

REPUBLIC OF THE GAMBIA



MINISTRY OF HEALTH AND SOCIAL WELFARE

**THE GAMBIA
NATIONAL POLICY
FOR SANITATION AND HYGIENE**

2015-2020

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FOREWORD

The Government of the Gambia being aware of the important role Sanitation and Hygiene Plays in the maintenance of sound public health agrees that a specific policy is required to address it. The National Policy for Sanitation and Hygiene shall therefore, have deriving from it, relevant Legislation, National Policy Guidelines, National Environmental Sanitation Action Plan, Official Statements and Decisions, which shall establish specific or general limits to which various Sanitation and Hygiene activities must comply to assure safety of the populace. The National Policy for Sanitation and Hygiene as an integral part of the National Development Strategy shall therefore, seek to stimulate, promote and strengthen all Government regulations concerned with:

- ✚ Environmental Management
- ✚ Housing and Urban Development
- ✚ Food Safety and Security
- ✚ Water Supply Sanitation related endemic diseases and illnesses
- ✚ Disaster Management
- ✚ School Health Services/programs
- ✚ Environmental Education etc

The National Policy for Sanitation and Hygiene recognises the roles and contributions of the Ministries of Health and Social Welfare; **Ministry of Water Resources, Environment, Parks and Wildlife**; Ministry of Finance and Economic Affairs; Ministry of Land, Traditional Rulers and Regional Government; Ministry of Information, Communication and Infrastructure; Ministry of Agriculture; Ministry of Tourism and Culture and Ministry of Interior; as well as External Support Agencies; The University of the Gambia; Organised Private Sector; Civil Society Organisations and the Communities, in the nation's drive towards achieving sound Environmental Sanitation and Hygiene for sustainable development. The National Sanitation and Hygiene Policy also recognise the need to harmonise all efforts and functions of these Stakeholders, so as to avoid duplication and waste of meager resources.

It is against the background of these that, the development of the National Policy on Sanitation and Hygiene was collaboratively done by all Stakeholders in order to promote an accelerated proper and sound Environmental Sanitation in the country. While the National Sanitation and Hygiene Policy recognises the need to provide technical support and infrastructure necessary to all tiers of Government, it enjoins all Stakeholders to make annual budgetary provisions for effective and efficient implementation of relevant programs on Sanitation and Hygiene promotion and to disseminate the contents of the National Sanitation and Hygiene Policy to ensure sustainable environment and poverty reduction.

I, therefore, commend the National Sanitation and Hygiene Policy to all Government Ministries, Private Stakeholders, UN agencies and seek cooperation and unflinching support in its effective implementation, so that it can be translated into practical, useful and measurable benefits to our teeming population.

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HON OMAR SEY, MINISTER OF HEALTH AND SOCIAL WELFARE

ACKNOWLEDGEMENT

This policy was drafted under the guidance of the Multi- sectoral Task Force on Water, Sanitation and Hygiene (WASH), with membership drawn from a number of Government Ministries and external support agencies.

The actual development of the strategy was carried out by a team of consultants with Burama Kebba Sagnia, a Policy Expert, as the Lead Consultant and Saihou Mama Ceesay, a Public Health Specialist as the supporting consultant.

The policy development process also benefited tremendously from the expert contributions of several people dealing with sanitation and hygiene, during the Strategy Development Workshop held at Pakalinding (Lower River Region) in December 2010 and the Validation Workshop held at the Secretariat of the National Nutrition Agency in March 2011, it was reviewed and finalized in March 2015.

The Ministry of Health and Social Welfare notes with extreme gratitude the in-depth contributions made by the consultants, members of the Multi-sectoral Task Force and other resource persons consulted during the policy development workshop, validation workshop and Key Persons Interviews conducted by the consultants.

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ACRONYMS

AMCOW	African Ministerial Conference on Water and Sanitation
CBO	Community-Based Organization
CLTS/ULTS/SLTS	Community-Led/Urban-Led/School-Led Total Sanitation
DHS	Demographic and Health Survey
EHU	Environmental Health Unit
FTI	Fast Track initiative
JMP	Joint Monitoring Programme
KAP	Knowledge, Attitudes and Practices
LGA	Local Government Authorities
MDG	Millennium Development Goals
MICS	Multiple Cluster Indicator Survey
NEA	National Environment Agency
NEQS	National Effluent Quality Standard
NGO	Non-Governmental Organization
O&M	Operation and Maintenance
PHAST	Participatory Hygiene and Sanitation Transformation
PRSP	Poverty Reduction Strategy Paper
PURA	Public Utilities Regulatory Authority
TDA	Tourism Development Authority
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

DEFINITIONS

With so many possible approaches to adopt in the implementation of this Policy, further strategic planning is needed on several levels in order to give practical effect to the different approaches highlighted here.

Sanitation involves appropriate behaviours as well as the availability of suitable facilities, which work together to form a hygienic environment. It refers to a range of interventions to improve the hygienic management and/or disposal of human and animal excreta, solid waste, and wastewater, hazardous and clinical waste.

Hygiene refers to the set of practices associated with the preservation of health and healthy living, especially through the promotion of cleanliness through personal hygiene, domestic hygiene and public hygiene.

Improved sanitation facilities are defined in terms of the types of technology and levels of services that are more likely to be sanitary than unimproved technologies. Improved sanitation includes connection to a public sewers, connection to septic systems, pour-flush latrines, simple pit latrines and ventilated improved pit latrines. Not considered as improved sanitation are service or bucket latrines (where excreta is manually removed), public latrines and open latrines.

Hygiene promotion. The word hygiene means cleanliness relating to health. Good hygiene is a practice of keeping oneself and one's surrounding clean, especially in order to prevent illness or the spread of disease.

Hygiene promotion means encouraging people towards behaviors that embody these practices and are the basis of cleanliness and good health. The focus of hygiene promotion should therefore be on changing key behaviors, encouraging good practices such as hand washing after defecation and before handling food, use of latrine/toilet and keeping water free from faecal contamination.

Community-Led/Urban-Led/School-Led Total Sanitation (CLTS/ULTS/SLTS) approaches originate from Bangladesh in late 1999. Community-led approaches is an integrated approach to achieving and sustaining open defecation free (ODF) status in which the use of PRA methods enables local communities to analyse their sanitation conditions and collectively internalise the terrible impact of OD on public health and on the entire neighbourhood environment.

Participatory Hygiene and Sanitation Transformation (PHAST) is a sanitation and hygiene promotion methodology that helps communities assess and analyse their knowledge, conditions and behaviours and plan and subsequently implement improvements.

EXECUTIVE SUMMARY

The primary aim of this policy is to create the enabling environment that will make it possible for all households in The Gambia to be made aware of and well-informed of the importance of safe sanitary practices and proper modes of hygiene behaviour for improved health. In doing so, it is expected that The Gambia will be able to move closer to attaining the Millennium Development Goals for sanitation and hygiene, “to half the people without sustainable access to safe drinking water and basic sanitation by 2015”

In order to realize this far-reaching objective, there are a number of strategic actions that require to be taken and these include:

- I. A national awareness-creation and sensitization campaign that is gender and culture-sensitive, to promote safe sanitary practices and proper hygiene behaviour with a view to stimulating behaviour change and household demand for improved sanitation systems. Community engagement model will be used to create awareness at all levels in the country.
- II. Involve and encourage the private sector in carrying out sanitation marketing of affordable and appropriate low-cost sanitation technologies that can easily be replicated by the communities. This will involve the construction and testing of demonstration toilets in communities at selected settings and promoting their sale on a demand-driven basis.
- III. To make the production and marketing of sanitation systems a viable and attractive business venture for the private sector, Government will provide the appropriate training and skills development for artisans and operators of sanitation facilities, development of investor-friendly policies and regulations to encourage private sector participation in the sanitation and hygiene sector.
- IV. The knowledge and skills base of a wide range of personnel to be associated with the implementation of this policy will also be developed such as public health officers, law enforcement agents, media practitioners, community workers, managers of sanitation and hygiene in local government authorities and municipalities and other public officers working in partner institutions and agencies, among others
- V. In view of the fragmentation of institutional roles and responsibilities, an institutional audit will be carried out to determine the overlaps and gaps with a view to effecting the required harmonization in ensuring a well-coordinated and concerted sector-wide approach to dealing with sanitation and hygiene issues
- VI. The lack of a lead agency to provide sector-wide coordination for sanitation and hygiene creates a very weak and confusing situation for the sector. Through this policy framework, a high-level coordination framework and mechanism will be created to ensure effective inter-sectoral coordination and collaboration. This will evidence the creation of (1) an inter-Ministerial Steering Committee as the high-level policy organ to ensure supervision of the implementation of the policy, (2) the National Agency for Sanitation and Hygiene as the lead agency to ensure inter-sectoral and inter-agency coordination and collaboration on hygiene and sanitation issues, and(3) a National Working Group on Sanitation and Hygiene to serve as the technical back-up team for the operationalization of the policy and strategy on sanitation and hygiene. The WASH Promotion Unit at the Ministry of Health and Social Welfare will coordinate these processes.

