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| UN-Water Global analysis and Assessment of Sanitation and Drinking-Water (GLAAS) | |
| Country Survey – LONG FORM | 2016 |

**Background on GLAAS**

The Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) is a UN-Water initiative implemented by the World Health Organization (WHO). GLAAS objectives are defined as, at the global and regional level, monitoring the inputs (in terms of human resources and finance) and the enabling environment (in terms of laws, plans and policies, institutional and monitoring arrangements), required to sustain and extend water, sanitation and hygiene (WASH) systems and services to all, and especially to the most vulnerable population groups. GLAAS is also mandated to analyse the factors associated with progress in order to identify drivers and bottlenecks, highlight knowledge gaps and assess strengths and challenges within and across countries. It aims to facilitate the work of government-led platforms to enhance coordination across the various sectors, institutions and actors influencing and requiring WASH service delivery.

In a national context, GLAAS aims to complement sector review processes and to assist in assessing the state of the enabling environment including financial and human resources inputs being directed to sanitation, drinking-water and hygiene whilst identifying barriers and enablers. GLAAS is not meant to be an additional burden on countries, but rather a tool to aid in existing national processes.

GLAAS, as a global report, also facilitates benchmarking between countries. GLAAS country data are intended to inform senior staff in country governments and donor organizations that are in a position to advise their ministers and most senior decision-makers. It is a useful resource for stakeholders involved in sanitation and drinking-water projects and programmes.

The GLAAS report assesses data from several different sources, including global data on sanitation and drinking-water coverage[[1]](#footnote-2), donor aid flows[[2]](#footnote-3), economic and development indicators[[3]](#footnote-4), health indicator data[[4]](#footnote-5), and data from regional sector and multi-sector assessments. GLAAS gathers data at both country and external support agency levels to fill key knowledge gaps.

In addition to providing sanitation and drinking-water policymakers and practitioners with a more comprehensive evidence base, the GLAAS process also informs political decision-making, particularly through its association with the Sanitation and Water for All (SWA) Partnership. SWA provides a global platform for discussion among countries and donors participating in the SWA High Level Dialogue that culminates in the SWA High Level Meeting, the next of which is scheduled for April 2017.

**New Approach in 2016: Finance Focus and the SDGs**

After a successful pilot in 2008, three GLAAS reports have been published in 2010, 2012 and 2014. The next GLAAS report, which will have a focus on WASH financing, is planned for publication in early 2017. The GLAAS 2016/2017 cycle is the start of a new GLAAS strategy period where GLAAS reports will alternate between reports with a thematic focus (while still covering all areas of GLAAS) and broad GLAAS reports.

Finance was chosen to be the thematic focus during the 2016/2017 cycle because not only is finance the most crucial aspect influencing any sectoral planning, but it is also a strong driver of progress or constraints in all other dimensions GLAAS monitors. While the GLAAS 2017 report will have a finance focus, all areas of the enabling environment (governance, monitoring and human resources) will also be covered.

The new GLAAS strategy period also aligns with the Sustainable Development Goals (SDGs), which includes a dedicated goal on water and sanitation (SDG 6) that sets out to “ensure availability and sustainable management of water and sanitation to all.” GLAAS has revised its approach to account for the SDGs. First, GLAAS will play a lead role in monitoring SDG6 targets on means of implementation (6.a and 6.b). The GLAAS 2016 survey includes specific questions (A10 and D9) that will be required for SDG monitoring. GLAAS has also expanded survey questions to cover safely managed water and sanitation systems, faecal sludge management, wastewater and regulation. Finally, because the focus of the SDGs is leaving no one behind, GLAAS will open the country survey to all interested countries—both developing and developed.

**About the GLAAS Process**

Country participation in GLAAS is voluntary. As the first and important step, it is suggested that a national focal person be identified within a lead ministry or department who will be responsible for coordinating the national input to the GLAAS country survey.

To ensure data accuracy, WHO recommends that the national focal person coordinates the gathering and reporting of responses to the survey among each of the relevant government ministries and other interested parties. It is understood that the data required to complete the survey may not be available within one ministry or department, but may be available from many. For example, data on WASH in schools may be collected and reported by the Ministry of Education and the Ministry of Health for WASH in health care facilities. There may be different ministries/departments dealing with drinking-water and sanitation in rural and urban areas and the Ministry of Finance may need to be involved for financial data. The role of the GLAAS focal person will be to support the lead ministry to coordinate data collection, compile the responses to the survey, and be the lead on the process of data validation.

While the GLAAS process seeks official government responses to the survey, governments are encouraged to involve in-country development partners (e.g. donors, civil society, private sector) to comment and/or inform responses to the GLAAS survey. It is recommended that the final response be validated through a national workshop involving a range of stakeholders.

Countries participating in GLAAS are also encouraged to use the discussions and data gathering activities for responding to the GLAAS survey to help in their preparation participation in the next SWA High-Level Meeting in April 2017 to coincide with the World Bank/International Monetary Fund (IMF) spring meetings as well as for any planning for the SDGs.

**About the Survey**

The GLAAS survey solicits information on the delivery of drinking-water supply and/or sanitation services and/or the status of hygiene promotion activities. Questions in the long version of the survey focus on finance and cover topics required for SDG monitoring as well as questions on governance, monitoring and human resources. Information gathered in this survey will be presented in the 2017 UN-Water GLAAS report with a finance focus.

The survey is organized in the following way:

* Section A on governance
* Section B on monitoring
* Section C on human resources
* Section D on finance

Questions include multiple choice and brief narratives. Guidance on the questions in sections A, B and C is included in the questions and footnotes. Guidance on section D is included in the beginning of the section and before the final question, D11.

**About GLAAS data and the GLAAS 2017 Report**

While much of the data in the final GLAAS 2017 report will be in aggregate format, raw data from existing data sets and the GLAAS 2016 survey may be presented as part of the final report appendices, and will also be published on the WHO website after the report publication for future reference and assessments. Every effort will be made to ensure an efficient country feedback/reporting mechanism through the development country fact sheets produced at country/regional/global level based on specific country requests. WHO will seek your consent to publish the country responses in the global report through a consent form.

**General Survey Instructions and Guidance**

Respondents are asked to choose the response that fits their country situation best and to elaborate on responses through further observations or reflections in the text boxes provided. Inputs may also briefly highlight recent achievements and obstacles impeding progress. Please complete the text boxes where requested in order to capture country specificities. If there are any questions for which no answer is available, please indicate “Not available” or “NA” in the response box.

In some sections, quantitative information is requested, though it is recognized that this may, on occasion, be difficult to capture. If exact figures are not available to provide an answer, then please provide your best estimate, if at all possible, and indicate “estimate” alongside the value.

For a majority of the questions, checkboxes are provided in the response sections. Some questions request that countries check all the applicable responses, while other questions may request that countries select only one response per category. In some cases responses may be applicable as a combined subsector e.g. for urban and rural or water and sanitation, in these cases select urban and rural or water and sanitation.

For any questions on GLAAS, on the process or on the survey, please contact the GLAAS team at [glaas@who.int](mailto:glaas@who.int). Please return completed surveys to [glaas@who.int](mailto:glaas@who.int) by **1 October 2016**. If you are interested in participating, but unable to meet this deadline, please contact the GLAAS team at [glaas@who.int](mailto:glaas@who.int) to discuss options.

**GLAAS 2016 Glossary**

**Absorption rate:** The absorption rate indicates the percentage of official domestic or donor commitments utilized over a given period. The 2013/2014 GLAAS country survey questionnaire referred to a three-year average percentage of official domestic or donor commitments utilized.

**Capital expenditure:** Capital expenditure includes fixed assets such as buildings, treatment structures, pumps, pipes and latrines, including the cost of installation/construction.

**Civil society:** The aggregate of non-governmental organizations and institutions that manifest interests and will of citizens.

**Commitment:** A firm obligation expressed in writing and backed by the necessary funds, undertaken by an official donor to provide specified assistance to a recipient country.

**Community based service providers:** In the case of water supply community based service providers, this includes point sources such as pumps, water kiosks and protected springs or wells if owned or operated by communities. For sanitation, community based providers, this includes simplified sewerage-systems for settlements, shared septic tank systems and shared latrines either owned or operated by communities.

**Concessional loans:** Concessional loans are extended on terms substantially more generous than market loans. The concessionality is achieved either through interest rates below those available on the market or by grace periods, or a combination of these. Concessional loans typically have long grace periods.

**Coordination mechanism:** Formal coordination mechanisms can take different forms. These mechanisms can be in the form of a country compact, MoU, SWAP or WASH clusters. For example, a country compact is a negotiated agreement between a government and development partners. It sets out how they will work together more effectively to improve aid effectiveness and deliver priorities in the national strategy or plan. It is commonly signed by government and external development partners but increasingly is also signed by other important local partners such as civil society or private sector organizations active in health.[[5]](#footnote-6)

**Development partners:** Donors, international organizations and NGOs that contribute to a country’s development.

**Disbursements:** The transactions of providing financial resources. The two counterparties must record the transaction simultaneously. A disbursement is the release of funds to or the purchase of goods or services for a recipient; by extension, the amount thus spent. It can take several years to disburse a commitment.

**External support agencies:** Defined as bilateral donors, multilateral organizations, foundations, financing institutions and external agencies that support countries’ work in the attainment of achieving sanitation and water for all.

**Faecal sludge**: Stored excreta emptied from latrines.

**Formal service providers:** Entities recognised by authorities, complying with a minimum of service levels. Formal service providers include government and private sector utilities. For water supply, this includes large networked systems but this can also include smaller scale set-ups such as water-kiosks managed by utilities. For sanitation, this includes piped sewer systems and septic tanks if maintained by a service provider regulated by authorities.

**Hygiene**: GLAAS 2016 survey questions consider hygiene as hygiene promotion which complements water and sanitation. Hygiene promotion can include programs and activities designed to educate and advocate the use of safe hygiene practices that minimize the spread of diarrhoeal diseases, acute respiratory infections, and other related diseases. Such activities may include working with communities to identify risks, hand washing with soap campaigns, safe disposal of human excreta, including that of children and infants, food hygiene, etc.

**Informal service providers:** Some examples for water supply from informal service providers may be from vendors from water kiosks, tanker trucks or with jerry cans run independently from utilities or authorities. For sanitation, this includes latrines or septic tanks that are serviced (emptied) by informal service providers.

**Large drinking-water and sanitation systems**: Large systems include potable water treatment plants; intake works; storage; water supply pumping stations; large scale transmission / conveyance and distribution systems.; large scale sewerage including trunk sewers and sewage pumping stations; domestic and industrial waste water treatment plants.

**Municipal wastewater:** Domestic, commercial and industrial effluents, and storm water runoff, generated within urban areas.

**Non-governmental organizations:** Generally nonprofit organizations that operate independently of the government and usually provide services to people.

**Nonrevenue water:** Non-revenue water represents water that has been produced and is “lost” before it reaches the customer (either through leaks, through theft, or through legal usage for which no payment is made).

**Official development assistance:** Flows of official financing administered with the promotion of the economic development and welfare of developing countries as the main objective, and which are concessional in character with a grant element of at least 25 per cent (using a fixed 10 per cent rate of discount). By convention, ODA flows comprise contributions of donor government agencies, at all levels, to developing countries (“bilateral ODA”) and to multilateral institutions. ODA receipts comprise disbursements by bilateral donors and multilateral institutions. Lending by export credit agencies—with the pure purpose of export promotion—is excluded.

**O&M (operations and maintenance):** Includes activities necessary to keep services running. Operating costs are recurrent (regular, ongoing) spending to provide WASH goods and services: labour, fuel, chemicals, materials, and purchases of any bulk water. Basic maintenance costs are the routine expenditures needed to keep systems running at design performance, but does not include major repairs or renewals.

**Plans:** See policy definition.

**Policies/Plans:** Policies are considered to be the principle guide to action taken by the government or state. A plan sets out targets to achieve and provide details on implementation (based on policies where these exist). It indicates how the responsible entity will respond to organisational requirements, type of training and development that will be provided, and how the budget will be allocated, etc.

**Procurement procedures:** Procurement procedures are used for the purpose of purchasing or acquiring goods or services.

**Rural:** Definitions of WASH areas are based on national definitions. GLAAS is aware of differences between national definitions in different countries.

**Self-supply by individual households:** For water supply, this includes private protected wells, collection from protected springs or rainwater harvesting. For sanitation this includes latrines that are built and emptied by households members.

**Surveillance (for drinking-water):** The continuous and vigilant public health assessment and periodic review of the safety and acceptability of drinking-water supplies.

**Tariffs:** Payments made by users to service providers for getting access to and for using the service.

**Urban:** Definitions of WASH areas are based on national definitions. GLAAS is aware of differences between national definitions in different countries.

**Wastewater**: see municipal wastewater.

**1. GLAAS 2016 CONTACT INFORMATION**: To ensure the most accurate data, WHO recommends that the national focal person coordinate the collection and reporting of your government’s responses to the survey. Please indicate the national focal person for GLAAS and the primary respondents (who could be from government ministries, authorities, civil society and other interested parties) that contributed to the various sections of this form. Please add rows or attach separate page if necessary.

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| **Country:** |  |

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|  | Last name of respondent | First name of respondent | Email address | Phone number  (including country code) | Job title | Ministry/  Department/  Organization | Address Line(s) | City and Postal Code |
| **GLAAS National Focal Person** |  |  |  |  |  |  |  |  |

Primary respondents in the following areas:

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| **Sanitation** |  |  |  |  |  |  |  |  |
| **Wastewater (if different from sanitation above)** |  |  |  |  |  |  |  |  |
| **Drinking-water** |  |  |  |  |  |  |  |  |
| **Hygiene** |  |  |  |  |  |  |  |  |
| **WASH financing** |  |  |  |  |  |  |  |  |
| **WASH in health care facilities** |  |  |  |  |  |  |  |  |
| **WASH in schools** |  |  |  |  |  |  |  |  |
| **Drinking-water regulator** |  |  |  |  |  |  |  |  |
| **Wastewater regulator** |  |  |  |  |  |  |  |  |
| **Integrated Water Resource Management** |  |  |  |  |  |  |  |  |

Other contributors/respondents *(please specify area)*

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**Section A: Governance**

This section of the survey examines laws, policies, and plans supporting the provision of water and sanitation services. The section also examines the existence of regulatory, legal and institutional frameworks, including coordination mechanisms, roles and responsibilities of government and service providers; levels of stakeholder participation; and mechanisms to ensure accountability.

