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

Madagascar

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**22.29 M**
Urban population (2012)[a]	**7.40 M**
Rural population (2012)[a]	**14.89 M**
Population growth rate (2012)[a]	**2.79%**
Gross domestic product USD (2012)[b]	**9.98 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]	**40.9**
Under 5 mortality / 1,000 live births (2012)[c]	**58.2**
Life expectancy at birth (2012)[d]	**64 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**5840**

[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]	**50%**

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

WHO/FWC/WSH/15.17

Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.
Printed by the WHO Document Production Services, Geneva, Switzerland

UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview*

Madagascar has registered success over the years with respect to governance for water and sanitation. Considering the organizational structure, the Ministry of Water is the leading institution for both water and sanitation, and the Ministry of Health mainly for hygiene promotion. In addition, inter-sectoral collaboration is developed for the National WASH Program.

The government and its partners have made efforts to ensure equitable provision of WASH services, both in urban and rural areas. This is also the case for hygiene promotion. However, some challenges still have to be faced in the WASH sector.

With respect to monitoring, surveillance of indicators included in the GLAAS assessment is not always implemented in the National Program. For the sanitation component, most of the rural and urban structures do not benefit from internal monitoring of formal service providers. For the drinking-water component, the three surveillance indicators of GLAAS are hardly monitored in urban settings, and it is the same for the two rural ones as well.

Considering the communication part, it is noted that neither performance reviews nor customer satisfaction are made public, as they are rarely monitored for both water and sanitation. The main reason is the insufficiency of human resources and funding for WASH surveillance activities. Activities related to increasing the availability of WASH infrastructure have been prioritized over those related to monitoring.

The analysis of the human resource data for GLAAS showed that even with a human resource strategy developed, financial resources for staff costs are not always available for the WASH sector, as there are few budget items for it.

Finally, the analysis of the financing component related to GLAAS revealed that less than 50% of the donors' commitments have been used in both sanitation and drinking-water, and less than 50% of the funds needed to meet the MDGs related to WASH have been mobilized. This low utilization of funds is mainly due to the sociopolitical crisis when many donors, whose contributions constituted the majority of WASH funding, had to stop financing the development sector, including WASH.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

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

I. Governance

Three ministries share the lead for drinking-water and sanitation services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Water	✔	✔	
Ministry of Health	✔	✔	✔
Ministry of Education	✔	✔	✔

Number of ministries and national institutions with responsibilities in WASH: **11**

Coordination between WASH actors includes:
- ✔ All ministries and government agencies
- ✔ Nongovernmental agencies
- ✔ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	99	
Rural sanitation	✔	99	2018
Sanitation in schools	✔	*	2018
Sanitation in health facilities	✔	*	
Urban drinking-water supply	✔	62	2018
Rural drinking-water supply	✔	61	2018
Drinking-water in schools	✔	In development	
Drinking-water in health facilities	✔	Rural 30% Urban 100%	
Hygiene promotion	✔	100	2018
Hygiene promotion in schools	✔	In development	
Hygiene promotion in health facilities	✔	*	

* Targets are not available in terms of percentage.

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply, other plans regarding improving and sustaining services are in development.

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 drinking-water and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2011		2011		2011
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 constraint identified is the lack of financial resources.

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, though there is a reported insufficiency of funds to meet MDG targets. There are also reported difficulties in absorption of donor commitments mainly due to disbursement and planning issues.

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]	
2011	32.08 M.USD
Expenditure as a % GDP	
Education[2]	2.7
Health[2]	4.2
WASH[3]	NA

[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, two disadvantaged groups are identified in WASH plans. The human right to water and sanitation is also recognised in law.

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.

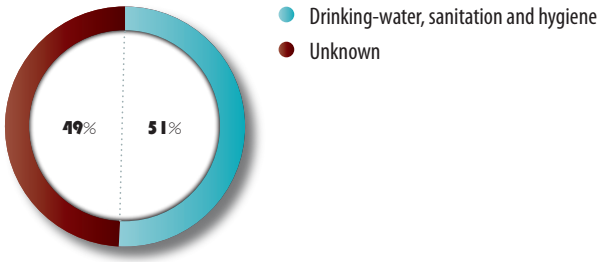
DISADVANTAGED GROUPS IN WASH PLAN
1. Poor populations
2. People living in slums or informal settlements

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

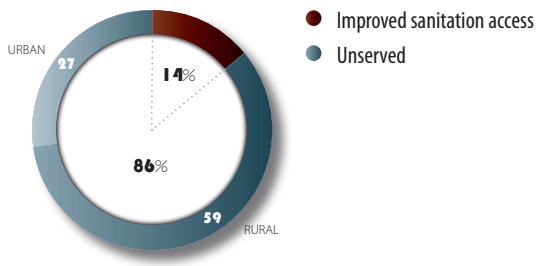
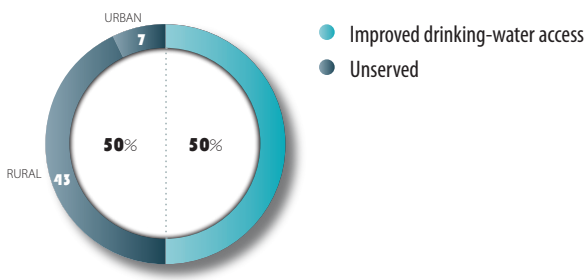


Figure 4. Population with access to improved drinking-water sources



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