- VII. The lack of a sector-specific policy and strategy for sanitation and hygiene has also weakened the sector's ability to draw recognition and priority among policy and decision-makers, planners and controllers of budgets. This situation negatively affects the mobilization of resources for the sector. Through this policy, strategies to develop a multi-faceted cost-sharing of the sanitation and hygiene resource burden according to the different components of the sector, will be adopted and institutionalized.
- VIII. To ensure the effective and efficient coordination of resource mobilization, a National Sanitation and Hygiene Trust Fund will be created to which government, local government authorities, private sector, NGO/CBO and other development partners will be encouraged to contribute through the provision of certain incentives.
- IX. Improvements in health through improved sanitation and hygiene are most likely to be achieved when the majority of households in a community are consulted and involved. Sanitation and hygiene are therefore community responsibilities, and this must be emphasized through sanitation and hygiene promotion and education programmes with a view to raising awareness. In this respect, community consultation and involvement are essential for long term success and will be vigorously pursued through this policy and consequent strategy.
- X. To measure the progress of performance for the implementation of this policy, the strategic interventions will be carefully monitored and evaluated at the community, ward, district, regional and national levels respectively. The WASH Promotion Unit at the Ministry of Health and Social Welfare will take the lead role in coordinating the activities of other stakeholders in carrying out the required monitoring and evaluation of both programme and project implementation.

I. BACKGROUND AND JUSTIFICATION

I.1. Introduction

The Government of The Gambia recognizes that safe water, improved sanitation and hygiene are essential in achieving the improvements to people's health and development and in contributing to the attainment of Goal 7 and Target 7c of the Millennium Development Goals (MDGs). Sanitation and hygiene are also considered as major determinants of poverty. While improvements to sanitation and hygiene not only generates economic benefits in terms of better health and more productive pursuits of higher productivity, but it could also produce positive outcomes for school enrollment, retention and performance as well as a healthy and dignified living environment.

While significant efforts have been made in the provision of safe drinking water, much however, still remains to be done in the field of sanitation and hygiene. Sanitation and hygiene seems not to be getting the desired policy response resulting in the lack of an efficient coordination mechanism for basic sanitation issues in the country. Another weakness in the policy response to sanitation and hygiene issues has been the lack of a clear-cut institutional home for sanitation. Sanitation and hygiene issues could be found in various policies and programmes of several sectors such as the Ministry of Health and Social Welfare, Department of Water Resources, National Water and Electricity Company (NAWEC), Department of Community Development, the National Environment Agency and the Local Government Authorities and Municipalities.

At the *AfricaSan+5 Conference* held in Durban, South Africa and the 11th African Union Summit in Sharm El Sheikh, Egypt (held in 2008, the International Year of Sanitation), the delegates of countries under the auspices of the African Ministerial Committee on Water and Sanitation

(AMCOW) made a pledge in recognition of the fact that approximately 580 million people, (more than 60% of Africa's population), currently do not have access to safe sanitation. The signatory countries engaged themselves inter alia:

“...to establish, review and adopt national sanitation and hygiene policies within 12 months of Africasan 2008, establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015, and take the necessary steps to ensure national sanitation programmes are on track to meet these goals”.

This National Sanitation and Hygiene Policy, in effect, is designed to respond to results of the situational analysis study on sanitation and hygiene in the Gambia (2009), the goals and objectives of the country's MDG-based Poverty Reduction Strategy Paper, the International Year of Sanitation *Declaration*, the eThekweni Declaration resulting from the Durban Summit and the AMCOW resolution resulting from the Sharm el Sheikh African Union Summit among others.

I.2. Sanitation and Hygiene Context

The Gambia's population according to the 2003 Population and Housing Census is 1,360,681, the fourth highest population density in Africa, imposing extreme pressures on productive land and the provision of social services. With over 52% of the population of The Gambia living within 20km of the Atlantic Ocean in an area less than 10% of the total land area of the country, and about 27% of the population living in the Greater Banjul Area (the metropolitan area comprising of the City of Banjul and Kanifing Municipality) in a combined area of 88 sq.km (0.8% of the total land area of the country) the pressures and challenges for the effective and efficient delivery of sanitation and hygiene services becomes a daunting task.

There has been a great deal of investment particularly in the water sector and notable progress has been made with The Gambia being one of the twelve countries of the West and Central Africa region that is on track to meet the water target of MDG 7. Current estimates show that 86% of the population is using improved water source for drinking (UNICEF and WHO JMP Report, 2008). While this is very welcome news, attention now has to focus on those without access - most of whom are the poorest, most isolated and most marginalized. Access to safe water is still critical in many households both in urban and rural settings, schools, public health centres, markets and mass transit points. While the proportion of population using improved water source for drinking in urban areas is as high as 91.2 per cent, it is 79% per cent in some rural areas (MICS, 2005/2006).

In the area of service delivery, sanitation and hygiene still lacks far behind the provision of safe drinking water. Safe water coverage has rapidly increased from 23.1% in 1983 to 50.4% in 1993 and from 76% in 2003 to 86% in 2006 (UNICEF/WHO JMP Report, 2010). National coverage for sanitation on the other hand slightly rose from 23% in 1990 to 67% in 2008 (UNICEF/WHO JMP Report, 2010). In urban areas, while the access rate to safe sanitation was as high as 68% (UNICEF/WHO JMP Report, 2010), but some rural areas particularly CRR-South, have only 31 % (MICS 2005/2006). Given current trends, the country is unlikely to achieve the Millennium Development Goals (MDGs) target for sanitation and hygiene, to halve by 2015 the proportion of people without sustainable access to basic sanitation.

Sanitation service provision by Local Government Authorities such as solid and liquid waste collection, treatment and disposal; facilities for human excreta management in public places and the maintenance of drainage facilities in urban settlements, are generally insufficient across the country. Much of the past and even the present efforts of the government and development partners focused primarily on improving water and sanitation situation in the Greater Banjul Area in order to prevent disease epidemic such as cholera in agglomerated settings. This has led to a wide disparity in coverage among various geographic regions of the country. While the proportion

of population using improved sanitation facilities in some urban areas is over 90%, it is 31% in the southern part of the Central River Region (MICS, 2005/2006). There is no provision of public basic sanitation facilities and services in most rural communities. This, coupled with poor housing and sanitation facilities in those communities, puts their sanitation status very low. The low sanitation status of many local communities is a major contributor to morbidity in the population.

The provision of improved toilet facilities in households ensure a more efficient and hygienic method of human excreta disposal. Private pit latrine is the most common toilet facility in The Gambia, used by 59.8% of the population. The urban-rural differentials in the use of toilet facilities are significant with Water Closet (WC) being used by 74.4% of households in Banjul, followed by Kanifing with 32.3%. Other LGAs have less than 10% of households using WCs (2003 Census). The fraction of two or more households sharing a sanitation facility is high, estimated at 34%, with a good proportion of the population practicing open field defecation. At the household level, low hygienic behaviour of individuals and communities is a major challenge. According to the recent KAP study on water, sanitation and hygiene (2009), only 9.4% of the population washes their hands with soap and water at critical times. The absence of visible dirt is considered as a measure of cleanliness.

There is an almost total absence of public toilets in cities, towns, transport terminals, mass transit points, and mass public interaction areas (such as markets, fish landing sites and entertainment centres) in The Gambia. Furthermore, with a median pupil: toilet ratio of 97:1, functioning toilets do not exist in many schools in the country. In addition water is not always available in the toilet and staff for maintaining them is not equally always available. Women and girls are the worst sufferers as a result of the lack of such sanitation facilities. The situation has recently improved as a result of the Fast Track Initiative (FTI) funding window available at the Ministry for Basic and Secondary Education.

Generally, there is an increasing sillage and wastewater generation with increasing water logging and stagnant pools of water in many towns and cities because of lack of functioning or efficient drainage systems. Increasing urbanization, coupled with poor urban planning and weak enforcement of the Physical Planning Act, has resulted in unauthorized construction of buildings along flood plains, natural drainage ways and reservations. This is exacerbated by the lack of drainage system for sillage and storm water conveyance, causing flooding in many localities during every rainy season.

The lack of regular solid waste collection from premises has also led to the use of drains and water ways as refuse disposal sites and the escalation of illegal dumping sites. This has been exacerbated by high population growth in urban areas particularly Greater Banjul Area and Western Region, with little or no urban planning, and with a lack of adequate resources to deal with the inevitable rise in urban waste generation.

With the lack of a sanitation and hygiene-specific policy and strategy, communities and households build their own sanitary facilities for human excreta management through self-financing and then organise their disposal through the services of private sector sanitary providers. If this process is supported then the huge investments communities and households make into this effort would be better utilised and could help overcome resource constraints and thereby improve the sanitation and hygiene status of the local communities and households.

There are currently a number of Gambian NGOs and government-supported communities in financing and managing the construction of their neighbourhood sanitation infrastructure through self-help. Government/NGO/CBO partnerships have emerged as a result where Local Government Authorities have complimented this work by providing trunk sewers and disposals.

The need for a *National Policy on Sanitation and Hygiene* to provide the framework for a well coordinated and integrated sector-wide approach to the management of sanitation and hygiene therefore, becomes very relevant and urgent for the following reasons:

- High under five mortality and morbidity rates;
- Fragmentation of the sanitation sector, giving rise to a weak and confusing institutional framework for sanitation and hygiene coordination;
- The lack of a comprehensive data source for sanitation and hygiene adds to the problems of providing the necessary material for evidence-based planning, decision-making and advocacy;
- weak financing framework for sanitation and hygiene, resulting from the lack of a sanitation and hygiene-specific policy instrument; and
- the generally poor sanitation and hygiene status of the country.

I.3. Justification for this Policy

In addition to the aforesaid sanitation and hygiene-related problems highlighted, this Sanitation and Hygiene Policy is faced with a series of challenges that should be addressed to enhance its implementation, monitoring and evaluation.

