

Burkina Faso

Highlights based on country reported GLAAS 2016/2017 data

DEMOGRAPHIC ESTIMATES

Population (millions, 2017)^a	19.2 M
% Urban (2014) ^b	29%
% Rural (2014) ^b	71%
Population growth rate (2015)^c	2.93%

HEALTH ESTIMATES

	NATIONAL	GLOBAL	LOW- INCOME COUNTRIES
Infant mortality (per 1000 live births, 2015)^c	59	33	55
Under 5 mortality (per 1000 live births, 2015)^c	90	45	83
Life expectancy at birth (years, 2015)^c	60	71	62
Diarrhoea deaths due to inadequate WASH in children under 5 years (total, 2012)^d	4 385	360 688	
Diarrhoea deaths due to inadequate WASH in children under 5 years (per 100 000, 2012)^d	150	—	

SANITATION AND DRINKING-WATER ESTIMATES

	NATIONAL	URBAN	RURAL
% of population using at least basic sanitation services (2015)^e	23	48	12
% of population using at least basic drinking-water sources (2015)^e	54	79	43

WASH FINANCIAL ESTIMATES^f

	2012	2017
Government WASH budget (US\$ millions, current US\$)	51	45
Government WASH budget per capita (current US\$)	3.05	2.33
Government WASH budget as percentage of GDP (%)	0.45	0.37
National WASH expenditure (US\$ millions, current US\$)	93	—
National WASH expenditure per capita (current US\$)	5.62	—
National WASH expenditure as percentage of GDP (%)	0.83	—

^a Total population, data supplement. United Nations, Department of Economic and Social Affairs, Population (2017). World Population Prospects: The 2017 Revision.

^b Population of Urban and Rural Areas at Mid-Year (thousands) and Percentage Urban, 2014. United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision, CD-ROM Edition.

^c Total population, medium fertility variant. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.

^d WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene: Exposures and impacts in low- and middle-income countries. World Health Organization, Geneva.

^e UNICEF/WHO (2017) Joint Monitoring Programme. Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. World Health Organization, Geneva.

^f WASH budget and expenditure data are sourced from the GLAAS 2013/2014 and 2016/2017 data. GDP data and average exchange rates are from the World Bank World Development Indicators database (sourced from the International Monetary Fund, International Financial Statistics).

I. Governance

NATIONAL POLICIES AND PLANS: EXISTENCE AND IMPLEMENTATION

	NO POLICY OR PLAN	POLICY FORMALLY APPROVED	IMPLEMENTATION PLAN DEVELOPED BASED ON APPROVED POLICY	PLAN PARTIALLY IMPLEMENTED	FULLY IMPLEMENTED PLAN
Urban sanitation					
Rural sanitation					
Urban drinking-water					
Rural drinking-water					
Hygiene promotion					
Hygiene promotion in health care facilities					
Hygiene promotion in schools					
Water and sanitation in health care facilities					
Water and sanitation in schools					
Infection prevention and control strategy					

Under Sustainable Development Goal 6, there is a greater focus on safely managed sanitation services as well as wastewater treatment.

URBAN SANITATION POLICY

	INCLUDED IN POLICY/PLAN
Access to basic sanitation	✓
Municipal wastewater	✓
Faecal sludge collection	✓
Safe use of wastewater	✓

✓ Yes. ✗ No.

SUSTAINABILITY MEASURES

	EXISTENCE AND LEVEL OF IMPLEMENTATION	RESPONSIBILITY ASSIGNED TO
Keep rural water supply functioning over the long-term	■	Communes, private sector, Water User Associations (AUE)
Improve reliability and continuity of urban water supply	✓	National Water and Sanitation Office (ONEA)
Rehabilitate disused drinking-water hand pumps	■	AUE
Rehabilitate broken or disused latrines in schools	✗	School management committees (COGES)
Safely empty or replace latrines when full	✗	
Maintain sewer systems and treatment facilities	✓	ONEA
Ensure environmental sustainability of water services	■	Water agencies
Improve climate resiliency	✗	
Rehabilitate disused WASH systems in health care facilities	■	
Safely reuse wastewater and/or faecal sludge	✗	
Ensure drinking-water quality meets national standards	✓	ONEA

✓ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✗ No plan or low levels of implementation.

I. Governance (continued)

SAFETY PLANNING

	LEVEL OF DEVELOPMENT
Water safety planning	■
Sanitation safety planning	■

✓ Formally approved. ■ Under development/anticipated. ✗ Not required.