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| **NATIONAL LAWS** | | | |
| **A1.** | **Human rights to water and sanitation:** Does the constitution or other legislation recognize water and sanitation as human rights?   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  | Water | | Sanitation | | |  |  |  | Yes | No | Yes | No | | **a.** | Constitution or other legislation[[6]](#footnote-7) | **a.** | ☐ | ☐ | ☐ | ☐ | | **b.** | If yes, please provide the date (month/year) that such recognition in law occurred. | **b.** | / | | / | |   **c.** If yes, please provide title of the law and text, or link of the relevant provision: | | |
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|  | |  |  | | --- | --- | | Yes | No | | ☐ | ☐ |   **d.** Has the court recognized the human rights to water and sanitation in its decisions?  *(Note: While not all countries recognize the human rights to water and sanitation in legislation, at times courts have recognized the human rights to water and sanitation in their decisions.)*  **e.** If yes, please list and briefly describe the case(s) including the date(s). |  | |
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| **NATIONAL POLICY AND PLANS** | | | | | | | | | | | |  | | |
| **A2\*.** | **Policy development and implementation plans**: Do national policies and implementation plans[[7]](#footnote-8) exist, and to what is the level of implementation? *(Note: If a single policy or plan addresses more than one of the WASH areas listed below, please respond for each of the WASH areas covered by a combined policy or plan. The different WASH areas may be covered by a combined WASH policy or in several policies specific to water, sanitation, education or health.)* | | | | | | | | | | | | | |
|  |  | | | | | | | Please tick one box per line. Answer option can only be checked if ALL criteria in that answer are met (e.g. “Plan being fully implemented, with funding, and regularly reviewed.”) | | | | | | |
|  |  | | | | | | | *Lowest* | *Level of development/implementation* | | | | *Highest* | |
|  | WASH area | | | | | | | No national policy or policy still under development | National policy formally approved  and gazetted[[8]](#footnote-9) through formal public announcement | Implementation plan developed based on approved policy | Policy  and plan costed and being partially implemented | | Plan being fully implemented, with funding, and regularly reviewed | |
|  | **a.** | Urban sanitation | | | | | **a.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
|  |  | Does the policy/plan include: | | | | |  |  |  |  |  | |  | |
|  |  | i. | Access to basic sanitation services | Yes ☐ | No ☐ | | |  |  |  |  | |  | |
|  |  | ii. | Municipal wastewater[[9]](#footnote-10) | Yes ☐ | No ☐ | | |  |  |  |  | |  | |
|  |  | iii. | Faecal sludge[[10]](#footnote-11) collection and treatment | Yes ☐ | No ☐ | | |  |  |  |  | |  | |
|  |  | iv. | Safe use[[11]](#footnote-12) of municipal wastewater and faecal sludge | Yes ☐ | No ☐ | | |  |  |  |  | |  | |
|  | **b.** | Rural sanitation | | | | | **b.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
|  |  |  | | | | |  |  |  |  |  | |  | |
|  | **c.** | Urban drinking-water supply | | | | | **c.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
|  | **d.** | Rural drinking-water supply | | | | | **d.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
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|  | **e.** | Hygiene promotion | | | | | **e.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
|  | **f.** | Hygiene promotion in health care facilities | | | | | **f.** |  |  |  |  | |  | |
|  | **g.** | Hygiene promotion in schools | | | | | **g.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
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|  | **h.** | Sanitation and drinking-water in health care facilities | | | | | **h.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
|  | **i.** | Sanitation and drinking-water in schools | | | | | **i.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
|  |  |  | | | | |  |  |  |  |  | |  | |
|  | **j.** | Infection Prevention and Control Strategy | | | | | **j.** | ☐ | ☐ | ☐ | ☐ | | ☐ | |
|  |  | Does the strategy include: | | | | |  |  |  |  |  | |  | |
|  |  | i. | Water and sanitation in health care facilities | Yes ☐ | No ☐ | | |  |  |  |  | |  | |
|  |  |  | | | |  | |  |  |  |  | |  | |
|  | **k.** | Please provide the names of the national policies and plans, and provide a link or attach a copy. Please also provide any WASH-related plans or strategies not listed above (e.g. sustainability plans). | | | | | | | | | | |  | |
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|  | **l.** | Other comments (such as if there are different policies/plans applicable for different geographic areas): | | | | | | | | | | |  | |
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| **NATIONAL POLICY AND PLANS** | | | | | | | | |  | |  |
| **A3.** | **Policy and plan coverage targets[[12]](#footnote-13)**: Please indicate the national coverage target (including the year targets are expected to be attained) as documented in the policy or plan and include a web link where available. | | | | | | | | | | |
|  | WASH area | | | | Definition of coverage target[[13]](#footnote-14) | Target value (% of population or institutions[[14]](#footnote-15)) | Target year | Title of policy or plan where coverage target is expressed (and web link if available) | | Date of policy/plan | |
|  | **a.** | Urban sanitation | | **a.** |  |  |  |  | |  | |
|  |  | i. | Basic sanitation services | i. |  |  |  |  | |  | |
|  |  | ii. | Municipal wastewater | ii. |  |  |  |  | |  | |
|  |  | iii. | Faecal sludge collection and treatment | iii. |  |  |  |  | |  | |
|  |  | iv. | Safe use of municipal wastewater and faecal sludge | iv. | (e.g. % of total volume produced) |  |  |  | |  | |
|  | **b.** | Rural sanitation | | **b.** |  |  |  |  | |  | |
|  | **c.** | Sanitation in schools | | **c.** |  |  |  |  | |  | |
|  | **d.** | Sanitation in health facilities | | **d.** |  |  |  |  | |  | |
|  |  |  | |  |  |  |  |  | |  | |
|  | **e.** | Urban drinking-water supply | | **e.** |  |  |  |  | |  | |
|  | **f.** | Rural drinking-water supply | | **f.** |  |  |  |  | |  | |
|  | **g.** | Drinking-water in schools | | **g.** |  |  |  |  | |  | |
|  | **h.** | Drinking-water in health facilities | | **h.** |  |  |  |  | |  | |
|  |  |  | |  |  |  |  |  | |  | |
|  | **i.** | Hygiene promotion[[15]](#footnote-16) | | **i.** |  |  |  |  | |  | |
|  | **j.** | Hygiene promotion in health care facilities | | **j.** |  |  |  |  | |  | |
|  | **k.** | Hygiene promotion in schools | | **k.** |  |  |  |  | |  | |
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| **SERVICE PROVISION BY INSTITUTIONAL TYPE** | | | | | | | | | | | | | | | | |
| **A4.** | **Populations served by type of provider:** What is the approximate population served by the following service provider types?  *(Note: Please provide all population figures in millions.[[16]](#footnote-17))* | | | | | | | | | | | | | | | |
|  |  |  | |  | Sanitation | | | | | Drinking-water | | | | | | |
|  |  |  | |  | Urban basic | Wastewater and faecal sludge removal[[17]](#footnote-18) | | Rural | | Urban not piped[[18]](#footnote-19) | Urban piped | | Rural not piped | | Rural piped | |
|  | **a.** | Formal service providers (e.g. regulated government and private sector utilities) | | **a.** |  |  | |  | |  |  | |  | |  | |
|  | **b.** | Community-based (owned or operated) service providers | | **b.** |  |  | |  | |  |  | |  | |  | |
|  | **c.** | NGOs | | **c.** |  |  | |  | |  |  | |  | |  | |
|  | **d.** | Informal service providers (e.g. informal private operators) | | **d.** |  |  | |  | |  |  | |  | |  | |
|  | **e.** | Self-supply by individual households | | **e.** |  |  | |  | |  |  | |  | |  | |
|  | **f.** | Other | | **f.** |  |  | |  | |  |  | |  | |  | |
|  | **g.** | **TOTAL** (millions) | | **g.** |  |  | |  | |  |  | |  | |  | |
|  |  |  | |  |  | |  | |  | | |  | |  | | |
|  | **h.** | Please provide source of data including link: | | | | | | | | | | | | | |  |
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| **SUSTAINABILITY MEASURES** | | | | | | | | | | | | | | |  | | | |
| **A5\*.** | **Improving and sustaining services**: Do plans include specific measures in any of the following areas, and how well are these measures implemented? | | | | | | | | | | | | | | | | | |
|  |  | | | Not in policy or plan | | Yes, and level of implementation is:  *(please check one box per row)* | | | | | | | | Responsibility is assigned to these measures[[19]](#footnote-20) | | | If responsibility has been assigned, please specify the actor responsible for these measures: | |
|  | **Improving and sustaining services** | | | Low | | Moderate | | | High | | |
|  | **a.** | To keep rural water supplies functioning over the long-term (e.g. supply of parts, human resources for operation and maintenance, etc.) | **a.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **b.** | To improve the reliability and continuity of urban water supplies | **b.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **c.** | To rehabilitate broken or disused drinking-water water hand pumps | **c.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **d.** | To rehabilitate broken or disused latrines in schools | **d.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **e.** | To safely empty or replace latrines when full | **e.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **f.** | To maintain sewer and drainage systems and treatment facilities | **f.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **g.** | To ensure environmental sustainability of water services (protection of sources, promotion of responsible water consumption, etc.) | **g.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **h.** | To improve climate resiliency of WASH technologies and management systems (e.g. develop climate resilient water safety plans) | **h.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **i.** | To rehabilitate broken or disused water, sanitation and waste management systems in health facilities | **i.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **Higher levels of service** | | | | | | | | | | | |  | | | | | |
|  | **j.** | To safely reuse wastewater and/or faecal sludge | **j.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
|  | **k.** | To ensure drinking-water quality meet national standards | **k.** | ☐ | | ☐ | | ☐ | | | ☐ | | | ☐ | | |  | |
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|  | **l.** | Please indicate the status of any safety planning policy / regulatory instruments in your country: *(please check one box per row)* | | Not required | | | Under development | | | Anticipated | | | | | | Formally approved |  | |
|  |  | i. Water safety planning (WSP) | i. | ☐ | | | ☐ | | | ☐ | | | | | | ☐ |  | |
|  |  | ii. Sanitation safety planning (SSP) or the 2006 WHO Guidelines | ii. | ☐ | | | ☐ | | | ☐ | | | | | | ☐ |  | |
|  | **m.** | Please describe any other significant measures that are specified for improving, maintaining, and rehabilitating/replacing services (e.g. asset management approaches). | | | | | | | | | | | | | | | | |
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| **EQUITY MEASURES** | | | | |
| **A6\*.** | **Access for vulnerable groups**: Do policies or plans have specific measures to reach the following population groups? | | | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  |  |  | If yes, please indicate level of implementation  *(please check one box per row)* | | | |  |  | |  | Yes | No | Low | Medium | High | | **a.** | Poor populations | | **a.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **b.** | Populations living in slums or informal settlements | | **b.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **c.** | Populations living in remote or hard to reach areas | | **c.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **d.** | Indigenous populations | | **d.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **e.** | Internally displaced persons and/or refugees | | **e.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **f.** | Women | | **f.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **g.** | Ethnic minorities | | **g.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **h.** | People living with disabilities | | **h.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **i.** | Populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera | | **i.** | ☐ | ☐ | ☐ | ☐ | ☐ | | **j.** | Other vulnerable groups:  (*please specify)* |  | **j.** | ☐ | ☐ | ☐ | ☐ | ☐ | | | | |
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|  | **k.** | Please provide a link or reference of policy and briefly describe the relevant measures above (e.g. indicate if the policy/plan refers to accessibility or affordability for vulnerable groups). | |  |
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| **COORDINATION** | | | | | | | | | | | | | | | | | | |
| **AA7.** | **Institutional roles and responsibilities and lead agencies[[20]](#footnote-21)**: Please list ministries / national institutions with responsibilities in the following areas: a. governing and regulating; b. providing service (including planning, financing, and operating); c. monitoring and surveillance. Indicate the level of responsibility of the institution in each area on a scale of 1 to 4 (1. None, 2. Contributor, 3. Major contributor, 4. Lead). Please add lines or attach separate page if necessary.  *(Please select* ***ONE*** *lead institution for each column.)* | | | | | | | | | | | | | | | | | |
|  | Ministry or national institution | | Level of responsibility in each sector:  1. None, 2. Contributor, 3. Major contributor, 4. Lead | | | | | | | | | | | | | | | |
|  |
| Drinking-water | | | Hygiene promotion[[21]](#footnote-22) | | | Basic sanitation | | | Municipal wastewater | | | Faecal sludge collection and treatment | | | |
| Govern/ Regulate | Provide Service | Monitor/ Surveillance | Govern/ Regulate | Provide Service | Monitor/ Surveillance | Govern/ Regulate | Provide Service | Monitor/ Surveillance | Govern/ Regulate | Provide Service | Monitor/ Surveillance | Govern/ Regulate | Provide Service | Monitor/ Surveillance | |
| e.g. Ministry of Health | | 3 | 1 | 4 | 4 | 4 | 4 | 3 | 1 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | |
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| Non-governmental stakeholders (including private sector) | | | | | | | | | | | | | | | | | |
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| **A8\*.** | **Coordination between actors**: Does a formal mechanism exist to coordinate the work of different ministries, institutions, and organizations with responsibilities for WASH (health, education, environment, agriculture, public works, etc.)?  *(Please check one response)* | | | | | | | | | | | | |
|  |  | Yes, a formal mechanism exists | Yes, an informal mechanism exists | A mechanism is in development | No | | | | | |  | | |
|  |  | ☐ | ☐ | ☐ | ☐ | | | | | |  | | |
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|  | If a mechanism exists or is in development, does the coordination process:  *(Please check one response per row)* | | | | | | Yes | | Partly | | | No | |
|  | **a.** | Include all ministries and governmental agencies that directly or indirectly influence service delivery? | | | | **a.** | ☐ | | ☐ | | | ☐ | |
|  | **b.** | Include non-governmental stakeholders (e.g. advocacy groups, civil society organizations, NGOs)? | | | | **b.** | ☐ | | ☐ | | | ☐ | |
|  | **c.** | Include donors that contribute to WASH activities nationally? | | | | **c.** | ☐ | | ☐ | | | ☐ | |
|  | **d.** | Include mutual review and assessment as part of the mechanism? | | | | **d.** | ☐ | | ☐ | | | ☐ | |
|  | **e.** | Apply evidence-based decision-making, including consideration of agreed indicators (e.g. access, WASH related diseases, WASH finance)? | | | | **e.** | ☐ | | ☐ | | | ☐ | |
|  | **f.** | Base its work on agreed sectoral framework[[22]](#footnote-23) or national plan? | | | | **f.** | ☐ | | ☐ | | | ☐ | |
|  | **g.** | Is the coordination process documented? | | | | **g.** | ☐ | | ☐ | | | ☐ | |
|  | **h.** | Is there a budget line allocated for coordinated activities? | | | | **h.** | ☐ | | ☐ | | | ☐ | |
|  | **i.** | How often does this body meet or formally interact? | | | | | | | | | | |  |
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|  | **j.** | If the coordination mechanism is formal, please name the mechanism and provide a link or copy of documentation on the formal mechanism in place. | | | | | | | | | | |  |
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|  | **k.** | If the coordination mechanism is informal, please provide a description. | | | | | | | | | | |  |
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| **A9\*.** | **Coordinating with development partners:** To what extent do development partners (donors, NGOs, international organizations, etc.) coordinate with government institutions? | | | | | | | | |
|  |  |  | | Total number of development partners implementing WASH projects | Number of development partners participating in central government-led sector coordination framework (ref to A10) | | Number of development partners actively coordinating work with local authorities in support of government policies, processes and defined priorities | Number of development partners reporting results of monitoring back to government institutions | |
|  | **a.** | Sanitation | **a.** |  |  | |  |  | |
|  | **b.** | Drinking-water supply | **b.** |  |  | |  |  | |
|  | **c.** | Hygiene | **c.** |  |  | |  |  | |
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|  | **Developmental partners (top 5 in terms of WASH ODA disbursed)** | | | | | **Percentage of WASH activities that are captured in / aligned with the government national WASH plan**[[23]](#footnote-24) | | |  |
|  | 1. |  | | | |  | | |  |
|  | 2. |  | | | |  | | |  |
|  | 3. |  | | | |  | | |  |
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| **COMMUNITY AND USER PARTICIPATION** | | | | | | | | | | | | | | | | | | |
| **A10\*.** | **Participation procedures**: Are there clearly defined procedures in laws or policies for participation by service users (e.g. households) and communities in planning programmes and what is the level of participation?  *(Note: In this instance ‘participation’ means a mechanism by which individuals and communities can meaningfully contribute to decisions and directions about WASH and water resources.)*  Levels of participation are defined as below:  **Low**: Information is provided without the possibility of influencing  **Moderate**: Consultation (information is provided and open to comments and suggestions that may be taken into consideration)  **High**: Joint decision-making | | | | | | | | | | | | | | | | | |
|  |  | | | | | Procedures defined in law or policy | | | If yes, does law or policy specifically mention women’s participation? | | | Extent to which service users / communities participate in planning | | | | | | |
|  |  | | | | | Yes | No | | Yes | No | | Low | | Moderate | High | | | |
|  | **a.** | Urban sanitation | | | **a.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  | **b.** | Rural sanitation | | | **b.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  |  |  | | |  |  |  | |  |  | |  | |  |  | | | |
|  | **c.** | Urban drinking-water supply | | | **c.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  | **d.** | Rural drinking-water supply | | | **d.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  |  |  | | |  |  |  | |  | | |  | |  |  | | | |
|  | **e.** | Hygiene promotion | | | **e.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  | **f.** | Water, sanitation and hygiene in health care facilities | | | **f.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  |  |  | | |  |  |  | |  | | |  | |  |  | | | |
|  | **g.** | Water pollution control | | | **g.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  | **h.** | Water quality monitoring | | | **h.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  | **i.** | Water rights/allocation | | | **i.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  | **j.** | Water resources planning and management | | | **j.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
|  | **k.** | Water-related environmental protection and restoration | | | **k.** | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | ☐ | | | |
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|  | **l.** | If procedures are defined in policy or law, please provide details of laws and/or policy. | | | | | | | | | | | | | | | |  |
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|  | **m.** | If procedures are defined in policy or law, please indicate how participation is defined OR please provide a description of the most common form of user participation. | | | | | | | | | | | | | | | |  |
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|  | **n.** | If data are available from the local administrative unit level, please provide the following information: | | | | | | | | | | | | | | | | |
|  |  | i. | Type and total number of local administrative units[[24]](#footnote-25) in country | | | | | | | | | | | | | | | |
|  |  |  | Type (e.g. municipality, sub-district, commune): | | | | |  | | |  | | | | | | | |
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|  |  |  | Total number: | | | | |  | | |  | | | | | | | |
|  |  |  |  | | | | | | | | | |  | | |  | | |
|  |  | ii. | Number of local administrative units with policies and procedures for participation of local communities in water supply, sanitation and water resources management: | | | | | | | | | |  | | |  | | |
|  |  |  |  | | | | | | | | | |  | | |  | | |
|  |  | iii. | Number of local administrative units in which the policies and procedures for local participation are operational: | | | | | | | | | |  | | |  | | |
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|  |  | iv. | Please provide additional information on source of data. | | | | | | | | | | | | | | | |
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| **PUBLIC REPORTING/COMPLAINTS** | | | | | | | | | | | | |
| **A11.** | **Public reporting/complaints**: Do members of the public have an effective mechanism to file complaints concerning the lack of or unsatisfactory sanitation and drinking-water services?  *(In this instance, a mechanism to file complaints is considered to be effective if is the easily accessible for users and it triggers some response from the service provider or the regulator.)* | | | | | | | | | | | |
|  |  | | | | Effective complaint mechanisms exist | | Effective complaint mechanisms exist for:  *(Please check one response in each row)* | | | | | |
|  |  | | | | **Yes** | **No** | **Few**  (less than 25% population served) | **Some** (between 25-50% population served) | **Most**  (more than 50% population served) | **Unknown** | | |
|  | **a.** | Urban sanitation | | **a.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **b.** | Rural sanitation | | **b.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **c.** | Urban drinking-water supply | | **c.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **d.** | Rural drinking-water supply | | **d.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | | | | | | | | | | | |
|  | **e.** | Please provide an example of an effective complaint mechanism (e.g. existence of complaint hotline, target response times, customer satisfaction with responses, etc.). | | | | | | | | | |  |
|  |  |  | | | | | | | | | |  |
|  | | | | | | | | | | | | |
|  | **f.** | Please provide an example of a situation(s) where complaint mechanisms need to be improved. | | | | | | | | | |  |
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Section B: Monitoring