- i. **Low priority** - Sanitation and hygiene rank low in the major national development blueprints such as Vision 2020 and the MDG-based Poverty Reduction Strategy Paper. There is a misplaced perception even within the framework of the MDG Goals, the MICS Survey and the National Population and Housing Census that sanitation only means human excreta management, thus reducing the scope of data collection and resource allocation.
- ii. **Lack of a sanitation and hygiene-specific policy and strategy** So far there has been an absence of a sanitation and hygiene-specific policy and strategy in The Gambia and an absence of a clear definition of sanitation and hygiene. In addition, roles and responsibilities of the different stakeholders and partner agencies responsible for the planning and implementation of sanitation and hygiene programmes are not clearly defined, resulting in overlaps and duplication. There are also large numbers of parallel sanitation and hygiene-related investments and programmes between which there is no clearly-defined coordination and collaboration mechanism. This dire situation is exacerbated by the lack of adequate managerial, administrative, technical and M & E capacity resulting in a lot of ad-hoc decisions and programmes.
- iii. **Institutional fragmentation**- As of now, sanitation issues have been largely compartmentalized among various agencies without a unified strategic approach and direction for addressing the challenges in a systemic and concerted manner. This unfortunate situation resulted in poor coordination, uneven response, overlapping and duplication of efforts and unnecessary competition for the meager available resources.
- iv. **Traditional beliefs and practices**-There are some strong traditional beliefs and practices that still bear unfavourable influences on people's attitudes to sanitation and hygiene. Open Field Defecation is still practiced on a wide scale in many rural communities, while people's attitudes towards hand washing poses a serious challenge to the promotion of behaviour change communication for

safe and proper sanitation and hygiene practices

- v. ***Insufficient base-line data on sanitation and hygiene***- There is the lack of a comprehensive data source for the collection, analysis and management of data and information on sanitation and hygiene in The Gambia. The major data sources for health, sanitation and hygiene-related issues in The Gambia are the Health Management Information System (HMIS), MICS and Population and Housing Census and none of these do provide a comprehensive base-line data and information on sanitation and hygiene. HMIS mainly provides epidemiological data, while the MICS and the Census report provide information on only human excreta management, leaving out the other components of sanitation and hygiene such as solid waste management, liquid waste management and hazardous and clinical waste management. In addition to the above-mentioned data sources, policies and strategies of many countries also make use of the findings from Demographic and Health Surveys (DHS) to provide a comprehensive base-line data on sanitation and hygiene. The fact that DHS has never been undertaken in The Gambia creates a huge data gap as far as health, sanitation and hygiene issues are concerned. This deficiency justifies the need to develop a Sanitation and Hygiene Management Information System (SMIS) to provide a comprehensive data source for the sector.
- vi. ***Low-level of awareness on sanitation and hygiene issues***
Observations during field visits and discussions with community leaders, heads of households, and officers in charge of schools, health centres and other public places during the recent KAP survey (2009) demonstrate that poor sanitation and hygiene in these institutions is not primarily a matter of costs. Instead, the poor level observed is rather to be associated with a low-level of awareness of the crucial role of sanitation and hygiene for maintaining good health and a dignified living environment. This situation makes it all the more urgent and necessary to put extra emphasis on sanitation marketing and hygiene promotion as part of any strategies for the implementation of this policy.
- vii. ***Insufficient capacity and technical skills*** - The findings of the 2009 KAP study and the Situational Analysis study on sanitation and hygiene (2009) concluded that the weak capacity level among Public Health Officers, artisan, operators of sanitary facilities, other public workers and service providers working in the area of sanitation and hygiene, pose a serious challenge to the promotion of safe sanitary practices and proper hygiene behaviour among the Gambian population. This situation call in the need for a well-structured capacity-building programme designed to develop knowledge and skills among the stakeholder community.

II. PRINCIPLES, GOALS AND OBJECTIVES

II.1. Introduction

The Gambia, among other UN member states, made a commitment to meet the Millennium Development Targets by 2015, and in particular Target 7C (To halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation). In this respect, actions the country will therefore take in achieving this target must be deeply entrenched in core values and principles which motivated its commitment to the Millennium Pledges.

II.2. Guiding Principles and Core Values

In order to enhance improvements in sanitation and hygiene practices, the implementation of the National Policy on Sanitation and Hygiene shall be guided by the following principles:

- i. In recognition of the existing compartmentalisation of sanitation issues in different ministries, department and agencies, **coordination, collaboration and partnership** will be seriously pursued in order to ensure effective participation in a multi-sectoral approach to addressing sanitation issues;
- ii. The absence of a clear-cut institutional mandate for sanitation is seriously curtailing the monitoring and evaluation functions of the sector. In this respect, **recognition of a lead agency** to provide an institutional home, sense of direction and coordination framework for sanitation issues shall be vigorously pursued;
- iii. In consideration of the low sanitation status in certain parts of the country, engendered by personal habits, community behaviour and traditional sanitary practices, **a gender and culture-sensitive perspective** shall be given to all sanitation delivery services in order to stimulate and promote positive behaviour changes and household demand for improved health;
- iv. As The Gambia subscribes to several regional and international instruments with provisions on the safeguarding of fundamental human and peoples rights to a healthy and dignified living, **upholding the basic principles of human rights and equity** in the provision of affordable, accessible and sustainable quality sanitation facilities and hygienic practices to all citizens, shall guide the implementation of this strategy;
- v. As sanitation is every body's business, the **involvement and participation of all stakeholders** through constructive partnerships and strategic alliances will be vigorously pursued in order to evenly spread the burden of responsibility;
- vi. In respect of the wide disparities prevalent in the country with regards to the provision of basic quality sanitary facilities in schools, health facilities, public places and mass meeting points, the **development and monitoring of clear national standards and guidelines** shall be seriously pursued in order to promote the provision of and improvements to standard sanitation facilities and hygienic practices; and
- vii. In order to ensure an effective public information service for the communities, with a view to providing them with a wide range of appropriate safe sanitation options, **capacity-building and training** for public health officers and technicians, artisans and operators of sanitation facilities, and other public officials and community workers shall be vigorously pursued.

II.3. The Vision

A healthy and dignified living environment for all communities

II.4. Mission Statement

To provide an acceptable, affordable and sustainable sanitation and hygiene service to all communities in the Gambia through inter-agency collaboration and community participation.

II.5. The Goal

The National Policy for Sanitation and Hygiene is aimed at promoting and providing adequate sanitation and hygiene coverage for improving the quality of life of the Gambian population.

As The Gambia's contribution to the attainment of Target 7c of the Millennium Development Goals (MDGs), the following goals have been set for this Policy:

- i. Community-Led Total Sanitation (CLTS) is implemented to encourage the elimination of open defecation in fifty percent of communities by the end of 2015;
- ii. No open pit latrines use and unprotected wells in communities by 2015
- iii. Fifty percent of households will be sensitized and made aware of the importance and need for improved sanitation and hygiene practices for improved health, leading to positive behaviour changes by 2015;
- iv. Fifty percent of public facilities(particularly schools and health centres) and communities will have access to, and make use of hygienic, affordable, functional and sustainable excreta disposal, safe water supply and hand washing facilities by 2015;
- v. Fifty percent of premises, dwellings and their immediate environments in the urban areas will be clean and free from waste and unpleasant odour, and will have adequate drainage facilities by 2015;
- vi. Hygiene Education and wise use of water are taught in all schools by 2015;
- vii. Water, sanitation and hygiene policies are implemented in all Local Government Authorities by 2015;
- viii. National Policy and Strategy on sanitation and hygiene are adopted by the end of 2012;
- ix. Lead agency and coordination structures for sanitation and hygiene are established and actively functioning by the end of 2013; and
- x. The burden of sanitation and hygiene-related diseases will be reduced by 50% by 2015

II.6. The General Objectives

- i. To accelerate progress towards achieving MDG Target for sanitation in The Gambia
- ii. To reduce by 2/3 incidence of sanitation and hygiene-related diseases among the population
- iii. Provide communities with the awareness and knowledge to promote improved sanitation and hygienic practices for better health;
- iv. Build the technical skills and capacity of stakeholders such as public health officers, technicians, artisans and other public officials and community workers, for quality service delivery and the promotion of basic sanitation and hygienic practices in accordance with national policies and guidelines;
- v. Develop and disseminate guidelines and standards for the promotion and utilisation of cost-effective, appropriate and sustainable quality sanitation and hygiene facilities;

- vi. Review and harmonise existing policies, legal instruments and institutional structures with a view to creating an appropriate coordinating framework for enhancing the effective and efficient implementation of the national sanitation and hygiene policy and strategy;
- vii. Put in place an efficient and effective monitoring and evaluation mechanism and process at both the community and central levels for the implementation of the national sanitation and hygiene policy and strategy; and
- viii. Develop a financing mechanism that harnesses the potential of both public and private sectors as well as community resources for the implementation of the sanitation and hygiene policy and strategy

III. MINIMUM ACCEPTABLE SANITATION AND HYGIENE OPTIONS

For the purpose of this Policy, adequate minimum sanitation and hygiene options which are considered as basic in meeting the national standards for the sector, is defined as follows:

- III.1. In urban and peri-urban areas, Flush Latrines and /or Pour Flush Latrines in homes (or privately-shared), connected to an underground sewage system terminating in a sewage treatment plant
- III.2. In unserviced urban and peri-urban areas and in rural settlements, Ventilated Pit /Pour Flush Latrines connected to a septic tank linked to a wastewater disposal facility and/or collection system
- III.3. Minimum sewage treatment process will be within the limits of acceptable biological treatment and retention time, so that the effluent produced will be in keeping with National Effluent Quality Standards (NEQS)
- III.4. Disposal of rainwater run-off can be combined with sewage disposal provided that the effluent can bypass the treatment plant during the rains
- III.5. The disposal of raw sewage into natural water bodies will not be permitted
- III.6. The indiscriminate dumping of solid waste in the neighborhoods is not permitted. Solid waste shall only be disposed in community-designated dumping sites.
- III.7. Hazardous and clinical waste shall be packaged and disposed in accordance with the requirements of the Hazardous Chemicals and Pesticides Management Act

IV. POLICY MEASURES

IV.1. Capacity-building and Infrastructure Development

IV.1.1. Capacity needs assessment

With the right knowledge, skills and well organized arrangements, the vision of an effective and efficient sanitation and hygiene promotion programme can become a reality on the ground. Working out which organizations should be involved, what they should do, and what support is needed to develop human resources is a critical and exciting part of the implementation of this policy.