COORDINATION MECHANISMS: EXISTENCE AND LEVEL OF COORDINATION

Mechanism exists to coordinate WASH actors	✓
Is it a formal mechanism?	✓

✓ Yes. ■ Under development. ✗ No.

DOES THE COORDINATION MECHANISM:

Include all governmental agencies that directly or indirectly influence service delivery	✓
Include non-governmental stakeholders	✓
Include donors that contribute to WASH activities nationally	✓
Include mutual review and assessment	✓
Apply evidence-based decision-making	✓
Base its work on a sectoral framework or national plan	✓
Have documentation of the coordination process	✓
Have an allocated budget line	✓

Top five development partners (as reported by country)

- 1) France - Agence française de développement (AFD)
- 2) Denmark
- 3) European Union
- 4) Germany - Kreditanstalt für Wiederaufbau (KfW)
- 5) African Development Bank

✓ Yes. ■ Partly. ✗ No.

COMMUNITY AND USER PARTICIPATION

	USER PARTICIPATION PROCEDURES DEFINED IN LAW/ POLICY ^a	LEVEL OF PARTICIPATION ^b	WOMEN'S PARTICIPATION INCLUDED IN LAW/ POLICY ^a
Urban sanitation	✓	✓	✓
Rural sanitation	✓	✓	✓
Urban drinking-water	✓	■	✓
Rural drinking-water	✓	✓	✓
Hygiene promotion	✓	✗	✓
WASH in health care facilities	✓	■	✓
Water pollution control	✓	■	✓
Water quality monitoring	✓	■	✓
Water rights/allocation	✓	✓	✓
Water resources management	✓	✓	✓
Water-related environmental protection	✓	✓	✓

^a ✓ Yes. ✗ No.

^b ✓ High. ■ Moderate. ✗ Low.

II. Monitoring

JOINT SECTOR REVIEW (JSR)

Year of most recent JSR: 2017

Sectors covered

✓ Yes. ✗ No.

SANITATION	DRINKING-WATER	HYGIENE
✓	✓	✓

DATA AVAILABILITY FOR DECISION-MAKING

	SANITATION	DRINKING-WATER	HEALTH SECTOR
Policy and strategy	✓	✓	
Resource allocation	✓	✓	
Status and quality of service delivery	■	■	
National standards		■	
Response to WASH-related disease outbreak			✓
Identify public health priorities for reducing diseases			■
Identify priority health care facilities needing improvements			■

✓ Data available and used for a majority of decisions. ■ Partial data or only used for a minority of decisions. ✗ Limited availability.

REGULATION

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Regulatory authority responsible for setting tariffs	✓	✗	✓	✓
Legally binding national standards for service quality	✓	✓	✓	✓
Regulatory authority responsible for service quality	✓	✓	✓	✓
Collection of coverage data from service providers	✗		✗	✗
Collection of data on quality ^a	✗		✓	■
Publish publicly accessible reports ^b	✗		■	■
Publish publicly accessible reports on service quality	✗		■	✗
Regulatory authority located in a different institution than service providers	✓	✓	✓	✓
Regulatory authority can report findings without government clearance	✗	✗	✗	✗
Regulatory authority can dismiss employees without government clearance	✗		✓	✓
Funding independent of government budget	✗		✗	✗
Ability to take punitive action against non-performers	✗		✗	✗

✓ Yes. ■ Partially. ✗ No.

^a For sanitation, effluent quality data from treatment plant operators; for drinking-water, water quality data from service providers.

^b For sanitation, reports on treated wastewater flows; for drinking-water, reports on drinking-water quality.