Responses to this section of the survey will help to determine the level of monitoring activity performed by the government, as well as other stakeholders and how this information is used in the planning, development and evaluation of water and sanitation services.

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| **NATIONAL ASSESSMENTS AND JOINT SECTOR REVIEWS** | | | | | | | | | | | | |
| **B1\*.** | | **Latest national assessment**: When was the last national assessment conducted (month/year) on sanitation, drinking-water supply, hygiene, and the health sector (for WASH in health care facilities)?  *(National assessments may refer to government-led periodic reviews such as joint sector reviews, as well as partner-led or -initiated assessments such as WASH-BATs, GLAAS, CSOs, JMP coverage estimates, etc.)*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | | No national assessment | Month and Year of last  national assessment | Name of latest national assessment | How many national assessments have taken place between 2010 and 2016? | | **a.** | Sanitation | ☐ |  |  |  | | **b.** | Drinking-water | ☐ |  |  |  | | **c.** | Hygiene promotion and/or practice | ☐ |  |  |  | | **d.** | WASH in health care facilities | ☐ |  |  |  | | **e.** | WASH in schools | ☐ |  |  |  | | | | | | | | | | | |
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|  | **f.** | | Does the government conduct joint sector reviews?  *(A joint sector review is a* ***government-led periodic process*** *that* ***brings different stakeholders in a particular sector together*** *to engage in dialogue,* ***review status, progress and performance*** *and* ***take decisions on priority actions****. Note that alternative names for joint sector reviews include: Annual Water Sector Conference, Joint Water Sector Review, Multi-Stakeholder Forum, Joint Annual Review, WASH Conference, Revue Annuelle Conjointe and Revue Annuelle Sectorielle Conjointe. Note that partner-led or partner-initiated assessments such as WASH-BATs, GLAAS, CSOs, and JMP coverage estimates do not constitute a joint sector review process.)* | | | | | | | | | |
|  |  | |  | **Yes** ☐ **No** ☐ | | |  | | | | | |
|  |  | |  | | | | | | | | | |
|  | **g.** | | If yes, please answer the questions below: | | | | | | | | | |
|  |  | | i. | What was the joint sector review called? | | | | | | | | |
|  |  | |  |  | | | | | | | | |
|  |  | | ii. | In which year did the most recent review take place? | | | | | | | | |
|  |  | |  |  | | | | | | | | |
|  |  | | iii. | What themes or sectors were covered? | | | | | | | | |
|  |  | |  | Don’t know ☐ | | | | | | | | |
|  |  | |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | **Yes** | **No** | | | Sanitation | | ☐ | ☐ | | | Drinking-water | | ☐ | ☐ | | | Hygiene | | ☐ | ☐ | | | WASH in health care facilities | | ☐ | ☐ | | | WASH in schools | | ☐ | ☐ | | | Other | | ☐ | ☐ | | | Please specify: |  | | |  | | | | | | | | | |
|  |  | | iv. | How many government agencies participated in the review process? | | | | | | | | |
|  |  | |  | Don’t know ☐ 1☐ 2 to 3 ☐ 4 to 6 ☐ 7 to 9 ☐ 10 or more ☐ | | | | |  | | | |
|  |  | | v. | How many development partners (donor agencies and NGOs) participated in the review process? | | | | | | | | |
|  |  | |  | Don’t know ☐ None☐ 1 to 3 ☐ 4 to 6 ☐ 7 to 9 ☐ 10 or more ☐ | | | | |  | | | |
|  |  | | vi. | Were priority actions (commitments, declaration points, priority measures, key actions, recommendations, recommended priority actions, undertakings, urgent recommendations) set by the review process? | | | | | | | | |
|  |  | |  | Yes ☐ No ☐ | | |  | | | | | |
|  |  | |  |  | | | | | | | | |
|  |  | | vii. | Please provide names and links of any consolidated reports prepared for the joint sector review (e.g. sector performance report, national programme report, NGO report) as well as any reports, minutes, or aide-mémoires of the review meeting. | | | | | | | | |
|  |  | |  |  | | | | | | | |  |
|  |  | | viii. | Are the reports/minutes/aide-mémoires listed above publically available? | | | | | | | | |
|  |  | |  | Yes ☐ No ☐ | |  | | | | | | |
|  |  | | ix. | When is the next joint sector review expected to take place? | | | | | | | | |
|  |  | |  | Month and Year |  | | |  | | | | |
|  |  | |  | If the date is not finalized, please include a description of current plans. Please provide a link to any details online. This information will be shared online to facilitate sector coordination in support of planned reviews. | | | | | | | | |
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| B2. | Impacts of sector review: Please give an example of a time when regular performance review or joint sector review resulted in a substantial change to policy, strategy or programming. | | | | | | | | |  | | |
|  | a. | |  | | | | | | | |  | |
|  |  | | | | | | | | |  | | |
|  | **b.** | | Please indicate whether you have received external technical assistance to support sector review (such as for a WASH-BAT or CSOs, etc.). | | | | | | | | | |
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|  | **c.** | | Please indicate whether further assistance is needed. | | | | | | | | | |
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| **DRINKING WATER AND WASTEWATER SURVEILLANCE** | | | | | | | | | | |
| **B3.** | **Independent monitoring and audits**: Is independent surveillance[[25]](#footnote-26) carried out and does it inform remedial action?  *(Drinking-water supply surveillance is the continuous and vigilant public health assessment and periodic review of the safety and acceptability of drinking-water supplies.)* | | | | | | | | | |
|  |  | | | Testing of water quality against national standards / testing quality of treated sludge (for d.)[[26]](#footnote-27) | | | Auditing/independent assessment of recommended risk management approaches | | | |
|  |  | | | Not done or insufficiently performed | Performed, but data not used | Performed and informs remedial action | Not done or insufficiently performed | Performed, but data not used | Performed and informs remedial action | |
|  | **a.** | Urban drinking-water quality | **a.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **b.** | Rural drinking-water quality | **b.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **c.** | Drinking-water quality in health care facilities | **c.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **d.** | Urban faecal sludge collection and treatment prior to reuse | **d.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **e.** | Municipal wastewater effluent quality | **e.** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  |  |  | | | | | | | | |
|  | **f.** | Please describe the reasons for any insufficiencies, (e.g. low frequency of surveillance, lack of staff for follow-up action, etc.). | | | | | | | | |
|  |  |  | | | | | | | |  |
|  | **g.** | Please describe frequency of surveillance activities. | | | | | | | | |
|  |  |  | | | | | | | |  |
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| **USE OF MONITORING DATA** | | | | | | | | | | |
| **B4\*.** | **Data availability for decision-making**: Are data collected and used to inform decision-making? | | | | | | | | | |
|  |  | |  | Is there an information system available? | |  | Only limited data collected and limited availability | Partial data available, but not generally used | Data available, analysed and used for a minority of decisions | Data available, analysed, and used for a majority of decisions |
|  | **Health sector** | |  | Yes | No |  | *(Please check one response in each row)* | | | |
|  | **a.** | Identify public health priorities for reducing WASH related diseases | **a.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **b.** | Response to WASH related disease outbreak | **b.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **c.** | Identify priority health care facilities needing WASH improvements | **c.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **d.** | Target interventions to areas with high endemicity of NTDs closely linked to WASH (e.g. trachoma, soil-transmitted helminths, schistosomiasis) | **d.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **Sanitation** | |  |  |  |  |  |  |  |  |
|  | **e.** | Policy and strategy[[27]](#footnote-28) | **e.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **f.** | Resource allocation[[28]](#footnote-29) | **f.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **g.** | Status and quality of service delivery | **g.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **Drinking-water** | |  |  |  |  |  |  |  |  |
|  | **h.** | Policy and strategy | **h.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **i.** | National standards | **i.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **j.** | Resource allocation | **j.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
|  | **k.** | Status and quality of service delivery | **k.** | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ |
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| **MONITORING OF VULNERABLE GROUPS** | | | | | | | | | | | | | | | | |
| **B5.** | **Tracking progress among vulnerable groups**: Is progress in extending the service provision specifically among the following population groups tracked and reported? | | | | | | | | | | | | | | | |
|  |  | | | | | Sanitation | | | | Drinking-water | | | | Hygiene promotion | | |
|  |  | | | | | Yes | | No | | Yes | | No | | Yes | | No |
|  | **a\*.** | Poor populations (e.g. poorest quintile) | | **a.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **b.** | Populations living in slums or informal settlements | | **b.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **c.** | Populations living in remote or hard to reach areas | | **c.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **d.** | Indigenous populations | | **d.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **e.** | Internally displaced persons and/or refugees | | **e.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **f.** | Women | | **f.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **g.** | Ethnic minorities | | **g.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **h.** | People living with disabilities | | **h.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **i.** | Populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera | | **i.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | **j.** | Other vulnerable groups (*please specify*): | | **j.** | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ | | ☐ |
|  | |
|  |  | | |  | |  | |  | |  | |  | |  | |  |
|  | **k.** | If yes, please specify how groups are being tracked and reported and attach publicly available reports (or web links). | | | | | | | | | | | | | |  |
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| **PERFORMANCE INDICATORS** | | | | | | | | |
| **B6.** | **Use of selected performance indicators to track progress**: Are there clearly defined national standards or agreed upon performance indicators that are used in the following categories? *(These indicators are examples from previous GLAAS cycles and are not endorsed by GLAAS. The indicators are country defined and, therefore, indicator definitions may vary across countries.*) | | | | | | | |
|  |  | |  | Performance indicators are:  (*please select one applicable response in each row)* | | | |  |
|  | **I. Sanitation** | |  | No such indicator | Being developed, or agreed but not yet implemented | Agreed and baseline data established | Agreed, tracked against established baseline data | Most recent value and year |
|  | **a.** | Expenditure | **a.** |  |  |  |  |  |
|  | i. | Ratio spent/allocated | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Proportion of budget released | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Other (please specify) | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **b.** | Service quality | **b.** |  |  |  |  |  |
|  | i. | Treated wastewater/effluent quality | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Frequency of emptying septic tanks | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Response time to complaints | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iv. | Other (please specify) | iv. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **c.** | Equitable service coverage | **c.** |  |  |  |  |  |
|  | i. | % populations in different locations | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | % populations in different economic groups | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Other (please specify) | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **d.** | Cost effectiveness | **d.** |  |  |  |  |  |
|  | i. | Cost per capita of service | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | % population connected to networked sewage | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | operations and maintenance spent | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iv. | Other (please specify) | iv. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **e.** | Functionality of systems | **e.** |  |  |  |  |  |
|  | i. | Working/non-working latrines | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Proportion of wastewater treatment plants currently operating as designed | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Asset management | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iv. | Investment sanitation infrastructure and management systems to build in climate resilience in the WASH sector | iv. | ☐ | ☐ | ☐ | ☐ |  |
|  | v. | Waste treatment (e.g. incineration) and disposal systems in health care facilities are in place and operational | v. | ☐ | ☐ | ☐ | ☐ |  |
|  | vi. | Other (please specify) | vi. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **f.** | Affordability | **f.** |  |  |  |  |  |
|  | i. | Ability to pay by poorest 10% | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | % of household income spent on user charges | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Other (please specify) | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  |  |  |  | No such indicator | Being developed, or agreed but not yet implemented | Agreed and baseline data established | Agreed, tracked against established baseline data | Most recent value and year |
|  | **g.** | Wastewater/faecal sludge reuse | **g.** |  |  |  |  |  |
|  | i. | % of wastewater treatment plant effluent directly reused | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | % of faecal sludge reuse | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Use types (e.g. agriculture, aquaculture, energy, industry, municipal greening etc.) | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iv. | Safety of use (health and environmental) | iv. | ☐ | ☐ | ☐ | ☐ |  |
|  | v. | Other (please specify) | v. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **h.** | Institutional effectiveness | **h.** |  |  |  |  |  |
|  | i. | % of treated wastewater | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Technical staff per connection | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Material certification schemes | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iv. | Other (please specify) | iv. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **i.** | Cost-recovery | **i.** |  |  |  |  |  |
|  | i. | % service provider costs covered by internal revenue versus external subsidies | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Other (please specify) | ii. | ☐ | ☐ | ☐ | ☐ |  |
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Question B6 continued on following page →