Building the right institutional arrangements will be one of the most critical steps in the implementation of this policy. Much of what is needed to realize this objective, probably already exists.

In assessing the capacity needs for effectively implementing this policy, The National Agency for Sanitation and Hygiene through the National Working Group on Sanitation and Hygiene will target the following three main sectors of the stakeholder community:

- **Government agencies:** including water, sanitation and hygiene agencies, health departments, education departments, environmental agencies, rural development teams, urban planning departments, local government. Required human resources may be available at *all levels of government from the national down to the local level*;
- **Civil society:** households themselves, NGOs (working in water supply, sanitation and hygiene, social development, health, education etc), community based groups, self- help groups, local/community government, micro-finance organizations
- **Private sector-**small scale private providers, soap manufacturing companies, building contractors, advertising agencies, media agencies, etc.

However, much of what exists may not be geared up to reflect the principles of good sanitation and hygiene promotion. Key aspects of many organizations may need to change and the challenge is to find effective ways to make this happen. In this respect, the capacity needs assessment will establish indicators which the new breed organizations are expected to possess and assess existing organizational capacity in accordance with that criterion:

A focus on equity

Organizations working locally require specific skills and personnel to be able to focus on household needs and reach all segments of society (women and men, youth and the elderly, different ethnic groups, those with access to services and those without). One of the key and pressing needs in the implementation of this policy is to realign responsibilities and build capacity so that the currently excluded segments can become the focus of interventions.

This lack of local level skill is mirrored within organizations, where ironically it is often staffed with precisely the profile to address these concerns, which are marginalized because of their professional profile, or on the grounds of gender or age. It is therefore crucial that the gendered nature of sanitation and hygiene promotion is acknowledged and action is taken to change the orientation of traditional organizations, so that they can effectively work with the groups who most need their support.

A focus on working in partnership

It takes more than a single organization to support sanitation and hygiene promotion. A huge number of people need to start to act in a different way, which requires a massive realignment of the incentives which drive them. This involves more than “inter agency coordination”. It is about creating an interlinked network of people and organizations, all of whom are acting in response to the needs and demands of households for sanitation and hygiene products and services.

A focus on accountability and performance

For this partnership to work the vision of this policy will be for institutions which have:

- Clear and distinct organizational responsibilities;
- Adequate accountability (checks and balances) to safeguard resources and ensure effectiveness; and
- Incentives to perform.

IV.1.2. Components of capacity-building

In building capacity and developing infrastructure, the focus of this policy will be on three main components: (1) human resources development (2) organizational/institutional development, and (3) networking and partnership development

Human resources development will entail education and training activities to develop required technical knowledge and skills that will enhance the effective and efficient planning, programming, implementation, monitoring and evaluation of the policy and associated strategy and program. This will target Public Health Officers, local government officers in charge of sanitation and hygiene, community-based resource persons and organizations, conventional and traditional communicators, artisans of sanitary hardware, sanitary service providers, law enforcement agents, and so on

Organizational/institutional development will require the creation of new institutions/structures to enhance the implementation of the policy such as the (1) Inter-ministerial Steering Committee on Sanitation and Hygiene (2) The National Sanitation and Hygiene Agency (3) The National Sanitation Fund, and (4) The Sanitation and Hygiene Management Information System. To effectively enhance the implementation of the policy, some of the existing agencies will also be strengthened by equipping them with appropriate sanitation and hygiene equipment, materials and facilities.

Networking and partnership development will require the development of collaborative structures that will enhance networking, cooperation and partnership among the stakeholders and partners such as (1) the National Working Group on Sanitation and Hygiene and relevant sub-working groups, and the (2) Community Water, Sanitation and Hygiene Committees. Thematic networking will also be encouraged among specialized groups such as the sanitary service providers, artisans of latrine hardware, public health specialists, natural leaders dedicated to the promotion of the CLTS approach, NGOs/CBOs involved in the provision of sanitation and hygiene services

IV.1.3. Forms of capacity-building

Planning for capacity development will entail conduct of the following actions:

- Drawing from the capacity needs assessment, development of a capacity building program complete with detailed timelines and cost estimates
- Development of training and promotional packages complete with training modules, course outlines, training kits and promotional tools
- Identification of training and promotion providers and institutions to cooperate with in the implementation of the training and promotional activities and concluding partnership arrangements in that respect

Implementing the capacity building program will involve the following actions:

- Long-term specialized courses for top-level managers and other forms of specialized skills at graduate or post graduate levels
- Short-term courses for middle-level managers of sanitation and hygiene program and services at diploma or certificate level
- Technical or vocational training program to develop the technical skills of artisans,

technicians of sanitary facilities, private sanitary providers

- Awareness- creation campaigns, sensitization seminars/workshops for the communities and households on safe sanitary practices and proper hygiene

IV.2. Sanitation Marketing and Hygiene Promotion

IV.2.1. Rationale

The primary aim of this national policy on sanitation and hygiene, and any subsequent strategy and program, is to contribute to improving the health and quality of life of the entire Gambian population. Currently, significant investments are being made in the provision of safe water supplies for all. However, the health benefits that could result from this will be severely limited if adequate attention is not paid to sanitation and hygiene.

Furthermore, experience from national and international water, sanitation and hygiene programs has shown how essential it is to link water supply and sanitation with health and hygiene education. Only when all these are in place will real and lasting health benefits follow. Because healthy and hygienic practices are so important for achieving lasting health benefits, improving sanitation cannot be confined only to the construction of improved sanitary facilities. If the facilities are not properly used and maintained, and if users themselves do not use hygienic modes of behaviour, then the investment in facilities will not result in improved health.

People must be convinced of the need for sanitation improvements so much so that they will invest their own household resources into those improvements and adopt good hygiene practices. Improved sanitation facilities will only achieve a parallel reduction in for example diarrheal diseases if they are developed alongside hygiene program. Since hygiene seeks to promote ways to create barriers between the organisms that cause disease, the intermediate carrier and people, it contributes to the prevention of the transmission of excreta-related diseases.

IV.2.2. Objectives

- Raise awareness of the health implications of unhealthy sanitary practices and unhygienic behaviors;
- Support and provide sanitation social marketing, hygiene promotion and education that will enable people to improve their health through correct sanitary practices and hygienic behaviors; and
- Contribute to an increased demand and willingness to pay for low-cost and appropriate sanitary facilities that is sustainable.

IV.2.3. Developing message content and target levels for hygiene promotion

Key messages to enhance sanitation social marketing, hygiene information, education and awareness-raising program will be developed hand in hand with the provision of sanitary facilities and other forms of services and will be targeted at the following levels:

- **Personal Hygiene:** such as washing hands after going to the toilet or changing the nappies of babies, and before the preparation of food, cleanliness of body and clothing, a balanced regimen of rest and exercise;

- **Household Hygiene:** this includes keeping the home and toilet clean and well ventilated, disposal of refuse and solid waste, cleanliness in areas where food is stored and prepared, and ensuring that food and drinking water is kept covered and uncontaminated; and
- **Community Hygiene:** To achieve improved public health the whole community must be mobilized to work together for better health and a cleaner environment. Community hygiene will include issues related to excreta and sewage disposal, solid waste (refuse), hygiene education for food vendors, the keeping of animals and community storm water drainage, containment of vectors of diseases, control of water and air pollutants.

IV.2.4. Approaches in sanitation social marketing and hygiene promotion

- **Awareness-creation:** Notwithstanding the strong linkages between sanitation and health, there is little public awareness of this, and sanitation is commonly low on peoples' household priorities for improved services. The national sanitation and hygiene strategy and program to draw from this policy will redress this anomaly through information dissemination and education to promote awareness of the role of sanitation in health, and to stimulate the willingness to pay for sanitary facilities and services through mass-media campaigns and the use of social marketing techniques.
- **Community participation and dialogue:** Since sanitation is both a household and community matter, it is important that people are consulted and involved in a participatory manner about improving sanitation and hygiene. Hygiene promotion requires far more than just giving out information. Unless individuals and households are committed to the success of a sanitation and hygiene programme, including behavioral changes needed, little will be achieved.

In this respect, the starting point will be to understand current beliefs, perceptions and practices within a particular community. Based on this, relevant messages can be developed in collaboration with the Traditional Communicators and Traditional Opinion Leaders so that desirable behaviour change is brought about through dialogue, within the context of people's everyday lives. To enhance this, Participatory Hygiene and Sanitation Transformation (PHAST) techniques and other participatory methods will be used to assist communities in identifying their needs, develop required actions plans and create the appropriate messages to stimulate the desired behavior changes.