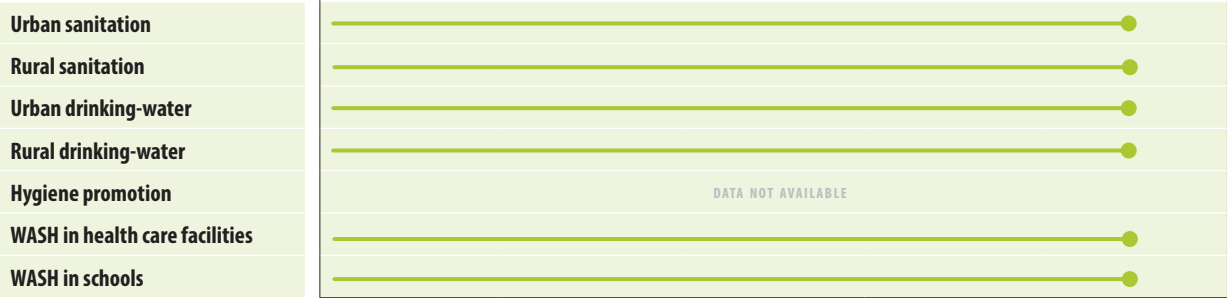
III. Human resources

Impact of increased human resources capacity	SANITATION	DRINKING-WATER	HYGIENE
Policy development	✓	✓	✓
Institutional coordination	■	■	✓
National and local/provincial WASH planning	■	■	✓
Construction of facilities	■	■	✓
Operations and maintenance	■	■	✓
Community mobilization	✓	✓	✓
Financial planning and expenditure	✓	✓	✓
Enforcement of regulations	■	■	✓
Health promotion	✓	✓	✓
Monitoring and evaluation	✓	✓	✓

✓ Large benefit from increased WASH human resources capacity. ■ Moderate benefit. ✗ Little or no benefit.

IV. Financing

EXISTENCE AND IMPLEMENTATION OF WASH FINANCING PLAN



FINANCIAL REPORTING

Expenditure reports available and include actual expenditure vs. committed funding



✓ Government, official development assistance (ODA) and non-ODA expenditure reports are available. ■ Some reports available. ✗ Expenditure reports are not available.

UTILIZATION OF AVAILABLE FUNDING (ABSORPTION)

Domestic commitments
Donor commitments



✓ Over 75%. ■ Between 50% and 75%. ✗ Less than 50%.

COST RECOVERY STRATEGIES

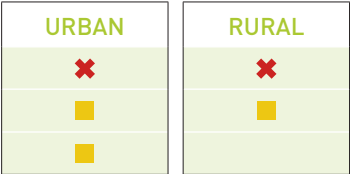
Operations and basic maintenance covered by tariffs



✓ Covers over 80% of costs. ■ Covers between 50% and 80% of costs. ✗ Covers less than 50% of costs.

SUFFICIENCY OF FINANCE TO MEET NATIONAL TARGETS

Sanitation
Drinking-water supply
Drinking-water quality



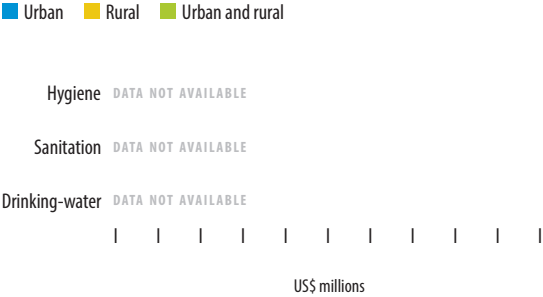
✓ More than 75% of what is needed. ■ Between 50% and 75% of what is needed. ✗ Less than 50% of needs.

NATIONAL WASH EXPENDITURE (US\$ MILLIONS):

Reported WASH expenditure by source of financing



Reported WASH expenditure by subsector



V. Equity

GOVERNANCE

Plans for vulnerable population groups: existence and level of implementation

Poor populations	■
Populations living in slums or informal settlements	■
Populations living in remote or hard to reach areas	■
Indigenous populations	✓
Internally displaced persons and/or refugees	✓
Women	■
Ethnic minorities	✓
People living with disabilities	✗
Populations with high burden of disease ^a	■

✓ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✗ No plan, or low levels of implementation.

MONITORING

Tracking of progress in access to services

	SANITATION	DRINKING-WATER	HYGIENE
Poor populations	✗	✗	✗

✓ Yes. ✗ No.

FINANCE

Specific financial measures to increase access for:

	SANITATION	DRINKING-WATER
Rural populations	✗	✗
Poor populations	✓	✗
Populations living in slums or informal settlements	✗	✓
Populations living in remote or hard to reach areas	✗	✗
Indigenous populations	✗	✗
Internally displaced persons and/or refugees	✗	✗
Women	✗	✗
Ethnic minorities	✗	✗
People living with disabilities	■	✗
Populations with high burden of disease ^a	✗	✗

✓ Yes, and measures are applied. ■ Yes, but measures are not applied consistently. ✗ No.

^a e.g. diarrhoea, undernutrition, neglected tropical diseases and cholera.

Changes in budget allocations to target inequalities (past three years)	■
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↑ Increasing. ■ Relatively constant. ↓ No.

Affordability

	SANITATION	DRINKING-WATER
Affordability schemes for vulnerable groups	✓	✓

✓ Affordability schemes exist and are widely used. ■ Affordability schemes exist, but are not widely used. ✗ No schemes exist.