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| **PERFORMANCE INDICATORS (CONTINUED)** | | | | | | | | |
| **B6.** | (continued from previous page) | | | | | | | |
|  |  | |  | Performance indicators are:  (*please select one applicable response in each row)* | | | |  |
|  | **II. Drinking-water** | |  | No such indicator | Being developed, or agreed but not yet implemented | Agreed and baseline data established | Agreed, tracked against established baseline data | Most recent value and year |
|  | **a.** | Expenditure | **a.** |  |  |  |  |  |
|  | i. | Ratio spent/allocated | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Proportion of budget released | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Other (please specify) | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **b.** | Service quality | **b.** |  |  |  |  |  |
|  | i. | Hours of service | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Minimum pressures in piped water systems | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Response time to complaints | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iv. | Quality of the water supply | iv. | ☐ | ☐ | ☐ | ☐ |  |
|  | v. | Seasonable variability in delivery | v. | ☐ | ☐ | ☐ | ☐ |  |
|  | vi. | Other (please specify) | vi. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **c.** | Equitable service coverage | **c.** |  |  |  |  |  |
|  | i. | % populations in different locations with access | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | % populations different economic groups with access | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Other (please specify) | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **d.** | Cost effectiveness | **d.** |  |  |  |  |  |
|  | i. | Cost for levels of service (boreholes, networked piped system etc.) | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | operations and maintenance spent | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Other (please specify) | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **e.** | Functionality of systems | **e.** |  |  |  |  |  |
|  | i. | Working/non-working infrastructure | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | Asset management | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Investment in water infrastructure and management systems to build in climate resilience in the WASH sector | iii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iv. | Other (please specify) | iv. | ☐ | ☐ | ☐ | ☐ |  |
|  |
|  | **f.** | Affordability | **f.** |  |  |  |  |  |
|  | i. | Ability to pay by poorest 10% | i. | ☐ | ☐ | ☐ | ☐ |  |
|  | ii. | % of household income spent on user charges | ii. | ☐ | ☐ | ☐ | ☐ |  |
|  | iii. | Other (please specify) | iii. | ☐ | ☐ | ☐ | ☐ |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | No such indicator | | Being developed, or agreed but not yet implemented | | Agreed and baseline data established | | Agreed, tracked against established baseline data | | | Most recent value and year | |
|  | **g.** | Institutional effectiveness | **g.** |  | |  | |  | |  | | |  | |
|  | i. | Non-revenue water | i. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  | ii. | Employees/1000 connections | ii. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  | iii. | Other (please specify) | iii. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  |
|  | **h.** | Cost-recovery | **h.** |  | |  | |  | |  | | |  | |
|  | i. | % service provider costs covered by internal revenue versus external subsidies | i. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  | ii. | Other (please specify) | ii. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
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|  |  |  |  |  | |  | |  | |  | | |  | |
|  | **III. Hygiene promotion** | |  |  | |  | |  | |  | | |  | |
|  | **a.** | Coverage of promotion programmes | **a.** |  | |  | |  | |  | | |  | |
|  | i. | Population served by programmes | i. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  | ii. | Other (please specify) | ii. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  |
|  | **b.** | Cost effectiveness of programmes | **b.** |  | |  | |  | |  | | |  | |
|  | i. | Costs | i. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  | ii. | Hygiene knowledge | ii. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  | iii. | Hygiene practices | iii. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
|  | iv. | Other (please specify) | iv. | ☐ | | ☐ | | ☐ | | ☐ | | |  | |
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|  | **IV. Monitored indicators:** If the following indicators are measured, please indicate approximate value(s): | | | | | | | | | | | |  | |
|  | **a.** | Please estimate the national percentage of urban wastewater that is treated[[29]](#footnote-30) through a centralized or decentralized system: | | | | | | | | | **a.** |  | |  |
|  | **b.** | Average nonrevenue water (NRW) for the three largest water suppliers: | | | | | | | | | **b.** |  | |  |
|  |  |  | | | | | | | | |  |  | | |
|  | **c.** | Please highlight additional specific examples of indicators or performance indicator system(s) that are used: | | | | | | | | | | |  | |
|  |  |  | | | | | | | | | | | |  |
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| **MONITORING OF SERVICE PROVIDERS** | | | | | | | | | | | | | | | | |
| **B7.** | **Service providers**: Do service providers report the results of their internal monitoring[[30]](#footnote-31) against required service standards to the regulatory authority and does internal monitoring trigger timely corrective action? | | | | | | | | | | | | | | | |
|  |  | | | Internal monitoring for sanitation  *(please check one box per row)* | | | | | | | Internal monitoring for drinking-water  *(please check one box per row)* | | | | | |
|  |  | | | Not applicable | Not reported | | Reported, but does not lead to corrective action | | Reported and triggers corrective action | | Not applicable | Not reported | | Reported, but does not lead to corrective action | | Reported and triggers corrective action |
|  | **a.** | Urban formal service providers (e.g. government utilities, private sector utilities) | **a.** | ☐ | ☐ | | ☐ | | ☐ | | ☐ | ☐ | | ☐ | | ☐ |
|  | **b.** | Rural formal service providers (e.g. government utilities, private sector utilities) | **b.** | ☐ | ☐ | | ☐ | | ☐ | | ☐ | ☐ | | ☐ | | ☐ |
|  | **c.** | Community-based (owned or operated) service providers | **c.** | ☐ | ☐ | | ☐ | | ☐ | | ☐ | ☐ | | ☐ | | ☐ |
|  | **d.** | Informal service providers (e.g. informal private operators, NGOs) | **d.** | ☐ | ☐ | | ☐ | | ☐ | | ☐ | ☐ | | ☐ | | ☐ |
|  |  |  |  |  | |  | |  | |  | | |  | | | |
|  | **e.** | Please describe other mechanisms to report and regulate based on monitoring: | | | | | | | | | | | | |  | |
|  |  |  | | | | | | | | | | | | |  | |
|  | **f.** | If not reported or does not lead to corrective actions please specify why: | | | | | | | | | | | | |  | |
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| **COMMUNICATION OF MONITORING RESULTS** | | | | | | | | | | | | | | | |
| **B8.** | **Dissemination of data:** Is the performance (e.g. quality of service) of formal service providers made public and are the results of customer satisfaction information[[31]](#footnote-32) made public? | | | | | | | | | | | | | | |
|  |  | |  |  | Performance review made public?  *(please check one box per row)* | | | | | | Customer satisfaction review made public?  *(please check one box per row)* | | | | |
|  | Sanitation | | |  | Reviews not conducted | | Few  (less than 25% of providers) | | Some  (between 25-75% of providers) | Most  (more than 75% of providers) | Reviews not conducted | Few  (less than 25% of providers) | Some  (between 25-75% of providers) | | Most  (more than 75% of providers) |
|  | **a.** | Urban sanitation | | **a.** | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
|  | **b.** | Rural sanitation | | **b.** | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
|  | **c.** | Health care facilities | | **c.** | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
|  | Drinking-water | | |  |  |  | |  | | |  | | |  | |
|  | **d.** | Urban drinking-water supply | | **d.** | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
|  | **e.** | Rural drinking-water supply | | **e.** | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
|  | **f.** | Health care facilities | | **f.** | ☐ | | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ |
|  |  |  | |  |  | |  | |  |  |  |  |  | |  |