In ensuring that sanitation and hygiene services are demand-driven and community-based, decision-making and control will be devolved as much as possible to accountable community structures. In this respect the Sanitation and Hygiene Policy will support community efforts through the development and dissemination of appropriate program to build capacity and train personnel at local and community levels to serve as facilitators.

- **Role of health personnel:** Health personnel will play an important role in the promotion of sanitation and hygiene, particularly at the local level, where a network of Public Health Officers already exists. Community sanitation will become a strong element of all primary health care programs and will be linked to new water supply infrastructure. It is also essential that all clinic staff set the highest standards for themselves in maintaining hygienic sanitation facilities at all health centers.
- **Creating the linkages between water, sanitation and hygiene (WASH):** The improvement of water supplies in an area frequently stimulates communities to look at other improvements needed, such as sanitation. In this respect, the implementation of new water supply systems should always be accompanied or even preceded by a sanitation and hygiene education program. Such a program should become an integral part of all community water supply projects.
- **Sanitation social budgeting:** To ensure acceptability and funding of sanitation, strategies

shall be developed to engage all leaders (political, traditional, religious, opinion, etc) in the prioritization of sanitation as a ‘public good’ and a social responsibility. In that respect appropriate messages and target audiences will include not only household and community decision-makers but also those responsible for the allocation of budgets and investment decisions at all levels of the public and private sector, local government authorities and other development partners.

IV.3. Delivery of Sanitation and Hygiene Services

A variety of sanitation systems is currently in use in The Gambia, some more commonly than others, and with varying degrees of success. They impact differently on the environment and have widely differing costs and degrees of acceptability to the users.

IV.3.1. Different types of sanitation facilities in use in The Gambia

Type of Sanitation Facility	Characteristics, requirements and suitability
Traditional Pit Latrine with Slab	For reasons of cultural acceptability, affordability, especially in rural areas, minor improvements that will reduce flies, odours etc. may be accepted as interim measures. Examples of such improvements include provision of superstructures, covering of the pit opening/squat hole with a slab, plastering of the latrine floor with cement and introduction of a vent pipe to improve the hygiene conditions of the latrine.
Ventilated Improved Pit (VIP) Latrine	Have advantages over traditional pit latrines by preventing flies and odour. However, it is not yet popular because of its relatively high capital cost for individuals and communities.
Pour Flush Toilets	Similar to the Septic Tank/Soak away system in concept except that regular water supply is not envisaged. Waste-water could be used for flushing purposes. The toilet could be squatting or sitting type.
Septic Tank/ Soak-away System	Already popular in the urban/peri-urban settlements. Has the potential of contaminating ground water where the water table is high. Requires regular water supply and soak away evacuation for efficient performance.
Conventional Sewerage System	Most advanced method of treating human wastes, requires regular water supply, reticulation and treatment works. It is suitable for large cities and estates where there is regular water supply and the beneficiaries can afford to pay for its operation and maintenance.

IV.3.2. Considerations influencing the choice of sanitation systems

In most cases, the choice of sanitation technology has been regarded as the exclusive preserve of engineers who, naturally enough concentrated purely on technical issues. However, in reality there are numerous factors that must be considered, in a transparent manner and in close contact with prospective consumers, when deciding on the most appropriate technology for a particular situation. The following factors will be taken into account in this respect:

Suitability and adaptability of technologies to the needs and circumstances of the communities is an important consideration in any assessment of the choice of sanitation systems. To ensure this, carefully-planned research will be required to identify feasible technological options and their corresponding management requirements and costs.

In particular, innovative and proprietary systems must be tested against performance criteria and independently evaluated in terms of operational requirements, value-for-money and customer acceptability and satisfaction. This must be done before they become part of an extensive program. To this end, Government will identify appropriately qualified and objective agencies to carry out such evaluations against agreed criteria.

Affordability is by far the most important consideration influencing the choice of technology at household, community and national levels respectively. As far as it affects technology choice, it must be clear who is willing to pay what amounts for a particular level of service or quality of product.

Technology needs to be cost-effective, affordable and appropriate to the needs of children, women, men, the poor and the physically-challenged. This is especially important when it comes to the need for regular payments for operations and maintenance. Various grants or subsidies may reduce the initial cost to a household, but there will not be any subsidy available to reduce the running costs.

In this respect, Government will provide budgetary support to the Sanitation and Hygiene sector to facilitate the development and selection of a wide range of sanitation and hygiene technology options from which households and communities will be able to choose.

Environmental impact: One of the principal objectives of this policy is to reduce the environmental impact and negative effects from pollution and unmanaged human waste disposal on human health. Nevertheless, most systems will cause some degree of environmental impact, particularly if they are not managed properly. The general risk of environmental problems and the specific risks resulting from system failure (and the likelihood of failure) must be considered at the time of technology selection.

Government recognizes the range of environmental effects that result from different types of sanitation systems and will therefore seek to minimize the negative impacts and maximize the positive effects by ensuring that all sanitation systems introduced into the country are environmentally-sound. This will be supported by the institution of an in-built monitoring and surveillance mechanism to help prevent environmental pollution from liquid and solid waste.

Socio-cultural practices and preferences vary considerably from one community to the other throughout the country. These will affect the range of options acceptable to consumers, and must be catered for, so that facilities are used effectively and the health benefits are gained by users and the community as a whole. In this respect Government will ensure that households and communities and especially women are able to choose from the list of approved technology

options that are relevant and appropriate to their local conditions, social and cultural circumstances.

Use of local resources: The availability of construction materials and skills locally has an important bearing on the choice of technology or construction method. The design of sanitation facilities should maximize the use of these resources, in order to stimulate local economic activity and create jobs in keeping with the aims of the Poverty Reduction Strategy Paper (PRSP). The use of prefabricated factory-made components generally works against this principle, although in some cases these could still be useful.

Water supply service levels: As water is a scarce and costly resource, so the need for the sanitation system to take it into consideration as an important factor in the service delivery chain becomes an absolute necessity. In parts of the country where water supplies are limited or unreliable, water-dependent sanitation systems should be discouraged. As the cost of water supply increases, it becomes increasingly uneconomical to treat, pump and store large quantities of water simply to flush down the toilet. In this respect, government will promote the development and widespread use of water-saving toilets.

Furthermore, education about safe water, sanitation, and hygiene is critical. Even if safe water and sanitation are accessible, hygiene education is necessary to prevent contamination of water at point of use and to ensure that sanitation facilities are properly used. One way to provide this education may be to include it in primary care efforts. However, the results from this may be limited if the community does not have adequate access to health care facilities. To combat this, training and capacity-building for village health workers is another policy option that the Government will pursue. Training and building capacity at the local level can also help ensure that policies and interventions are sustainable.

Hygiene education should accompany all water and sanitation interventions, and will include information about ensuring water quality when drawing, transporting, or storing water; where contamination can occur through unclean buckets, unclean hands in water buckets, or uncovered storage containers. Education should also include valuation of water to ensure efficient use. Education will be particularly important for women. They are often responsible for water collection and food preparation, so these members of the community should be targeted in education efforts. In places with low levels of literacy, Government will provide support to ensure that education interventions use creative materials through non-formal education and adult literacy program.

IV.4. Research and Development of Sanitation Technologies

The advancement and upgrading of technologies and participatory hygiene methods through research and development of appropriate and affordable technologies and management systems shall be pursued in the following areas:

IV.4.1. Appropriate toilet technologies

Sanitation technologies will take into consideration the situation of poverty of households both in urban and rural areas, circumstances related to the climate as well as specific geo-physical situations. A range of toilet technologies will be made available which respond to the following criteria:

1. Effectiveness in isolating pathogens from the human living cycle
2. Affordability by households
3. Local production and operation and maintenance (O&M) requirements

4. Physical environment (urban/rural, area with high water table, etc.).

IV.4.2. Appropriate septic tank technologies

Consideration will be given to technologies for the proper disposal of sullage water from domestic homes, especially in the peri-urban and rural areas.

IV.4.3. Waste minimisation, conversion and recycling technologies

More appropriate management technologies and strategies for communal waste and sewage in rural and urban areas will be developed, which include waste reduction, separation, treatment, reuse and disposal.

In view of the fact that waste collection generally represents the greatest cost factor of waste management for municipalities, appropriate technologies will be developed to enhance the reduction of solid waste, in particular the sand content of household garbage, given that sand constitutes over 45% (in weight) of the refuse collected by the municipalities in the Greater Banjul Area. The proliferation in the environment with plastic water bags and plastic carrier bags (which are readily given to carry all types of items and even the smallest amounts of vegetables) is becoming a serious environmental problem. Strategies will be developed to reduce/limit their use or to recycle them.

Furthermore, the separation of solid waste and the composting of biological components need to be envisaged in a first stage. A further stage will comprise the promoting the production of biogas from the anaerobic fermentation of such biological material prior to composting.

IV.4.4. Mitigation of surface water and groundwater contamination

In towns where there is a high population concentration, the use of septic tanks with the transfer of sludge, will be regulated in order to reduce groundwater contamination and immediate threat to communities' health. This is particularly important in areas with a high groundwater table such as EboTown. In such areas, Government will ensure that satisfactory quality of septic tanks will be installed.

