or replace latrines when full	
Reuse of wastewater or septage	
Ensure DWQ meets national standards	
Address resilience to climate change	

[a] Including implementation.

[1] All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making for sanitation, drinking-water and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	April 2013		April 2013		April 2013
Use of performance indicators[a]	▯		▯		▯
Data availability for decision-making[a]					Health sector
Policy and strategy making	▯		▯		▯
Resource allocation	▯		▯		NA
National standards	NA		▯		NA
Response to WASH related disease outbreak	NA		NA		▯
Surveillance[b]	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	▯	▯	
Independent auditing management procedures with verification	NA	NA	▯	▯	
Internal monitoring of formal service providers	▯	▯	▯	▯	
Communication[a]					
Performance reviews made public	▯	▯	▯	▯	
Customer satisfaction reviews made public	▯	▯	▯	▯	

[a] ▯ Few. ▯ Some. ▯ Most.
[b] ▯ Not reported. ▯ Not used. ▯ Used and informs corrective action.
NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are the availability of education/ training organisations and recruitment practices.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed[a]	▯	▯	▯
Strategy defines gaps and actions needed to improve[a]	▯	▯	▯
Human resource constraints for WASH[b]			
Availability of financial resources for staff costs	▯	▯	▯
Availability of education/training organisations	▯	▯	▯
Skilled graduates	▯	▯	▯
Preference by skilled graduates to work in other sectors	▯	▯	▯
Emigration of skilled workers abroad	▯	▯	▯
Skilled workers do not want to live and work in rural areas	▯	▯	▯
Recruitment practices	▯	▯	▯
Other	▯	▯	▯

[a] ▯ No. ▯ In development. ▯ Yes.
[b] ▯ Severe constraint. ▯ Moderate constraint. ▯ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of donor and domestic commitments. There is also an insufficiency of funds to meet MDG targets.

FINANCING

	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies[a]	■	■	■	■
Use of available funding (absorption)				
Estimated % of domestic commitments used[b]	■	■	■	■
Estimated % of donor commitments used[b]	■	■	■	■
Sufficiency of finance				
WASH finance sufficient to meet MDG targets[b]	■	■	■	■

[a] ■ No agreed financing plan. ■ Plan in development or only used for some decisions. ■ Plan/budget is agreed and consistently followed.
[b] ■ Less than 50%. ■ 50–75%. ■ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure[1]	
2012	58.66 M.USD
Expenditure as a % GDP	
Education[2]	5.3
Health[2]	4.4
WASH[3]	0.8

[1] Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
[2] Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
[3] WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, four disadvantaged groups are identified in WASH plans. Funds are reported to be largely directed towards drinking-water while the breakdown between urban and rural is relatively even. The unserved are mainly in rural areas and a greater proportion of the population does not have access to sanitation.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	■		■	
Participation and reporting[a]	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	■	■	■	■
Extent to which users participate in planning	■	■	■	■
Effective complaint mechanisms	■	■	■	■

[a] ■ Low/few. ■ Moderate/some. ■ High/most.

DISADVANTAGED GROUPS IN WASH PLAN
1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. People living with disabilities

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

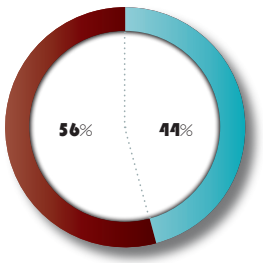
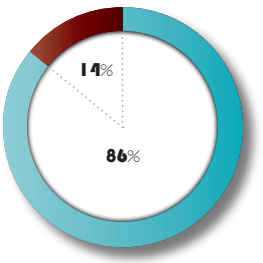


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

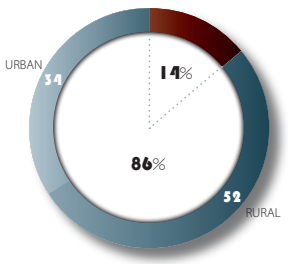
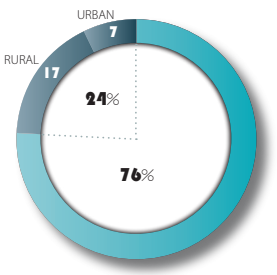


Figure 4. Population with access to improved drinking-water sources



[1] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.