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| **REGULATION OF DRINKING-WATER, SANITATION/WASTEWATER SERVICES** | | | | | | | | | | | | | | | | | |
| **B9\*.** | **Type of regulatory authorities**: Please answer the following question on drinking-water and sanitation/wastewater regulatory authorities. | | | | | | | | | | | | | | | | |
|  |  | | | Drinking-water | | | | | | | Sanitation/wastewater[[32]](#footnote-33) | | | | | | |
|  |  | | | Urban | | | | Rural | | | Urban | | | Rural | | | |
|  |  | | | Yes | No | | | Yes | No | | Yes | No | | Yes | | No | |
|  | **a.** | Is a regulatory authority or regulator responsible for setting tariffs? | **a.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  | **b.** | Are there legally binding national standards for quality of service? | **b.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  | **c.** | Is a regulatory authority or regulator responsible for overseeing service coverage or quality of service delivery? | **c.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  |  | If there is no regulatory authority or regulator responsible for service coverage or quality of service for any of the four subsectors, SKIP to Section C. | | | | | | | | | | | | | | | |
|  | **d.** | Was this regulatory authority established by law? | **d.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  | **e.** | Is this regulatory authority located in a different institution (e.g. ministry) from the service providers that are being regulated? | **e.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  | **f.** | Does the regulatory authority have the authority to report findings without gaining clearance or permission from government institutions? | **f.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  | **g.** | Does the regulatory authority have the authority to hire and dismiss employees without clearance or permission from government institutions? | **g.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  | **h.** | Is funding independent from the government´s budget? | **h.** | ☐ | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | ☐ | | ☐ | |
|  |  |  | | | |  |  | | |  | | |  | |  | | |
|  | **i.** | Please provide the name of the regulatory authority/authorities, and date(s) of establishment and include links to websites if available: | | | | | | | | | | | | | | | |
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| FUNCTIONS OF DRINKING-WATER REGULATORS | | | | | | | | | | | | |
| **B10\*.** | **Type of regulatory oversight present**: Does the drinking-water regulatory authority or regulator…  *(please check one box per row for urban and one box per row for rural)* | | | | | | | | | | | |
|  |  | | | Urban | | | | Rural | | | | |
|  |  | |  | No | | Partially | Fully | No | Partially | Fully | | |
|  | **a.** | Collect population services coverage data from service providers? | **a.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **b.** | Collect water quality data from service providers? | **b.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **c.** | Audit water quality data received from service providers? | **c.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **d.** | Conduct independent testing of water quality  (including testing by third parties)? | **d.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **e.** | Monitor application of risk management approaches  (e.g. Water Safety Plans)? | **e.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **f.** | Publish publically accessible reports on drinking-water quality (e.g. compliance with national standards for microbial and chemical water quality)? | **f.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **g.** | Publish publically accessible reports on water service quality (e.g. functionality, continuity, efficiency)? | **g.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **h.** | Take punitive action against non-performers? | **h.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  |  | If yes, please describe: | |  | |  |  |  |  |  | | |
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|  | **i.** | Please provide a link or attach reports | | | | | | | | | | |
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| FUNCTIONS OF SANITATION/WASTEWATER REGULATORS | | | | | | | | | | | | | | |
| **B11\*.** | | **Type of regulatory oversight present**: Does the sanitation/wastewater regulator…  *(please check one box per row for urban and one box per row for rural)* | | | | | | | | | | | | |
|  | |  | | | | Urban | | | | Rural | | | | |
|  | |  | |  | | No | | Partially | Fully | No | Partially | Fully | | |
|  | | **a.** | Collect population services coverage data from wastewater treatment plant operators? | | **a.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **b.** | Collect effluent quality data from treatment plant operators? | | **b.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **c.** | Monitor the design, construction and use of sewers? | | **c.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **d.** | Monitor the design, construction and use of septic tanks? | | **d.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **e.** | Monitor the design, construction and use of pit latrines? | | **e.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **f.** | Monitor septic tank and pit latrine emptying service providers? | | **f.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **g.** | Publish publically accessible reports on treated wastewater flows? | | **g.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **h.** | Publish publically accessible reports on septic tank and pit latrine emptying service quality (e.g. frequency, transport and disposal safety)? | | **h.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | | **i.** | Take punitive action against non-performers? | | **i.** | ☐ | | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  |  | | If yes, please describe: | | |  | |  |  |  |  |  | | |
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|  | **j.** | | Please provide a link or attach reports | | | | | | | | | | | |
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Section C: Human Resources (HR)

This section examines the human resources capacity for delivering drinking-water and sanitation services (including hygiene promotion) and the degree to which this human resource capacity is being developed to meet current and future needs.

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| **HUMAN RESOURCES STRATEGY** | | | | | | | | | | | | | | | |
| NOTE: For the purpose of this question, a strategy is defined as a sector-wide plan either standing alone or included within a broader strategy. This question is not examining the human resource plans of individual organizations.  Please check all columns that apply. | | | | | | | | | | | | | | | |
| **C1.** | **a.** | **HR strategy existence**: Does an overall HR strategy exist to develop and manage human resources in sanitation and drinking-water? | | Sanitation | | Drinking-water | | | | | Hygiene | | | | |
|  | Urban | Rural | Urban | | Rural | | | Urban | | | Rural | |
|  |  | Yes | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  | Under development | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  | No *(If no please proceed to C2)* | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  |  |  | | | | | | | | | | | | | |
|  | **b.** | **HR strategy identifies needs:** If an HR strategy exists or is under development, has an HR gap[[33]](#footnote-34) been identified? | | Sanitation | | Drinking-water | | | | | Hygiene | | | | |
|  |  | Urban | Rural | Urban | | Rural | | | Urban | | | Rural | |
|  |  | Public sector | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  |  | Private sector | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  |  | NGOs | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  |  | Community-based service providers | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  |  | Other | | ☐ | ☐ | ☐ | | ☐ | | | ☐ | | | ☐ | |
|  |  | If other, please describe in what area this other HR gap has been identified. | | | | | | | | | | | | | |
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|  | **c.** | **HR strategy outlines actions to fill needs:** If an HR strategy exists or is under development, does it outline actions to fill identified gaps in HR? | | Sanitation | | Drinking-water | | | | | Hygiene | | | | |
|  |  | Urban | Rural | Urban | | Rural | | | Urban | | Rural | | |
|  |  | Yes, a plan exists to fill all HR gaps | | ☐ | ☐ | ☐ | | ☐ | | ☐ | | | ☐ | | |
|  |  | Yes, but does not fill all HR gaps identified | | ☐ | ☐ | ☐ | | ☐ | | ☐ | | | ☐ | | |
|  |  | A plan is under development | | ☐ | ☐ | ☐ | | ☐ | | ☐ | | | ☐ | | |
|  |  | If yes, please describe actions to fill these gaps. | | | | | | | | | | | | | |
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Question C1 continued on following page ->

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| **C1.** | (Continued from previous page) | | | | | | | | |  | | | |
|  | **d.** | **HR strategy review:** How often is / (will) the human resources strategy (be) reviewed? | | Sanitation | | | Drinking-water | | | Hygiene | | | |
|  |  | Urban | Rural | | Urban | Rural | | Urban | Rural | | |
|  |  | At least every 2 years | | ☐ | ☐ | | ☐ | ☐ | | ☐ | ☐ | | |
|  |  | Every 2-5 years | | ☐ | ☐ | | ☐ | ☐ | | ☐ | ☐ | | |
|  |  | More than 5 years in-between reviews | | ☐ | ☐ | | ☐ | ☐ | | ☐ | ☐ | | |
|  |  | Unknown | | ☐ | ☐ | | ☐ | ☐ | | ☐ | ☐ | | |
|  |  | Date of last HR strategy review (month/year) | |  |  | |  |  | |  |  | | |
|  | **e.** | Please attach a copy or provide a reference/link to the government strategy on human resources for WASH: | | | | | | | | | | | |
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| **CAUSES OF HUMAN RESOURCE GAPS / SHORTAGES** | | | | | | | | | |
| **C2.** | **Constraints to WASH human resources**: To what extent do the following factors constrain WASH human resources capacity*? Enter score in appropriate box according to the following scale:* | | | | | | | | |
|  | *3 - Severe constraint to WASH human resources*  *2 - Moderate constraint to WASH human resources*  *1 - Low or no constraint to WASH human resources* | | |  | Constraint on HR capacity for:  *(3-severe, 2-moderate, 1-low or no)* | | | | |
|  |  | Sanitation | Drinking-water | Hygiene | | |
|  | **a.** | Financial resources available for staff (salaries and benefits, including  pensions etc.) | | **a.** |  |  |  | | |
|  | **b.** | Insufficient education/training organizations or courses to meet demand by potential students | | **b.** |  |  |  | | |
|  | **c.** | Lack of skilled graduates from training & education institutes | | **c.** |  |  |  | | |
|  | **d.** | Preference by skilled graduates to work in other (non-WASH) sectors (e.g. mining, transport, construction) within the country | | **d.** |  |  |  | | |
|  | **e.** | Emigration (temporary or permanent) of skilled workers to work abroad | | **e.** |  |  |  | | |
|  | **f.** | Skilled workers do not want to live and work in rural areas of the country | | **f.** |  |  |  | | |
|  | **g.** | Recruitment practices | | **g.** |  |  |  | | |
|  | **h.** | Staff turnover | | **h.** |  |  |  | | |
|  | **i.** | Other (please specify): |  | **i.** |  |  |  | | |
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|  |  | | | | | | | | |
|  | **j.** | Please provide explanatory details (i.e. causes, impacts, and barriers to addressing) or if different responses exist for the impact of the above issues (a-i) on rural and urban WASH human resources, please indicate here on the most limiting factor affecting HR capacity, if appropriate. | | | | | | |  |
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| **IMPACTS OF HUMAN RESOURCE SHORTAGES** | | | | | | | | | | | | | |
| **C3\*.** | | **Limits to achievement of WASH services**: To what extent would the following tasks benefit from increased human resource capacity?  *Enter score according to the following scale:*  *3 - Large benefit from increased WASH human resources capacity*  *2 - Moderate benefit*  *1 - Little or no benefit* | | | | | | | | | | | |
|  | | Task requiring human resources | | | |  | | Sanitation | Drinking-water | Hygiene | | | |
|  | | **a.** | Policy development | | | | **a.** |  |  |  | | | |
|  | | **b.** | Institutional coordination | | | | **b.** |  |  |  | | | |
|  | | **c.** | National and local/provincial WASH Planning | | | | **c.** |  |  |  | | | |
|  | | **d.** | Construction of facilities | | | | **d.** |  |  |  | | | |
|  | | **e.** | Operations and maintenance (O&M) | | | | **e.** |  |  |  | | | |
|  | | **f.** | Community mobilization | | | | **f.** |  |  |  | | | |
|  | | **g.** | Financial planning and expenditure | | | | **g.** |  |  |  | | | |
|  | | **h.** | Enforcement of regulations | | | | **h.** |  |  |  | | | |
|  | | **i.** | Health promotion | | | | **i.** |  |  |  | | | |
|  | | **j.** | Monitoring and evaluation | | | | **j.** |  |  |  | | | |
|  | | **k.** | Other | |  |  | **k.** |  |  |  | | | |
|  | |  |  | | |  | |  |  | | | | |
|  | **l.** | | Please provide additional information on HR limiting achievement of WASH services (including any important differences between rural and urban settings). | | | | | | | | |  | |
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**Section D: Financing\***

This section of the survey explores what processes (i.e. planning, budgeting, financial tracking and reporting) are in place to distribute financial resources to the WASH sector, how well allocated funds are absorbed, who finances WASH, the amount and sufficiency of funding, and the types of services funded. Previous GLAAS results have shown that there are substantial gaps in our understanding and tracking of financing to the sector. Improving this evidence base can contribute to better decision-making in funding allocations for priority needs, catalysing better management of available resources, and attracting additional investment to the sector.

**D1: Existence of financing plan/budget**

Investment programmes help to define and prioritize capital needs, match expected resources with costs of infrastructure and programmes and improve intergovernmental coordination, predictability and transparency of budgeting and expenditure. These programmes can also be linked to a strategic financial planning process that answers questions such as who (e.g. users, taxpayers, donors) should pay for what (i.e. operating/capital expenses, water/sanitation, rural/urban/peri-urban areas) and what should be the future service level.

This question aims to assess whether there is a financing plan or budget for WASH or specific areas within WASH, whether there are links to a strategic financing planning process(es), and the extent of plan implementation.

In 2013/2014, 75%[[34]](#footnote-35) of countries surveyed indicated the existence of a financing plan/budget for water and sanitation. However, only one-third of countries reported that a financial plan has been defined, agreed, and consistently followed. Examples of referenced plans range from (WASH-related) ministry budgets to more extensive WASH programme documents including Ethiopia’s ONE WASH national plan, Ghana’s Strategic Environmental Sanitation Sector Investment Plan (SESSIP), and Yemen’s National Water Strategy. Fewer countries (i.e. 60 per cent) reported the existence of a financing plan for hygiene.

The range of responses for this question include (but is not limited to):

* No agreed financing plan/budget – There is no agreed budget line(s) or finance plan that allocates funds to this particular WASH sub-sector/area. This sub-sector/area may be funded from a broader ministry budget or from other programmes, but no separate line items for this WASH sub-sector/area are identified and no finance plan is agreed.
* Financing plan/budget in development – Work is in progress to develop separate budget lines or a strategic financing plan for this WASH sub-sector/area.
* Financing plan/budget agreed, but insufficiently implemented – Budgets or finance plans for the WASH sub-sector/area are agreed, but allocation of funds is not forthcoming or only a small fraction of budget, and/or the capacity to implement these plans/projects has yet to be developed.

In some countries there may be several plans each covering a specific area e.g. separate plans for drinking-water, sanitation and hygiene, separate plans for urban and rural areas, even sometimes different plans for urban differentiating according to utility boundaries and urban areas not covered by the national utility.

**D2: Government budget specific to WASH**

Government budgets can be indicators of priority in national policy and action. This question aims to analyse the distribution of WASH budgets among ministries and institutions, and track trends in budgets for WASH.

In 2013/2014, several countries reported increasing WASH budgets. A total of 49 countries provided a listing of WASH ministry budgets (i.e. inclusive of one or more ministries working on WASH service provision) or a comprehensive national budget for WASH. These 49 countries represented 1.8 billion people and reported US$ 28.1 billion in annual budgets for WASH.

Line ministry WASH budgets for water, sanitation and hygiene are requested in a disaggregated format, however, it is acknowledged that only aggregate may be available. Question D2.a requests the following information:

* Ministry/national institutions – Please list all agencies/ministries/national institutions involved in WASH even if specific WASH budgets/line items cannot be obtained.
* Total annual WASH budget – If the WASH budget cannot be disaggregated among water, sanitation, hygiene, schools, and health care facilities, please list total budget for WASH in the most recent fiscal year.
* % of activities covered in WASH plan – If there is a national WASH plan, please estimate the percentage of activities planned by the ministry/national institution that are covered or aligned with the national WASH plan.
* No data available – If no budget specific to WASH could be estimated for a specific ministry/national institution, please check “no data available” column.

Please be sure to include the time period (Question D2.b) and currency units (Question D2.c).

If the table in Question D2.a cannot be completed, please estimate the annual WASH budget in the most convenient format available in Question D2.d.