Generally, sewage needs to be subjected to appropriate treatment prior to its disposal. The effectiveness of such treatment will be established through regular tests of the treated wastewater by a qualified institution to be identified by the National Sanitation and Hygiene Agency. Besides, conditions of disposal need to be specified. The compliance will be monitored, infractions penalised and compensation sought.

In this respect, Government shall provide support to research and development in sanitation and hygiene issues with a view to encouraging:

- a. Action- research by relevant agencies to address a wide range of sanitation issues and propose solutions for addressing them;
- b. Key stakeholders to conduct operational researches to establish effective and sustainable sanitation and hygiene systems in the country;
- c. Recycling and other waste minimization methods as technology options to be considered in adopting any waste management approach;
- d. Risks modeling to be carried out before the introduction of a sanitary system

IV.5. Public-Private Sector Partnership

The largest provider of sanitation services in The Gambia is the private sector. It is reported that only about 3% of Gambians (mainly in Banjul) are served by the sewerage network operated by the public utility, National Water and Electricity Corporation (NAWEC). The majority of Gambians (currently 97% or more) provide their own sanitation services through private means, mostly on-site approaches like septic tanks, VIPs, traditional pit latrines, pour flush toilets, etc. Most of these are established through small scale independent providers like masons, artisans, pit diggers, builders and others (2003 Census).

Sanitation technology options provided by The Appropriate Technology Unit of the Department of Community Development are also largely installed by small scale independent latrine hardware masons and builders. Maintenance and emptying services for such facilities are also largely provided by private cesspool emptiers, mostly small-scale enterprises.

Private provision of sanitation services in the Gambia therefore has a history that predates the development of a Policy and Strategy, and a record that surpasses public service provision. Part of the foundation for the private sector's dominant contribution in sanitation provision is laid in the revised Public Health Act (2001) which states that provision of sanitation services/ facilities in The Gambia is the responsibility of households. Part II (Article 19) of the Act requires property owners/ managers to provide sanitation facilities on their premises as a condition for their habitation.

The new thrust of local and international policy advocacy processes is that without enhanced private sector participation, sanitation and hygiene service provision goals will not be reached. This position relies on the practical realities of the Public Health Act (2001) that delegates a large part of the responsibility for household sanitation provision to the private sector, and the historical experience of many Gambians satisfying their own household sanitation needs through private sector providers. It also relies on the recognition of the business potential of sanitation and hygiene, and therefore its attraction for private-sector investment.

On the policy level campaigns, protocols and strategic guideline documents have prioritized private sector contributions towards the achievement of MDGs, The MDG-based Poverty Reduction Strategy Paper of The Gambia, the *International Year of Sanitation 2008*, the *African Action Plan 2008* (signed in February 2008 by African Ministers responsible for sanitation), the eThekweni Declaration, etc. All of these policy instruments and protocols advocate private sector-driven approaches like sanitation marketing and public-private partnerships, as the most affordable and sustainable, and by so doing maps out a clear future for the private sector engagement in the provision of sanitation and hygiene services. The question at this point is what is stopping the private sector in The Gambia from seizing this opportunity?

To facilitate the participation of the private-sector in the implementation of this policy, the Government will encourage the private-sector to invest in the provision of sanitation and hygiene services, particularly in waste management and the introduction of low-cost, affordable and appropriate technology options that can be easily replicated by the communities. The Policy will also support the provision of consulting services by the private-sector in the development of appropriate guidelines for the effective participation of private-sector service providers in the sanitation and hygiene sector.

IV.6. Inter-Sectoral Coordination and Collaboration

The sanitation and hygiene strategy and programme to draw from this policy should have a national identity in order to promote an integrated approach to improving health, sanitation facilities and the environment. It should be emphasized that individual, household and

community sanitation and hygiene are inextricably linked. This integrated approach must form the basis of a sector-wide cooperation between all sectors of government, between agencies at each sector and level of government and between government on the one hand and the private-sector, NGO community, Local Government Authorities, local communities and households on the other hand.

As of now, sanitation issues have been largely compartmentalized among various agencies without a unified strategic approach and direction for addressing the challenges in a systemic and concerted manner. This unfortunate situation resulted in poor coordination, uneven response, overlapping and duplication of efforts and unnecessary competition for the meager available resources.

To address the weak and fragmented state of affairs of the sanitation and hygiene sector, government will encourage and support a sector-wide approach (SWAP) with a view to improving inter-sectoral and inter-agency coordination and management of sanitation and hygiene issues in the country.

The inter-sectoral cooperation and collaboration will be realised through the following interventions:

- IV.6.1. Carry out a comprehensive review of policies and legislative instruments in regards sanitation and hygiene, and put forward recommendations on how to harmonize strategies, approaches, methods and tools of various stakeholders and partners for enhanced coordination, collaboration and partnership
- IV.6.2. Develop a *Memorandum of Understanding and Cooperation (MOU)* on sanitation and hygiene to require the relevant sectors/Ministries to put in place institutional arrangements, mechanisms for collaboration and cooperation, prioritization of resources and distribution of rights and responsibilities in ways that would create a sustainable sanitation and hygiene programme
- IV.6.3. Determine how each key partner/stakeholder can provide a Focal Point or Institutional Anchor for sanitation and hygiene issues in accordance with their organizational mandates
- IV.6.4. To facilitate inter-agency cooperation in more concrete forms, flexible collaborative structures will be put in place to draw upon the collective resources and strengths of the sanitation and hygiene sector for collective planning, programming, implementation, monitoring and evaluation, and networking.

IV.7. Community Consultation and Involvement

Improvements in health through improved sanitation and hygiene are most likely to be achieved when the majority of households in a community are consulted and involved. Sanitation and hygiene are therefore community responsibilities, and this must be emphasized through sanitation and hygiene promotion programmes with a view to raising awareness.

Community consultation and involvement are essential for long term success. In this respect, Government will ensure this involvement in the following ways:

-In urban areas municipalities will be required to develop local capacity in order to enhance the involvement of people in the development of long-term service delivery plans and local decision making on sanitation and hygiene issues.

- In rural areas existing bodies such as the Ward and Village Development Committees or the Community Water, Sanitation and Hygiene Committees, will be assisted by the respective Local Government Authorities in developing local capacity to enhance their involvement in sanitation social marketing and hygiene promotion programmes, and in participatory monitoring and evaluation of service delivery.

-A program will not succeed unless the whole community is mobilized. In this respect, Government will require all sanitation and hygiene programmes to address the special needs of the vulnerable groups such as the disabled, elderly, women, young people and the poor

V. POLICY INSTRUMENTS

The following policy instruments and procedures will be developed to facilitate the implementation of the National Policy on Sanitation and Hygiene

V.1. Legislative and Regulatory Frameworks

There are several legislative and regulatory frameworks associated with various agencies which have direct implications for the implementation of this policy. These include the following:

- National Health Policy Statement (2008)
- Revised Public Health Act (2008)
- Gambia Utilities Act (1972)
- National Water Policy (2006)
- National Environment Management Act (1994)
- Waste Management Bill (2007)
- Anti-Littering Regulation (2008)
- Gambia Public Utilities Regulatory Act (2008)
- Local Government Act (2002)
- National Education Policy (2004-2015)
- Second Poverty Reduction Strategy Paper (PRSP II)

Future actions will include assuming an active role in the processes of reviewing these legislations amongst others with a view to identifying the overlaps, gaps and areas of ambiguity and putting forward recommendations as to how to harmonize them to enhance coordination and collaboration in the delivery of sanitation and hygiene services.

In order to provide legal effect to the implementation of the National Policy on Sanitation and Hygiene, Government will support the elaboration of a National Sanitation and Hygiene Act. The Act will serve as the primary and overarching legislative instrument, superseding the provisions of all other legal instruments on sanitation and hygiene in the country. Should it be necessary, the provisions of certain legislative instruments on sanitation and hygiene shall be repealed and transferred under the new Sanitation and Hygiene Act.

Appropriate regulations to enhance the delivery of sanitation and hygiene at all levels shall also be enacted to adequately respond to the specific legislative requirements of the different issues of sanitation and hygiene.

Local Governments shall formulate and pass bye-laws to regulate sanitation and hygiene in their areas of jurisdiction.

Sanitation and hygiene enforcement and other law enforcement agencies shall be capacitated and empowered to deal with offenders of sanitation and hygiene laws and regulations in force.

V.2. International Instruments, Protocols and Obligations

The Gambia is party to several international instruments, agenda and protocols on sanitation and hygiene. As a state party, the country is bound to honour and respect its international obligations under the terms and provisions of the instruments.

Key among these instruments and protocols are:

- Millennium Development Goals (MDGs) as it relates to sanitation and hygiene
- The *International Year of Sanitation (2008)*
- The *African Action Plan 2008* (signed in February 2008 by African Ministers responsible for sanitation and hygiene)
- The eThekweni Declaration (2008), resulting from the African+5 Regional Ministerial Conference held in Durban (South Africa)
- Sharm-el-Sheikh Declaration (2008) resulting from the 11th African Union Summit held in Egypt
- The Abuja Declaration (2009) designed to review progress made on national action plans towards achieving the eThekweni Action Plan and ministerial commitments made at the African Union Summit held in Egypt in 2008

In this respect, Government shall endeavour to domesticate and incorporate relevant provisions of these instruments and protocols into the appropriate national laws and regulations relating to sanitation and hygiene, and to honour its international obligations thereto accordingly.

V.3. Component-Sharing Financing Framework

Given the general resource limitations for sanitation and hygiene, it will be necessary to develop an approach to sanitation and hygiene promotion which yields the maximum possible health and environmental benefit. In this respect, the vision and objectives of the sanitation and hygiene programme needs to be matched with financial and human resources. This invariably means setting boundaries and steering the meager resources to specific areas or activities.

