

Senegal

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	13.73 M
Urban population (2012)^a	5.88 M
Rural population (2012)^a	7.85 M
Population growth rate (2012)^a	2.92%
Gross domestic product USD (2012)^b	14.05 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	45.2
Under 5 mortality / 1,000 live births (2012)^c	59.6
Life expectancy at birth (2012)^d	64 yrs
Diarrhoea deaths attributable to WASH (2012)^e	3482

^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	52%
Use of drinking-water from improved sources (2012)^f	74%

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

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Sanitation, drinking-water and hygiene status overview

At the 2014 Sanitation and Water for All High Level Meeting (SWA HLM), the government of Senegal made 24 commitments for the water, sanitation and hygiene (WASH) sector. Commitments ranged from increasing financing to focusing on equity.

Currently Senegal does not recognize the human right to water and sanitation in legislation; however, one of its SWA HLM commitments addresses this issue. According to the commitment, the Government will need to adopt and enact the new Water Code by the end of 2014, which will include an explicit provision regarding the recognition of the right to water and an undertaking to achieve this through its fundamental principles, namely: availability, access, quality, acceptability and affordability.

While Senegal does not have specific plans targeting disadvantaged populations, subsidies are directed to target populations, which include poor populations. There are plans to conduct regional WASH surveys that will take poverty into account to help better target areas of intervention. Senegal also has social connection programs for drinking-water and community sanitation in urban areas and subsidies for drinking-water in rural areas. Financial mechanisms are in place to make water and sanitation affordable for all people.

Additionally another SWA HLM commitment focused on gender mainstreaming within the WASH sector. Senegal committed to incorporate the gender mainstreaming strategy into the sector plan by the end of 2015. An action plan will enable it to be implemented from 2015 to 2018, in close cooperation with the Ministry for Equity and Gender, UN Women, civil society organizations and local authorities.

Human resources is another area where Senegal made commitments at the 2014 SWA HLM. These include that the Ministry of Water and Sanitation, with the support of its partners, will by 2015 produce and implement a National Sector Capacity Building Plan based on a Jobs and Skills Planning approach in order to take the new implications of the different reforms currently underway into account and a Human Resource Management policy will also be spearheaded as a priority and a Human Resource Division established within the Ministry by the end of 2015.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Lead responsibilities for drinking-water and sanitation are shared between the several departments within the Ministry of Water and Sanitation as well as the National Water Company. 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 and Sanitation	✓	✓	
National Water Company		✓	
Ministry of Health and Social Action			✓

Number of ministries and national institutions with responsibilities in WASH: **8**

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 (%)	YEAR
Urban sanitation	✓	78	2015
Rural sanitation	✓	63	2018
Sanitation in schools	✓	95	2018
Sanitation in health facilities	✓	100	
Urban drinking-water supply	✓	79	2015
Rural drinking-water supply	✓	82	2015
Drinking-water in schools	✓	85	2018
Drinking-water in health facilities	✓		
Hygiene promotion	✓	80	2018
Hygiene promotion in schools	✓		
Hygiene promotion in health facilities	✓	100	2018

There are specific plans implemented addressing the issues of reliability/continuity of rural and urban water supply and ensuring drinking-water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

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

^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 policy-making and response to WASH related disease outbreak.

MONITORING

	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2013		2013		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			✓		

^{aa} ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are not developed for sanitation, drinking-water or hygiene. The most important constraints identified are the lack of financial resources and skilled graduates resulting in an insufficiency in quality and quantity of WASH professionals.

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. There are, however, reported difficulties in absorption of domestic commitments due to procurement issues and low capacity for planning. There is also an insufficiency of funds to meet MDG targets for sanitation.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
	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	90.94 M.USD
Expenditure as a % GDP	
Education ²	5.6
Health ²	4.9
WASH ³	0.7

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

Funds are reported to be largely directed to rural areas, which is where a majority of the unserved live.

EQUITY IN GOVERNANCE

Laws		SANITATION		DRINKING-WATER	
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

NA

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

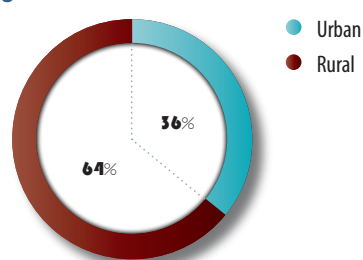
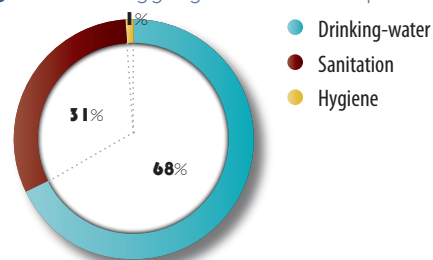


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

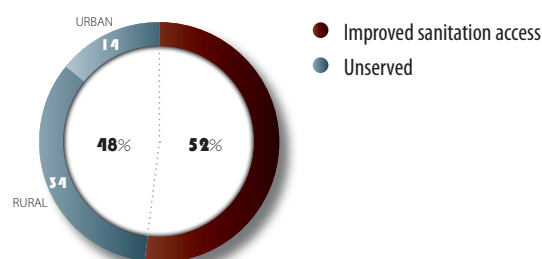
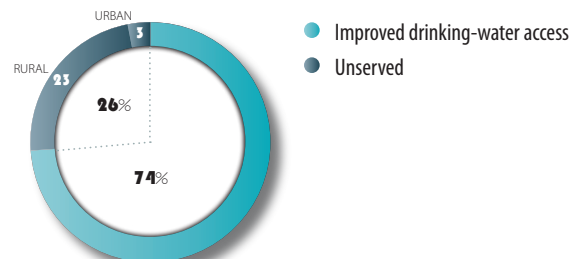


Figure 4. Population with access to improved drinking-water sources



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