**D3: Financial reporting**

This question aims to assess whether WASH funds spent are reported against WASH funds committed. Reporting may be disaggregated by source of funds (external/government), service types, or may have other formats. Reports may be available from the Ministry of Finance, line ministries responsible for WASH programmes, annual reports for specific programmes/areas, audited financial statements, etc.

In 2013/2014, seventy per cent (70%) of countries reported that government expenditure reports for WASH were available, while only fifty per cent (50%) of countries reported that expenditure reports for external funding (ODA) were available.

In Question D3.f, please note challenges in obtaining disaggregated WASH expenditure reports, and describe what other information is available. For instance, some challenges may include:

* Expenditure vs. budget reports available from treasury, but are not clearly disaggregated to show WASH sub-sector/area expenditure under the various institutions responsible for WASH.
* Expenditure on rural sanitation and hygiene (or other sub-sector area) is aggregated into to other activities such as drinking-water supply, solid waste management, health promotion, etc.
* Expenditure reports exist for individual projects with external funding and particular ministry budgets/programmes, but there is no consolidated expenditure report for the WASH sector.

In the response to this question, the difference between ODA and non-ODA can be used broadly, but as a reference please note the following specific OECD definitions.

ODA[[35]](#footnote-36): Official Development Assistance. The Organisation for Economic Co-operation and Development (OECD) defines official development assistance as those financial flows to countries and territories on the Development Assistance Committee (DAC) List of ODA Recipients and to multilateral development institutions, which are:

i. provided by official agencies, including state and local governments, or by their executive agencies; and

ii. each transaction of which:

a) is administered with the promotion of the economic development and welfare of developing countries as its main objective; and

b) is concessional in character and conveys a grant element of at least 25% (calculated at a rate of discount of 10%).[[36]](#footnote-37)

Non ODA: Non ODA includes other official flows, but that are not concessional in nature (see above), private grants and private flows at market terms. Non ODA flows are referred often to as voluntary transfers, corresponding to funds from international and national non-governmental donors including from charitable foundations, non-governmental organizations (NGOs) and civil society organizations.

**D4: Cost recovery strategies**

Cost recovery is considered important for the sustainability of services. Some countries have integrated it into their national strategy. However, it is possible that cost recovery is only addressed in some WASH areas (e.g. urban drinking-water) and not others (e.g. rural sanitation). This question aims to assess whether basic operation and maintenance costs are to be covered partially or entirely by tariffs or household contributions in a financing plan/budget, if such a plan exists.

In 2013/2014, over 70% of countries indicated that tariffs are insufficient[[37]](#footnote-38) to recover operations and minor maintenance costs. Government subsidies were most often cited as the means for covering the operational finance gap, though other examples include:

* Payments, and cross subsidies from other cities that can cover costs;
* Reallocation of budgets;
* Reducing non-revenue water; and
* Issuance of loans.

Question D4.e requests information on cost recovery strategies where tariffs are insufficient to cover operations and basic maintenance. Question D4.f requests information on tracking mechanisms for cost recovery, including whether utility cost recovery is reviewed periodically and adjustments made as necessary (i.e. by utility decision-making, by regulatory board, etc.).

Operations and basic maintenance**:**  Includes activities necessary to keep services running. Operating costs are recurrent (regular, ongoing) spending to provide WASH goods and services: labour, fuel, chemicals, materials, and purchases of any bulk water. Basic maintenance costs are the routine expenditures needed to keep systems running at design performance, but does not include major repairs or renewals.

**D5: Equity**

The 2030 Agenda for Sustainable Development includes a dedicated goal on water and sanitation (SDG 6) that sets out to “ensure availability and sustainable management of water and sanitation to all.” In line with this objective, many countries have already established policies and specific financing measures to reach vulnerable groups to ensure equal and non-discriminatory access to drinking-water and sanitation services. Examples include:

* Specific budgets for identified disparities (e.g. in rural, peri-urban or slum area with low access);
* Grants for basic services that promote some service to all rather than all services for some;
* Subsidized water tariffs, with lower rates for low consumption volumes that cover basic needs;
* Geographic targeting of available funds (e.g. towards rural or interior areas with low access); and
* Subsidies/grants targeted to specific vulnerable groups for water connections, or assistance in the construction of latrines.

This question aims to assess what vulnerable groups are the main focus of equity measures, and whether these measures are funded and applied through resources identified in the financing plan/budget.

**D6: Affordability**

Low-income populations, vulnerable population groups and rural communities commonly do not have the financial means to obtain or connect to existing water and sanitation services, let alone pay for the cost to sustain these services. In the GLAAS 2013/2014 survey, countries indicated that fees for connecting to services are often reduced or waived for the poor and vulnerable. The most commonly cited affordability scheme is that of a tiered or block tariff scheme based on water use and/or income levels – with a highly subsidized first block, (e.g. 0 to 7 cubic meters) designed to cover basic needs. Other examples of the affordability schemes cited by countries include:

* Reduced or subsidized water connection fees
* Vouchers (pre-paid)
* Free water tanks for senior citizens and people living with disabilities
* Goodwill of WASH committee
* Microfinance, incentive credit (loan) for rural populations.

Other examples include subsidies to reduce costs of spare parts for water pumps or slabs for latrines. Over 60% of countries indicated that affordability schemes exist for drinking-water and sanitation services, however, only half of these schemes are widely used.

This question aims to assess whether specific measures have been made to make WASH more affordable for vulnerable groups, and how widely these are used. The vulnerable groups can include any or all of the mentioned groups identified in question A6.

**D7: Utilization (absorption) of available external capital funds**

Improving the use of available external funds is one means to incrementally increase financing to the WASH sector. In the GLAAS 2013/2014 survey, data indicated that only 40% of countries absorb a high percentage of donor capital commitments for sanitation. Problems reported by governments concerning the under-utilization of donor capital commitments included:

* Procurement procedures are too complex, lengthy, or there are delays;
* Disbursement delays or complex procedures;
* Limited national institutional or contractor implementation strategy;
* Land issues, geographic inaccessibility, and conflict;
* Financial system complexity or limited financial administrative /control capacity; and
* Contracting pre-requisites, budget readjustments, or multiplicity of rules and procedures specific for each donor.

In this question, please provide an estimate (or specific value) of the proportion of donor capital WASH commitments that are used, and whether there are differences in different WASH areas (sanitation/water, urban/rural). The survey also provides space to include the reasons why such commitments may be under-utilized (see examples above).

Commitment (donor): A firm obligation expressed in writing and backed by the necessary funds, undertaken by an official donor to provide specified assistance to a recipient country.

**D8: Utilization (absorption) of available domestic capital funds**

In the GLAAS 2013/2014 survey, efficient and timely release of domestic financing for WASH was reported as an issue for a majority of countries. Survey data indicate that 60% of countries absorb a high percentage[[38]](#footnote-39) of their domestic commitments for both sanitation and drinking-water. Most often issues concerning the absorption of national funds for WASH activities included:

* Administrative/funding release procedures too lengthy or too complex;
* Procurement delays (causing late fund release, i.e. too late to be spent within the financial year for which the funds have been allocated);
* Inadequate project preparation, inaccurate estimates or terms of reference in procurement;
* Low public or private sector capacity to respond to proposals and implement projects (e.g. limited drillers or suppliers, or lack of municipal capacity to perform supply chain management); and
* Expropriation and land-ownership issues causing delays.

In this question, please provide an estimate (or specific value) of the proportion of domestic capital WASH commitments that are used, and whether there are differences in different WASH areas (sanitation/water, urban/rural). The survey also provides space to include the reasons why such commitments may be under-utilized (see examples above).

Previous trends showed improvements in the absorption of funds for WASH that were possibly linked to improvements in financial procedures or country implementation capacity. If there has been a recent increase in the absorption of domestic funds committed for WASH in the past three years, please describe what programmes or policies have aided this improvement.

**D9: External funding**

This question aims to assess the degree to which bi-lateral/multi-lateral donors are coordinating funding with the government, and the distribution of external funding through different channels (e.g. on-budget through the national budget and/or treasury, off-budget direct to the sector, or to the general national budget).

NOTE: This question (and only this question) expands beyond external aid for drinking-water and sanitation, to broader aspects of the water sector, including integrated water resources management (IWRM) and agricultural water use. Donor funding in these areas is requested as responses to this question will inform the indicator proposed for Sustainable Development Goal (SDG) Target 6A.

Donor activity and disbursement Information has been requested according to OECD groupings found in its Creditor Reporting System. Countries may use information from OECD to identify gross aid disbursements for those donors that do not channel funds through the national budget process if these amounts are unavailable in national budget or WASH sector planning or assessment documents (see http://stats.oecd.org/Index.aspx? DataSetCode=crs1).

Question D9.g provides the opportunity to describe difficulties encountered in the coordination and channelling of external funding (e.g. multiple centres of coordination, different procedures and implementation teams for each donor, late fund releases, project-driven approaches not aligned with government priorities).

**D10: Sufficient finance to meet targets**

In 2013/2014, 80% of countries reported that finance was insufficient to meet targets established for drinking-water and sanitation, although several countries reported an increase in domestic budget allocations for sanitation and drinking-water due to the development of investment plans and stronger political commitment.

This question aims to assess whether there are sufficient funds being allocated, as perceived by the country, to meet national targets for different WASH service types. Responses should be based current financing trends with respect to national budget allocation and external assistance. Please not that questions D10.e-D10.i correspond to targets of SDG 6.