The sector-wide approach to the delivery of sanitation and hygiene services envisaged by this policy involves a significant amount of funding that might make it difficult for any individual stakeholder to finance a significant portion of it on its own. This situation therefore makes it all the more imperative to adopt a cost-sharing model, that distributes the resource burden according to the different components of the sanitation and hygiene sector.

In this respect, Government will encourage and support the sharing of costs for the different components of the sanitation and hygiene sector according to the following formula:

Agency	Rural Sanitation & Hygiene	Small Town Sanitation & Hygiene	Urban Sanitation & Hygiene
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Government	60%	60%	30%
Local Government Authority	35%	35%	60%
Household/Community	5%	5%	10%

Cost-sharing Model for Capital Investments in Sanitation and Hygiene

AGENCY	COMPONENTS OF SANITATION AND HYGIENE				
	Enabling Environment	Hygiene Promotion	Sanitation Marketing	Capital Costs	Operation & Maintenance
Government	+++	+++		+++	
LGA	+++	+++		+++	+++
Household				+++	+++
NGO/CBO	+++	+++			
Private Sector			+++	+++	+++
Trust Fund	+++	+++	+++	+++	

Component-Sharing Model for Sector Financing of Sanitation and Hygiene

The public sector will play a major role in the mobilization of financial resources from various traditional sources, including budgetary allocations and donor assistance to support the delivery of sanitation and hygiene services.

The Ministry of Health and Social Welfare, through the National Sanitation and Hygiene Agency will take the lead role in this process.

Government contribution will be used to fund core sanitation and hygiene activities such as providing the enabling environment through the development of appropriate policies, legislative instruments and strategies; capacity building and infrastructure development; development, production and dissemination of promotional materials; advocacy campaigns; monitoring and evaluation and capital costs.

Local government authorities shall receive twenty-five percent (25%) of their annual development budgets from central government to support the delivery of sanitation and hygiene services in their respective areas of jurisdiction. The Government will provide the local authorities with guidelines and conditions on how these allocations shall be utilized (Part VII, Section 128(3) of the Local Government Act, 2008).

The local authorities shall be expected to complement the efforts of central government by allocating some of their own resources. In this respect, they will be encouraged to establish systems for generating sustainable revenues to cover their contributions to the delivery of sanitation and hygiene services in their areas of jurisdiction, within the framework of the component-sharing financing model. Revenue options to be considered may include fees, rates and taxes (including property tax, betterment tax, equitable shares resulting from sales and income tax), a surcharge on water payments (conservancy charge), direct levy on producers of solid wastes (especially non-biodegradable pollutants such as plastics) and a reasonable proportion of the local government's general revenue (as empowered by Section 131 (1) of the Local Government Act, 2002) to subsidize the cost of sanitation and hygiene services based on a clearly-defined national policy and law on subsidies.

Local government contribution will be used to support certain core sanitation and hygiene functions in their areas of jurisdiction such as the development of local policies, regulations and bye-laws; the development of regional sanitation plans, capacity building and infrastructure development; and hygiene promotion. It could also contribute to the operation and maintenance of household sanitation hardware through subsidies.

Households will be expected to bear the costs of providing, improving and maintaining sanitation and hygiene facilities at the household level. These will include capital costs for the installation of sanitary hardware and their operation and maintenance. Three sources of funding options will be made available to households to assist them in this respect: (1) household self-financing (2) subsidies from local government authorities, and (3) micro-finance schemes provided by the private sector.

The private sector including micro-finance institutions, banks, sanitation and hygiene service providers, investors, property developers and landlords will be encouraged by Government to provide financial input to the delivery of sanitation and hygiene services and products.

To support the active and efficient participation of the private sector in the delivery of sanitation and hygiene services, Government will seek to ensure the financial viability and sustainability of sanitation and hygiene service providers by developing policies and regulations to facilitate for them access to credit facilities from financial institutions, support revenue collection from sewage services and refuse collection, provide pro-poor tariff structures and ensure improved accountability of service providers to consumers.

Government will encourage the private sector to invest in sanitation and hygiene services on the basis of sound commercial principles and in the introduction of affordable and appropriate low-cost modern technologies that can be easily replicated by communities.

The service providers will also be encouraged to install sanitation facilities in public institutions, places and other mass meeting points and enter into contracts with the management of these establishments on an appropriate investment recovery plan.

To support household-driven improvement of sanitation and hygiene services, Government will facilitate the setting-up of private sanitation service outlets throughout the country in each region. To facilitate this, service providers will be encouraged to invest in waste collection and disposal equipment and materials and provide work-related insurance covers for sanitary workers employed by them. Micro-finance institutions will also be encouraged to provide credit facilities to ensure the success of this scheme.

Government will also ensure that property developers and landlords invest in and construct suitable sanitation systems for tenants and home-buyers in line with existing policies, laws and regulations.

Non-governmental organizations and community-based organizations will be encouraged to participate in the delivery of sanitation and hygiene services as local development partners, in activities for which they are best suited and in line with their country agreements with the Government. They could particularly intervene in capacity-building and hygiene promotion activities to capacitate and empower communities in taking-over ownership of the sanitation and hygiene improvement interventions within their communities.

V.4. Institutional Framework, Roles and Responsibilities

There is no single institution with direct mandate to authoritatively deal with sanitation and hygiene in The Gambia. Roles, responsibilities and resources are scattered around various institutions, with no specified lead agency. There is also concern regarding the delegation of specified roles within the ministries. For example in the Ministry of Health and Social Welfare, the WASH Unit under the Directorate of Health Promotion and Education at the Ministry of Health and Social Welfare has no mandate to budget for sanitation since it is below the level of a department. In the Ministry of Water Resources, Fisheries and National Assembly Matters, the Department of Water Resources has no specific division (or even section) for sanitation (except rural sanitation, which is covered by the Rural Water and Sanitation Project) hence the ministry allocates no specific resources for sanitation.

The successful implementation of a sanitation and hygiene programme requires that all stakeholders be involved at an early stage, starting with the pre-planning, through implementation, to monitoring and evaluation. The roles and responsibilities of all stakeholders in the delivery of sanitation and hygiene shall be clearly defined.

V.4.1. Institutional Framework

Inter-Ministerial Steering Committee on Sanitation and Hygiene will be established to ensure effective coordination of policy implementation, monitoring and evaluation and oversee progress in this regard. It shall be the high-level policy organ to supervise the activities of the National Agency for Sanitation and Hygiene. The Committee shall be constituted as follows:

- Ministry of Health and Social Welfare - Lead Sector and Chair
- Ministry of Water Resources, Fisheries and National Assembly Matter
- Ministry of Basic and Secondary Education
 - Ministry of Forestry and the Environment
- Ministry of Local Government and Lands
- Ministry of Works, Construction and Infrastructure
- Ministry of Finance and Economic Affairs

National Agency for Sanitation and Hygiene will be the lead agency with overall responsibility for coordination, creating the enabling environment for sanitation interventions of all stakeholders in the different sectors and settings, and monitoring and evaluating standards for household and public sanitation and hygiene.

National Sanitation and Hygiene Fund shall be created as a semi-autonomous Trust Fund, under the purview of the National Sanitation and Hygiene Agency, to which government, private sector, NGOs, LGAs and other development partners shall be encouraged to contribute. It shall have direct responsibility to coordinate the sourcing, mobilizing and management of the multi-sectoral Fund that will be geared towards financing the implementation of the Strategy

Community Water, Sanitation and Hygiene (WASH) Committees shall be created by the National Agency for Sanitation and Hygiene in collaboration with the local community structures and local government authorities, with the mandate to coordinate the implementation of

national policies and strategies on water, sanitation and hygiene at the local community level. Operating under the purview of the Village/Ward Development Committees (VDCs/WDCs) it shall mobilize local communities towards the promotion, social marketing, monitoring and evaluation of national standards in water resources management, sanitation and hygiene in a participatory approach.

National Working Group on Sanitation and Hygiene (NWG-S&H) will be established by the National Agency for Sanitation and Hygiene to promote the national sanitation and hygiene programme and provide technical guidance to the implementation of the policy and strategy. It shall be the key policy and strategy coordinating forum of the sector.

The mandate of the Group shall be to *“raise the profile of sanitation and hygiene”* with the following specific tasks:

- Co-ordinate and liaise with various stakeholders to operationalise the National Policy on Sanitation and Hygiene
- Facilitate operationalisation of the Policy, the National Agency for Sanitation and Hygiene, the NWG-S&H and its Secretariat
- Advocate for clear budget mechanisms for sanitation and hygiene at all levels to fulfill the institutional mandates as reflected in the MOU on institutional roles and responsibilities
- Test models in selected communities to guide future strategy, work plans, budgets, implementation mechanisms, coordination and M&E at local, regional and national levels respectively

The Group will have a broad-based membership, including representatives of key stakeholders and partners in government, local government authorities, NGOs/CBOs, private sector, research and training institutions, media agencies and property developers.