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| **FINANCING PLAN** | | | | | | | | | | |
| **D1.** | **Existence of financing plan/budget:** Has the government defined a financing plan/budget for the WASH sector, and health sector (for WASH in health care facilities), clearly assessing the available sources of finance and strategies for financing future needs (i.e. who should pay for what), that is published and agreed? *(please select one applicable response in each row)* | | | | | | | | | |
|  |  | | |  | No agreed financing plan/budget | Financing plan/budget in development | Financing plan/budget agreed, but insufficiently implemented | Financing plan/ budget is agreed and used for some decisions | Financing plan/budget is agreed and consistently followed | |
|  | **a.** | Urban sanitation | | **a.** | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **b.** | Rural sanitation | | **b.** | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **c.** | Urban drinking-water supply | | **c.** | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **d.** | Rural drinking-water supply | | **d.** | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **e.** | Hygiene | | **e.** | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **f.** | WASH in health care facilities | | **f.** | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  | **g.** | WASH in schools | | **g.** | ☐ | ☐ | ☐ | ☐ | ☐ | |
|  |  |  | |  |  |  |  |  |  | |
|  | **h.** | Please name and attach a copy of the financial plan or provide a web link. | | | | | | |  | |
|  |  | | | | | | | | |  |
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|  | **i.** | If a plan exists, is the plan based on future needs. Please give the timeframe. | | | | | | |  | |
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| **FINANCING PLAN/BUDGET FOR WASH** | | | | | | | | | | | | |
| **D2.** | **Government budget specific to WASH** | | | | | | | | | | | |
| **a.** | Please list ministries/national institutions with responsibilities in WASH and their WASH budgets.[[39]](#footnote-40) Please add lines or attach separate page if necessary. Please list each ministry/national institution even if data is not available. | | | | | | | | | | |
|  | Ministry/national institution | | Total annual WASH budget | If disaggregated, please indicate annual budget | | | | | | % of activities covered in WASH plan | No data is available | |
|  | Drinking-water | Sanitation | Hygiene  promotion | | WASH in health care facilities | WASH in schools |
|  | |  |  |  |  | |  |  |  | ☐ | |
|  | |  |  |  |  | |  |  |  | ☐ | |
|  | |  |  |  |  | |  |  |  | ☐ | |
|  | |  |  |  |  | |  |  |  | ☐ | |
|  | |  |  |  |  | |  |  |  | ☐ | |
| TOTAL | |  |  |  |  | |  |  |  | ☐ | |
|  | | | | | | | | | | | | |
|  | **b.** | Please indicate the time period (e.g. financial year) for budget indicated: | | | | |  | | | | |  |
|  | | | | | | | | | | | | |
|  | **c.** | Please indicate currency/units for budget stated above: | | | | |  | | | | |  |
|  |  |  | | | | |  | | | | |  |
|  | **d.** | If unable to respond to budget information in format requested above, please provide annual WASH budget indicating what sub-sectors e.g. drinking-water or sanitation are covered by ministries | | | | | | | | | |  |
|  |  |  | | | | | | | | | |  |
|  |  |  | | | | | | | | | |  |
|  | **e.** | If annual budget information is not available, please explain why. | | | | | | | | | |  |
|  |  |  | | | | | | | | | |  |
|  |  |  | | | | | | | | | |  |
|  | **f.** | Please indicate reasons for significant differences between budget and expenditures (e.g. allocations being different than budget expectations, limited capacity to manage projects, lack of private sector capacity in procurements, delays in procurement, disbursement delays, etc.). | | | | | | | | | |  |
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| **FINANCIAL DATA AND INFORMATION SYSTEMS** | | | | | | | | |
| **D3.** | **Financial reporting**: Are expenditure reports publically available and easily accessible,[[40]](#footnote-41) and do they allow actual spending on WASH to be compared with committed funding? | | | | | | | |
|  |  | | | Expenditure reports are not available | Expenditure reports available and include actual vs. committed for the following *(please check all that apply)* | | | |
|  |  | | | External funding | | Government expenditure | |
|  |  | | | ODA | Non ODA |
|  |  | | |
|  | **a.** | Urban sanitation | **a.** |  |  |  |  | |
|  | **b.** | Rural sanitation | **b.** |  |  |  |  | |
|  | **c.** | Urban drinking-water supply | **c.** |  |  |  |  | |
|  | **d.** | Rural drinking-water supply | **d.** |  |  |  |  | |
|  | **e.** | Hygiene | **e.** |  |  |  |  | |
|  |  |  | | | | | | |
|  | **f.** | If disaggregated reports on actual spending are not available, please describe other available sources of information. | | | | | | |
|  |  |  | | | | | |  |
|  | **g.** | Please provide a link or attach a copy of an expenditure report used to compile information for this section of the survey. | | | | | | |
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| **D4.** | **Cost recovery strategies:** Are operations and basic maintenance covered by tariffs or household contributions? *(please check one response in each row)* | | | | | | | | | |
|  |  |  |  | Operations and basic maintenance (O&M) to be covered via tariffs[[41]](#footnote-42) | | | Is this addressed in your financial plan/ budget? | | | |
|  |  |  |  | Covers less than 50% of costs | Covers between 50% and 80% of costs | Covers over 80% of costs | Yes | No | | |
|  | **a.** | Urban sanitation | **a.** | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **b.** | Rural sanitation | **b.** | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **c.** | Urban drinking-water supply | **c.** | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  | **d.** | Rural drinking-water supply | **d.** | ☐ | ☐ | ☐ | ☐ | ☐ | | |
|  |  |  | | | | | | |  | |
|  | **e.** | If costs are not fully recovered via tariffs, is the gap covered and how? Please attach relevant provisions, provide a link or give details (including target recovery %). If the gap is not covered, please provide specific examples of the impacts on services. | | | | | | |  | |
|  |  | | | | | | | | |  |
|  |  | | | | | | | |  | |
|  | **f.** | Do you have a tracking mechanism for cost recovery? If so please describe. | | | | | | |  | |
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| **FINANCING FOR VULNERABLE GROUPS** | | | | | | | | | | | | | | | |
| **D5.** | **Equity**: Are there specific measures in the financing plan to target resources to reduce inequities in access and levels of service and are they being applied for the following? | | | | | | | | | | | | | | |
|  |  | | | | Specific measures for  **sanitation**  *(please check one box per row)* | | | | | | Specific measures for  **drinking-water supply**  *(please check one box per row)* | | | | |
|  |  | | | | No | | | Yes, but measures are not applied consistently | Yes and measures are applied | | No | Yes, but measures are not applied consistently | | | Yes and measures are applied |
|  |  | | | |
|  | **a.** | | Disparity between urban and rural | **a.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **b.** | | Disparity between formal urban, peri-urban and slums | **b.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **c.** | | Disparity between rich and poor | **c.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **d.** | | Disparity between genders | **d.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **e.** | | Disparity with populations living in remote and hard-to-reach areas | **e.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **f.** | | Disparity with indigenous populations | **f.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **g.** | | Disparity with displaced populations | **g.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **h.** | | Disparity with ethnic populations | **h.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **i.** | | Disparity with people living with disabilities | **i.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **j.** | | Disparity with populations with high burden of disease such as diarrhoea, undernutrition, neglected tropical diseases, and cholera | **j.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  | **k.** | | Other disparities | **k.** | ☐ | | | ☐ | ☐ | | ☐ | ☐ | | | ☐ |
|  |  | | If other disparities are targeted, please describe. *(Refer to list of vulnerable groups in question A6)* | | | | | | | | | | | |  |
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|  |  | | | | | | | | | | | | | |  |
|  | **l.** | For each listed above, and where applicable, please describe the measure taken to reduce inequities in access and levels of service, and provide a reference and/or link to the relevant section of the finance plan: | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | |  |
|  |  |  | | | | | | | | | | | |  | |
|  | **m.** | If specific measures that target inequalities are financed by budget allocations, have these budget allocations been increasing or decreasing, or have they remained relatively constant over the past three years? | | | | | | | | | | | | | |
|  |  | Increasing ☐ Relatively constant ☐ Decreasing ☐ | | | | |  | | | | | | | | |
|  |  |  | | | | |  | | | | | | | | |
|  |  |  | | | | |  | | | | | | | | |
| **D6.** | **Affordability**: Are there financial schemes to make access to WASH more affordable for vulnerable groups? *(These include for example voucher schemes, fee exemption schemes, block tariffs etc.)* | | | | | | | | | | | | | | |
|  |  |  | | | | | No schemes exist | | | Affordability schemes exist, but are not widely used | | | Affordability schemes exist and are widely used | | |
|  | **a.** | Sanitation | | | | **a.** | ☐ | | | ☐ | | | ☐ | | |
|  | **b.** | Drinking-water supply | | | | **b.** | ☐ | | | ☐ | | | ☐ | | |
|  |  |  | | | | |  | | | | | | | | |
|  | **c.** | Please provide examples of affordability schemes in use and the scope of coverage, including how specific groups are targeted, for these schemes. | | | | | | | | | | | | | |
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| **UTILIZATION OF AVAILABLE FUNDS (ABSORPTION)** | | | | | | | | | |  |
| **D7.** | **Absorption of external funds**: What is the percentage utilized of official donor capital commitments for WASH (three-year average)? | | | | | | | | | |
|  |  | | | | | Less than 50% | 50-75% | Over 75% | If available, please provide specific % | |
|  |  | | | | |
|  | **a.** | | | Urban sanitation | **a.** | ☐ | ☐ | ☐ |  | |
|  | **b.** | | | Rural sanitation | **b.** | ☐ | ☐ | ☐ |  | |
|  | **c.** | | | Urban drinking-water supply | **c.** | ☐ | ☐ | ☐ |  | |
|  | **d.** | | | Rural drinking-water supply | **d.** | ☐ | ☐ | ☐ |  | |
|  | | | | | | | | | | |
|  | | **e.** | | If donor capital commitments were under-utilized, please provide a brief explanation of the types of bottlenecks that delay or prohibit the use of committed funding. | | | | | | |
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|  | |  | |  | |  | | | |  |
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| **D8.** | **Domestic absorption**: What is the estimated percentage utilized of domestic capital commitments (three-year average)? | | | | | | | | | |
|  |  | | | | | Less than 50% | 50-75% | Over 75% | If available, please provide specific % | |
|  |  | | | | |
|  | **a.** | | | Urban sanitation | **a.** | ☐ | ☐ | ☐ |  | |
|  | **b.** | | | Rural sanitation | **b.** | ☐ | ☐ | ☐ |  | |
|  | **c.** | | | Urban drinking-water supply | **c.** | ☐ | ☐ | ☐ |  | |
|  | **d.** | | | Rural drinking-water supply | **d.** | ☐ | ☐ | ☐ |  | |
|  | | | | | | | | |  | |
|  | **e.** | | If domestic capital commitments were under-utilized, please provide a brief explanation of the types of bottlenecks that delay or prohibit the use of committed funding. | | | | | | | |
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| **EXTERNAL FINANCING** | | | | | | | | | |
| **D9. External funding**: How are donor funds channelled to the sector? | | | | | | | | | |
|  |  |  |  | | Drinking-water supply and sanitation[[42]](#footnote-43) | Water conservation and rehabilitation[[43]](#footnote-44) | Water sector policy  and management[[44]](#footnote-45) | River basin infrastructure development[[45]](#footnote-46) |  |
|  | **a.** | Number of donors providing funds to the water sector | | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |
|  | **b.** | Time period (e.g. financial year) for donor expenditures shown in (d) below. | | |  |  |  |  |  |
|  | **c.** | Currency/units for donor expenditure shown in (d) below: | | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |
|  | **d.** | Total donor expenditure/disbursement | | |  |  |  |  |  |
|  |  | ON-BUDGET | | |  |  |  |  |  |
|  |  | i. | Funding provided for specific expenditures or lines in national budget, and are channeled through treasury (includes basket funding)[[46]](#footnote-47) | |  |  |  |  |  |
|  |  | ii. | Funding provided for specific expenditures or lines in national budget, but not channeled through treasury | |  |  |  |  |  |
|  |  | OFF-BUDGET | | |  |  |  |  |  |
|  |  | iii. | Direct funding to sector not through national budget or treasury | |  |  |  |  |  |
|  |  | GENERAL GOVERNMENT BUDGET SUPPORT | | |  |  |  |  |  |
|  |  | iv. | General budget support, funds channeled through treasury[[47]](#footnote-48) | |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |
|  | **e.** | Per cent of donor funds aligned with national WASH plan | | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |
|  | **f.** | If unable to provide disaggregation of donor funds according to categories in question (d) above, please describe and/or provide the available data below. | | | | | | |  |
|  |  | | | | | | | |  |
|  |  |  | |  | | | | |  |
|  | **g.** | Please provide information on difficulties encountered in the coordination and channelling of the external funding. | | | | | | |  |
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| **SUFFICIENCY OF FINANCING** | | | | | | | |
| **D10.** | **Sufficient finance to meet targets**: Going forward, do you estimate that financing allocated to water/sanitation/hygiene improvements are sufficient to national targets? | | | | | | |
|  |  | | | Less than 50% of needs | Between 50 to 75% of what is needed | More than 75% of what is needed | |
|  |
|  | **a.** | Urban sanitation | **a.** | ☐ | ☐ | ☐ | |
|  | **b.** | Rural sanitation | **b.** | ☐ | ☐ | ☐ | |
|  | **c.** | Urban drinking-water supply | **c.** | ☐ | ☐ | ☐ | |
|  | **d.** | Rural drinking-water supply | **d.** | ☐ | ☐ | ☐ | |
|  | **e.** | Urban water quality | **e.** | ☐ | ☐ | ☐ | |
|  | **f.** | Rural water quality | **f.** | ☐ | ☐ | ☐ | |
|  | **g.** | Water-use efficiency | **g.** | ☐ | ☐ | ☐ | |
|  | **h.** | Implementation of Integrated Water Resource Management | **h.** | ☐ | ☐ | ☐ | |
|  | **i.** | Protection and restoration of water-related ecosystems | **i.** | ☐ | ☐ | ☐ | |
|  |  | | | | | |  |
|  | **j.** | Please indicate specific areas of funding gaps (e.g. expansion of services, operations and maintenance, etc.) | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |

**D11: Financial flows for sanitation, drinking-water and hygiene promotion**

Tracking of WASH financing is acknowledged as critical for policy development and implementation. However, prior studies have shown that this is a difficult and challenging task. Even where adequate data are available, an adequate level of disaggregation may not be possible. Despite these difficulties, GLAAS has requested information on WASH expenditures since 2010 and data received have steadily improved.

Question D.11 requests annual WASH expenditure data (most recent available fiscal year) for the sector nationally. Data are requested by revenue source (e.g., households, government, external, etc.) and by service type (i.e. drinking-water, sanitation, etc.). A compiled response to this question can help policy-makers answer the following:

* What is the total expenditure in the sector?
* How are funds distributed among the different WASH services and expenditures types?
* Who pays for WASH services and how much?

The GLAAS TrackFin initiative has developed a detailed approach for tracking financing to WASH and developing WASH accounts at the national level. Currently, several countries are implementing the TrackFin methodology to gain a better understanding of financial flows to WASH.[[48]](#footnote-49) It is not expected that countries responding to this survey undertake an intensive study as outlined in the TrackFin methodology to respond to this question. However, calculating estimated expenditures in this question may involve similar types of estimation methods and draw on some of the same data sources.

Recommended steps to be taken in responding to this question, definitions, and examples of data sources follow below.

1. Identify currency, units, and data year: It is expected that data could be obtained from several different sources, and it is possible that expenditures will be presented in different currencies other than the national currency (e.g. national vs. external aid reporting), different units, or for different timeframes. Please attempt to reconcile expenditure data in consistent units and timeframes, however, if this is not possible, please use/respond with as much data as possible and note where currencies or timeframes do not match.
2. Identify contact person: Please identify a contact person for this question. When reviewing and assessing responses to this section, it will be important to understand methodologies and data sources used, and there may be a need for follow up with the respondent country by WHO personnel.
3. Identify available data: Countries should start by identifying relevant data already available through existing reports and information systems. Examples of existing information include:

* National planning documents
  + Annual Development Plan
  + Medium-Term Expenditure Framework
  + National budgets and budget execution documents (public expenditures)
  + Ministry budgets
  + Poverty Reduction Strategy Paper (PRSP) documents and planned poverty reduction expenditure
  + Local government budgets (for decentralized WASH sectors, for a sample of localities)
  + Project-specific documentation
* National information systems
  + Household surveys, for example UNICEF’s Multi Indicator Cluster Surveys (MICS)
  + National population estimates (breakdown of population urban/rural population estimates)
  + Government financial management systems
  + Information on the water sector from national statistics offices
* Sector planning documents and information systems
  + WASH sector reports / annual water sector review (expenditure data)
  + Sector information systems
  + Sector financing reports produced by the sector regulator (where these exist)
* International databases
  + IBNET (water and sewerage utilities performance, average annual water bill / utility revenues)
  + OECD Creditor Reporting System (international public transfers, i.e. external funds)
* Studies, reviews, and assessments
  + Relevant studies of the United Nations Economic Commissions
  + World Bank Water Sanitation Programme’s Country Status Overviews (sub-Saharan Africa only)
  + UN-Water Country Briefs
  + World Bank Public Expenditure Reviews (PERs)
  + Africa Infrastructure Country Diagnostic studies
* Utility information
  + Utility financial statements or annual reports (tariff revenues / average cost per user)
  + Benchmarking reports from utility associations, governments (for example Brazil or India) or regulators (for example Kenya or Mozambique).

1. Establish WASH sector boundaries: For purposes of this question, the WASH sector boundary has been defined as services related to the provision of water, sanitation, and hygiene services. This would include support services to the WASH sector including policy-making processes, governance, and capacity-building activities, as well as water resources management (as it relates to water and sanitation services).
2. Identify financing units (revenue sources): Country respondents should identify relevant financing units providing and/or allocating funds to the sector. Some financing units, such as central government institutions, do this from their own resources, while others channel funds provided by other institutions. For example, local governments may channel funds received from national authorities or bilateral and multi-lateral donors. They may also have their own sources of funding from internally generated funds from local resources, property taxes, development fees, etc.
3. Avoid double counting between financing units: To establish overall expenditure in the WASH sector, financial flows should be computed at the level of the financing unit through which they enter the sector. A key principle is that one flow should only be recorded as one financing type. Donor funding channelled to local government through the national government, for example, should be recorded as *international public transfers.* Similarly, while network service providers (i.e. utilities), spend significant funds on infrastructure and operation and maintenance activities, these funds originate from user tariffs, grants, loans, ODA and should be recorded under these financing types where appropriate.
4. Tariffs for services provided: These include payments made by users to service providers for getting access to and for using the service. For these flows, you will need to include an estimate of the total tariff revenues received by service providers. This information might be obtained in IBNET, via the National Statistics Office, through individual service provider financial statements, with service regulators, or through associations of service providers for example.