The National Working Group will in turn be served by three thematic Sub-Working Groups to provide technical back-up to the National Sanitation and Hygiene Agency in the realisation of its mandate:

Sub-Working Group on Review and Harmonization (SWG-R&H) will bear responsibility for periodically reviewing the specific institutional roles and responsibilities, policies, legislative instruments, planning procedures and technical regulations of partner agencies at the central and local levels respectively. On the basis of the review exercise, it shall recommend strategies on how to harmonize and coordinate the roles and responsibilities of the different stakeholders in these areas in ways that would create a sustainable sanitation and hygiene programme

Sub-Working Group on Monitoring and Evaluation (SWG-M&E) The National Agency for Sanitation and Hygiene as the lead institution for the sanitation and hygiene sector shall perform a coordinating and monitoring role, leaving implementation to the respective partner technical institutions. In this respect, the lead agency will be expected to perform a vital M&E function to ensure that the policy implementation is on track. That does not deny the partner agencies from exercising their basic M&E responsibilities but for the purpose of this policy, a central M&E Unit shall be set up at the level of the Agency. The work of the M&E units in the partner agencies will feed into the work of the central M&E unit. To facilitate the inter-agency collaboration, the central M&E Unit located at the National Sanitation and Hygiene Agency shall be supervised by the Sub-Working Group on M&E with representation from all the key partners and stakeholder. The Group shall convene periodic meetings to review the consolidated M&E report on the

implementation of the policy and strategy and make recommendations to the National Sanitation and Hygiene Agency.

Sub-Working Group on General Sector Issues (SWG-GSI) will be created with the responsibility to initiate, stimulate and mobilize action in some of the key strategic priority areas of the sector such as action-research, sanitation financing, capacity-building, sanitation marketing, hygiene promotion, communication and advocacy

V.4.2. Institutional Roles and Responsibilities

Ministry of Health and Social Welfare through The National Agency for Sanitation and Hygiene as the lead Ministry/Agency, will be responsible for overall coordination, creating an enabling environment for sanitation interventions of all stakeholders in the different sectors and regions and monitoring sanitation standards in households, schools and public facilities

The Ministry/Agency will also be responsible for co-ordination with other stakeholders and partner agencies on matters of policy, legislation and other sector issues; take a leading role in the implementation of the policy; development of national policies, strategies and legislative instruments; setting basic minimum standards and levels of service; effecting changes to regulatory frameworks; allocation of national funds (on the basis of funding criteria); development of a framework for grants, loans, subsidies and technical assistance; collect, analyze, manage and disseminate information on sanitation and hygiene to ensure evidence-based planning, advocacy and decision-making; taking the lead role in carrying out action-research on appropriate sanitation systems and services; preparation of guidelines; promotion and advocacy of sanitation improvements (support program); monitoring and evaluation; and guide development partners interventions to ensure a coherent sector-wide approach.

Other Sectors of Government roles and responsibilities:

Ministry of Local Government and Lands will be responsible for supervising the implementation of the Local Government Act, enforce legal regulations on land administration and use, enforce physical planning regulations and housing developments, provide the technical backstopping to the lined departments under the Ministry and network and collaborate with development partners to improve service deliveries.

Ministry of Water Resources, Fisheries and National Assembly Matters will be responsible for the development and implementation of policies for the management of the country's national water resources in partnership with the development partners; implement programmes to provide potable water supply systems and improve sanitation and hygiene in the rural water service provided to the communities; assist village communities in the management of their water supply systems; conduct water quality monitoring country wide; manage and run the water quality laboratory in Abuko; provide technical advice and guidance for groundwater extraction in the Gambia; focal point for the World Metrological Organization (WMO).

Ministry of Basic and Secondary Education will be responsible for implementing policies and programmes for basic and secondary education; ensure that basic standards are adhered to by all schools; establish and conduct systematic monitoring of basic and secondary schools; provide the human and the material support to public basic and secondary schools including the provision of sanitary facilities and hygiene education; provide training of teachers and ancillary staff on sanitation and hygiene

Ministry of Works, Construction and Infrastructure, with responsibility for the construction of government houses, its activities will ensure that adequate provision is made for sanitation services in government and public buildings; construction and maintenance of storm water drainage for roads and sewage treatment works in public institutions

Local government authorities and municipalities will be responsible for the implementation of the Local Government Act; work with communities to collect rates and taxes from the respective Local Government Areas; provide social amenities and support to the needy in the LGA; build and rehabilitate roads and causeways within the localities; provide water, solid waste and excreta disposal facilities within the Local Government Areas; manage a waste collection system in the respective LGAs and prosecute offenders of the LGA regulations.

The authorities/municipalities will also be responsible for the management of hygiene promotion and community development activities (which may be carried out by in-house staff or outsourced); monitoring of technical issues; licensing of small-scale providers; certification of community support organizations; coordination of local monitoring; collation of data for planning purposes; provision and management of trunk services and facilities in some cases (either directly or through a utility); oversight of credit providers and technical assistance to communities

National Water and Electricity Corporation (NAWEC) will be responsible for the supply of water, electricity and sewerage in urban and peri-urban areas of the Gambia, establish and implement policies and systems to manage sewerage in the Tourist Development Area (TDA) and Banjul city (collection and disposal)

National Environment Agency (NEA) will be responsible for enforcing the National Environmental Management act; implement policies and legislations on environmental management and standards; develop thorough regulatory instruments and enforce legal standards for effluent disposals; implement environmental education & conservation programmes; monitor, identify and control the importation and use of toxic and hazardous materials to the public and the environment

Department of Community Development will be responsible for supporting the formation and strengthening of community institutions for better management and sustainability of development interventions; work as partner with the communities to identify problems and develop/apply possible solutions; establish and implement an Appropriate Technology and Research Unit to build and strengthen the community skills; conduct community sensitization for effective participation to enhance ownership and sustainability; and provide training of community artisans on low-cost latrine construction

Public Utilities Regulatory Authority (PURA) will be responsible for enforcing laws and regulations on water supplies, electricity and sewerage in urban and peri-urban areas of the Gambia.

Community roles and responsibilities:

Communities/households will be responsible for the provision, improvement and maintenance of their own sanitation and hygiene requirements, though they could be assisted through local government subsidies or private sector micro-finance facilities. Communities/households will also be involved in participatory planning, monitoring and evaluation; identification of appropriate local institutions for management of resources and facilities; assessment and negotiation of local demands; and management of internal cross-subsidies if needed.

Development Partners roles:

UNICEF/WHO will support Governments efforts in sanitation and hygiene to improve health and reduce morbidity among the poor and vulnerable population, particularly women and children. Among other areas of intervention, they will on the basis of experience in the establishment of data management systems, assist the National Agency for Sanitation and Hygiene in the establishment of the Sanitation and Hygiene Management Information System.

Non-governmental organisations and community-based organisations will be encouraged to assist in community mobilisation, education and capacity-building in improved sanitation and hygiene methods. They could also participate in the construction of demonstration toilets in selected communities as part of a national plan to develop support programmes for sanitation and hygiene services.

The NGO/CBO community will also be responsible for providing technical support to communities, delivery of hygiene promotion and community development support, provision of micro-finance services and oversight of progress through participatory monitoring and evaluation

The private sector will be encouraged to invest in sanitation and hygiene services by using appropriate sanitation marketing techniques to introduce affordable and appropriate low-cost technologies that can be replicated by the communities; provide sale and delivery of sanitation goods and services, contribute to the planning and programming of sanitation and hygiene activities; and provide micro-finance services to the households.

Donor funding will be sought by Government on behalf of the sector to supplement the traditional funding sources highlighted. This funding window will be coordinated, aligned and integrated into the Government's donor funding and support policies, by the National Sanitation and Hygiene Fund in collaboration with the Ministry of Health and Social Welfare and the Ministry of Finance and Economic Affairs.

VI. MONITORING AND EVALUATION

To measure the progress of performance for the implementation of this policy, the strategic interventions will be carefully monitored and evaluated at the community, ward, district, regional and national levels respectively. The National Agency for Sanitation and Hygiene will take the lead role in coordinating the activities of other stakeholder in carrying out the required monitoring and evaluation of both programme and project implementation.

To facilitate the monitoring and evaluation responsibilities for this policy, an M&E framework shall be put in place which will include (1) the creation of a Monitoring and Evaluation Unit at the Secretariat of the National Agency for Sanitation and Hygiene (2) the setting up of an Inter-agency Working Group on monitoring and evaluation to draw membership from all the key partner institutions with the responsibility for carrying out a sector-wide M&E of the implementation of the policy (3) creation of a Community Water, Sanitation and Hygiene (WASH) Committees to be involved in participatory M&E on sanitation and hygiene issues at the community level (4) the development of a comprehensive Monitoring and Evaluation System with Key Performance Indicators to form the basis for the sector-wide M&E of sanitation and hygiene issues, and (5)

development of the capacity of stakeholders on the M&E system at the community, regional and national levels through training activities and the supply of required equipment to facilitate their tasks.

The monitoring and evaluation of the policy will also be facilitated by the (1) the elaboration of a strategy accompanied by a comprehensive logical framework with clear process indicators and outputs (2) carrying out a Mid-term Review of the progress of implementation of the strategy, and (2) a Terminal Evaluation of the strategy.

VII. MECHANISMS FOR THE IMPLEMENTATION OF THE POLICY

Following the approval of this policy, there are a number of urgent actions that must be put into effect to jump-start the process of implementation:

VII.1. The development and approval of the National Strategy on Sanitation and Hygiene

VII.2. The development of a detail Operational Plan with an annual or biennial Programme of Action to implement the Strategy

VII.3. The enactment of the National Sanitation and Hygiene Act to give legal effect to the Policy

VII.4. Setting up of the National Sanitation and Hygiene Agency and its organs, The secretariat and other collaborative structures

VII.5. Resource mobilization