Some countries or organizations have gathered data on average tariffs in a given country or in different cities, while other organizations gather and present data on tariff structures at country level. However, few if any countries consistently and regularly collect data on the total amount of revenue generated through tariffs paid by users for services provided. In addition to collecting tariff revenue data from service providers, or if these data are not available, average tariffs could be combined with data on average water use and population estimates to derive very rough estimates of revenues from tariffs.

1. Households’ out of pocket expenditure for self-supply: Funding provided by households for investment in water self-supply solutions (private or community wells, small private water production systems, water tanks) and household level sanitation. In most countries, it is likely that these expenditures will need to be estimated based on estimates of investments by households and average unit costs. It would be preferable to at least provide an estimate of those expenses and to provide an explanation of the estimation method used below the table.
2. Government expenditures: Funds contributed by the government or public authorities at central, provincial or local level to WASH. These funds are typically government transfers that come from taxes or other sources of revenues of the government. Such funds would typically be provided as subsidies for capital investment or operations. This category includes only “pure” grants and excludes repayable financing and concessionary loans, which should be included in the “repayable financing” row of this question.

Data on public transfers channeled to the WASH sector should be collected from a wide range of stakeholders and sources, including national and local governments or other public financing units. The latter may include common funding baskets, if a sector-wide approach to pool funding is adopted. In some cases, aggregated data at the national level can be found in established tools for tracking and planning financial resources. They can also be found in programme budget reporting systems.

1. International public transfers: This category includes only voluntary donations from external public donors and multi-lateral agencies. These funds can be contributed in the form of grants or guarantees. Other forms of repayable financing from international donors, such as concessionary loans, are excluded from this category and should be shown in the “Repayable financing” row. Data on international public transfers can be sought from the following sources:

* The OECD Creditor Reporting System: This database tracks most transfers in the form of official development assistance (ODA) from donor countries and international organizations (bilateral and multilateral cooperation). This is the best source of international public transfer data and offers the possibility of tracking grants and (concessionary) loans separately.
* National and local government financial accounts: These can be used to complement and refine data from OECD databases at the national level. In the event of conflicting information, however, it is essential to state which source has been given priority (which will depend on reliability). The Ministry of Finance should have aggregated reports on transfers from donors, but it may not differentiate between grants and concessionary loans.

1. Voluntary transfers: Voluntary donations may come from international and national non-governmental donors, including from charitable foundations, non-governmental organizations (NGOs), civil society organizations and individuals (remittances). Only donations that are 100% pure grants are included in this category. All forms of repayable financing (including concessionary loans and guarantees) should be included in the “Repayable financing” row. In many developing countries, voluntary organizations frequently contribute to funding the water and sanitation sector both in cash and in kind (for example, by digging a well or providing equipment). Such transfers are often not reliably recorded, and therefore will likely be excluded from estimated voluntary donation amounts.
2. Repayable financing: This category includes all types of repayable financing, including concessionary loans or guarantees. Information on repayable financing to the sector is limited, but some can be found in existing databases:

* The OECD-CRS database contains information on concessionary lending;
* The [International Financing Review](http://www.ifre.com/data/) compiles data on commercial loans or bonds; and
* The [World Bank Private Participation in Infrastructure database](http://ppi.worldbank.org/) reports the amount of capital investment committed by private operators at the start of a public private partnership contract. It is commonly used to track private investment in infrastructure. Although private operators would not typically bring “new” financing to the sector as they are not financing types as such, they can temporarily bridge the financing gap.

Please mention the source(s) of information for each financing type and indicate where data gaps exist (i.e. the respondent has attempted to locate the information, but the information is not available). Additionally, it is important to differentiate between what is not available at all and where insufficient data is available. Lastly, please feel free to include any comments on how much existing data/estimates reflect the actual overall sector spending.

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| **FINANCIAL FLOWS** | |
| **D11a.** | **Financial flows for sanitation, drinking-water, and hygiene promotion:** This table aims to capture all financial flows in to the WASH sector, including sources and where the money is spent. The sources of financial flows are based on three broad categories: tariffs, taxes and transfers (3Ts), which we have classified under household, government and external sources of financing. The table should capture the sources of data, but also highlight any reporting gaps (i.e. data that was not readily available). For example, you may be aware of expenditures for which data are not available. Information on these data gaps is essential. Please indicate in the relevant box where data sources may be missing, and provide a brief explanation of the nature and scope of this gap.  **Please complete as many boxes as possible**. |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  | | |  | | | | Country: |  | | | | | | | | | | | |  | | Currency / units (e.g. USD millions): |  | | | | | | | | | | | |  | | Financial Year (2013, 2014 or 2015): |  | | | | | | | | | | | |  | | Contact Person: |  | | | | | | | | | | | |  | | Contact Email: |  | | | | | | | | | | | |  | |  |  |  |  |  | |  |  |  | | |  | | | |  | **Expenditure** | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  | **Water** | | | | | |  | **Sanitation** | | | | | |  | **Hygiene** | | |  | **General, unallocated** | | | **Sources, and data gaps** | | **Source of financing** | Total |  | Total | Urban | Rural | | | |  | Total | | Urban | | | Rural |  | Total | Urban | Rural |  | Total | Urban | Rural | (*additional space provided next page)* | |  |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | **1. Households** |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | - Tariffs for services provided |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | - Households’ out-of-pocket |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | expenditure for self-supply |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | **2. Government or public authority** |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | - Central level |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | - State / provincial level |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | - Local level |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | **3. External sources** |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | - International public transfers (ODA) |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | - Voluntary transfers (NGOs and foundations) |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | **4. Repayable financing (inflows)** |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | **5. TOTAL EXPENDITURE** |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | | | |  |  | |  | | |  |  |  |  |  |  |  |  |  |  | | |

Question D11 continued on following page ->

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| **D11b.** | Continued from previous page. | | |
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|  | **i.** | Please provide details on sources of financial information used to complete Table D11a and any data gaps: | |
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|  |  |  | |

It is acknowledged that the data requested in Table D11 may not be readily available for some countries. To improve information on financial flows in WASH, GLAAS has launched an initiative called TrackFin. This initiative is a global standard methodology for tracking financing in the water, sanitation and hygiene sector at the national level. Should your government be interested in participating please contact: *glaas@who.int*

**THANK YOU FOR YOUR PARTICIPATION IN THE GLAAS SURVEY**

We truly appreciate the time and effort involved in completing this form. Please return this form to:

UN-Water GLAAS Team

Water, Sanitation and Hygiene Unit

World Health Organization

20, Avenue Appia

CH-1211 Geneva 27, SWITZERLAND

E-mail: glaas@who.int

1. WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation. [↑](#footnote-ref-2)
2. Organisation for Economic Co-operation and Development (OECD) Creditor Reporting System. [↑](#footnote-ref-3)
3. World Development Indicators, World Bank. [↑](#footnote-ref-4)
4. World Health Statistics, WHO. [↑](#footnote-ref-5)
5. http://www.internationalhealthpartnership.net/en/key-issues/compacts/ [↑](#footnote-ref-6)
6. The constitution or legislation may explicitly recognize the rights to water and sanitation as standalone rights or listed together with other needs such as education and health services to “ensure the minimum social and cultural wellbeing of the people” (Source: WaterLex for Uganda). [↑](#footnote-ref-7)
7. Policies are considered to be the principle guide to action taken by the government or state. A plan sets out targets to achieve and provide details on implementation (based on policies where these exist). It indicates how the responsible entity will respond to organizational requirements, type of training and development that will be provided, and how the budget will be allocated, etc. [↑](#footnote-ref-8)
8. Formally published. [↑](#footnote-ref-9)
9. Domestic, commercial and industrial effluents, and storm water runoff, generated within urban areas. [↑](#footnote-ref-10)
10. Stored excreta emptied from latrines. [↑](#footnote-ref-11)
11. In agriculture (irrigation water and fertilizer products such as compost) and aquaculture. [↑](#footnote-ref-12)
12. If different targets are included in policies and plans, please note the difference and indicate if the target is in the policy or plan. [↑](#footnote-ref-13)
13. Please indicate what types of sanitation/drinking-water services or activities are considered in the target coverage (e.g. are shared facilities acceptable?). [↑](#footnote-ref-14)
14. % coverage for institutions applies for schools and health facilities (c, d, g, h, j). [↑](#footnote-ref-15)
15. In the case of hygiene promotion, targets may include a hygiene promotion campaign to cover 50% of population or soap provision and improved sanitation and hand washing education to occur in 100% of schools. [↑](#footnote-ref-16)
16. To ensure comparability between countries the response is required in millions (percentages can lead to confusion on what baseline to use). It is recommended that various recent sources are used and compared including Democratic Health Surveys (DHS) or Health Management Information Systems (HMIS) to derive your population estimates. [↑](#footnote-ref-17)
17. Emptying of latrines, transportation and treatment of excreta. [↑](#footnote-ref-18)
18. Including public standposts. [↑](#footnote-ref-19)
19. An actor has been assigned or is otherwise responsible for these measures. [↑](#footnote-ref-20)
20. This question is complemented by question D2 identifying annual budgets for each entity. [↑](#footnote-ref-21)
21. In the case of hygiene promotion, responsibilities may be divided between different ministries including the ministries of education and health but with no lead agency. [↑](#footnote-ref-22)
22. For example the National WaSH Implementation Framework of the Government of Ethiopia. [↑](#footnote-ref-23)
23. Specific donor activities may be found as line items in national/ministry budgets or performance reports, sector planning and investment documents, and/or from donor performance/summary reports if available. [↑](#footnote-ref-24)
24. Local administrative units should be non-overlapping and cover the entire country, including both urban and rural areas. The local administrative unit to be considered for this question is to be determined by the government. [↑](#footnote-ref-25)
25. Surveillance should be performed by an agency independent from the service provider (e.g. Ministry of Health). For drinking-water surveillance, it consists of auditing of preventive risk management approaches/Water Safety Plans (WSP) (including water suppliers’ water quality testing results) and/or independent testing of water supplies. [↑](#footnote-ref-26)
26. If faecal sludge is not reused (e.g. disposed in sewer or landfill) then leave row blank. [↑](#footnote-ref-27)
27. Data for sanitation policies and strategies could include coverage levels, incidents of untreated effluent discharges requiring stronger law enforcement. [↑](#footnote-ref-28)
28. Data for resource allocation could include coverage levels, planned population growth, asset status etc. [↑](#footnote-ref-29)
29. In this instance, ‘treated’ means the use of physical, biological, or chemical treatment processes that reduce the impacts of wastewater flows to human health and the environment. [↑](#footnote-ref-30)
30. For example, In the case of urban water service providers monitoring of required water quality, service pressures could be monitored and reported but this may not trigger a corrective action. In the case of informal service providers for sanitation septic tank operators may report on where the contents are discharged. [↑](#footnote-ref-31)
31. This may include response time to attend to an incident such as a burst pipe or hours of service. [↑](#footnote-ref-32)
32. Including sewered services connected to a wastewater treatment plant as well as planning, emptying and disposal services for on-site sanitation such as septic tanks and latrines. [↑](#footnote-ref-33)
33. A gap may be either shortage in the number of skilled personnel, or a deficiency in the competencies of available personnel [↑](#footnote-ref-34)
34. Ninety -four countries participated in the GLAAS 2013/2014 cycle. [↑](#footnote-ref-35)
35. http://www.oecd.org/dac/stats/officialdevelopmentassistancedefinitionandcoverage.htm#Definition. [↑](#footnote-ref-36)
36. This calculation helps determine whether a loan is concessional. If the loan satisfies the ODA criteria, then the whole amount is reported as ODA. [↑](#footnote-ref-37)
37. Defined here as less than 80% recovery of operation and maintenance costs. [↑](#footnote-ref-38)
38. “High percentage” indicates over 75% of allocated funds. [↑](#footnote-ref-39)
39. Please list ministries and national institutions as listed in question A7 if you responded to that question. If not, please list all ministries and national institutions with responsibilities in WASH. [↑](#footnote-ref-40)
40. Accessible online or can be requested through government office. [↑](#footnote-ref-41)
41. Tariffsare payments made by users to service providers for getting access to and for using the service. [↑](#footnote-ref-42)
42. Water supply and sanitation systems, waste disposal, and education and training (OECD CRS codes: 14020 to 14032, 14050, and 14081). [↑](#footnote-ref-43)
43. Water resources conservation including, collection and usage of quantitative and qualitative data on water resources; creation and sharing of water knowledge; conservation and rehabilitation of inland surface waters (rivers, lakes etc.), ground water and coastal waters; prevention of water contamination (OECD CRS code 14015). [↑](#footnote-ref-44)
44. Water sector policy and governance, including legislation, regulation, planning and management as well as transboundary management of water; institutional capacity development; activities supporting the Integrated Water Resource Management approach (OECD CRS code 14010). [↑](#footnote-ref-45)
45. Infrastructure focused integrated river basin projects and related institutional activities; river flow control; dams and reservoirs [including dams primarily for irrigation] (OECD CRS code 14040 and 31140), but excluding hydropower and activities related to river transport. [↑](#footnote-ref-46)
46. Targeted budget support involves the transfer of funds to the national treasury as ex-post “financing” of specific expenditures within the budget or of specific budget lines for the sector. Basket funding can be assimilated to this category. [↑](#footnote-ref-47)
47. General budget support is a transfer to the national treasury in support of a national development or reform policy and strategy that may provide in the form of a Good Governance with specific indicators for the sector. [↑](#footnote-ref-48)
48. See http://www.who.int/water\_sanitation\_health/glaas/en/. [↑](#footnote-ref-49)