

**KINGDOM OF ESWATINI**

**MINISTRY OF HEALTH**

***NATIONAL SANITATION AND HYGIENE STRATEGY***

***2019-2023***

## FOREWORD

Sanitation and hygiene plays a pivotal role in both social and economic development of an individual, community and for the Nation. Increased access to improved sanitation and hygiene facilities and services contribute to the health and well-being of the population which in turn drive the nation's economy. Eswatini's overall development objectives and planning tools are driven by the National Development Strategy (NDS 2018) also known as Vision 2022. The Ministry of Health through the Environmental Health Department aims to achieve 100% access to improved water and sanitation by 2023. To track progress made in water and sanitation, Eswatini subscribes to the Sustainable Development Goals (SDGs). SDG #6 advocates for ensuring availability and sustainable management of water and sanitation for all by 2030.

The National Environmental Health Policy of 2002, the Draft National Health Sector Strategic Plan (2019-2023) and the National Sanitation and Hygiene Policy 2019 prioritize environmental sanitation. This strategy aims to support the achievement of the stipulated targets and to increase household sanitation coverage from 46% (Eswatini Household Income and Expenditure Survey (EHI and ES) 2016/17) to 100% by 2023.

Eswatini has made great strides in increasing both its improved water supply and sanitation coverage with the former at 75.6% (EHI and ES 2016/17) of communities accessing safe water supply whereas improved sanitation facilities indicated national sanitation coverage of 46%. The combination of the Participatory Hygiene and Sanitation Transformation (PHAST) and Community Led Total Sanitation (CLTS) approaches to community and household hygiene has helped the sector in reaching more communities with the goal of ending open defecation (OD).

Despite this institutional arrangement, sanitation coverage remains low, regulation and enforcement capacities need to be updated, monitoring and evaluation of the sector must become reliable and sector budget upgraded so to meet the national objectives. The sector needs to strengthen coordination and revise the role of the Government to optimize the allocation of resources.

This National Sanitation and Hygiene Strategy identifies and highlights key strategic issues and counter strategies to these challenges and sieves development prospects.



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**Principal Secretary**

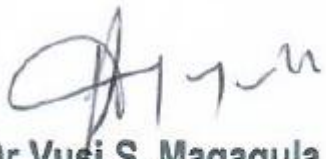
**Ministry of Health**

## ACKNOWLEDGMENT

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The Ministry of Health wishes to acknowledge the expert contributions of the Technical Working Group for their invaluable guidance and support towards the development of the strategy. Special recognition is due to UNICEF for their financial and technical support, without which the strategy could have not been developed. We are also grateful for the technical contributions from stakeholders.

To all, we say thank for your valuable input and continued collaboration.



**Dr Vuşi S. Magagula**

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**ACRONYMS**

AEHO	Area Environmental Health Officer
CEHO	Chief Environmental Health Officer
CH	Constituency Headman,
CLTS	Community Led Total Sanitation
DSW	Department of Social Works
DWA	Department of Water Affairs
EH	Environmental Health
EHA	Environmental Health Assistant
EHD	Environmental Health Department
EHO	Environmental Health Officer
EU	European Union
GBV	Gender Based Violence
GIS	Geographical Information Systems
GPS	Global Positioning systems
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
JMP	Joint Monitoring Programme
MHM	Menstrual Hygiene Management
MDG	Millennium Development Goals
MHUD	Ministry of Housing & Urban Development
MICS	Multiple Indicator Cluster Survey
MNRE	Ministry of Natural Resources & Energy
MEPD	Ministry of Economic Planning and Development
MoET	Ministry of Education and Training
MoH	Ministry of Health
MP	Member of Parliament
MTRA	Ministry of Tinkhundla & Regional Administration
NCPA	National Coordinating Point- Administration
NCPT	National Coordinating Point – Technical
NEHP	National Environmental Health Policy
NGO	Non-Governmental Organisation
NHSSP	National Health Sector Strategic Plan
NSHP	National Sanitation and Hygiene Policy
NSHCT	National Sanitation and Hygiene Coordination Group
NSHTWG	National Sanitation and Hygiene Technical Working Group
OD	Open Defecation
O&M	Operation and Maintenance
PEHO	Principal Environmental Health Officer
PHAST	Participatory Hygiene and Sanitation Transformation
PRSAP	Poverty Reduction Strategy and Action Plan
PHC	Primary Health Care

RDCC	Regional Development Coordinating Committee
RHM	Rural Health Motivator
RSHO	Regional Sanitation and Hygiene Office
RWSB	Rural Water Supply Branch
SDG	Sustainable Development Goals
SH	Sanitation and Hygiene
SHPC	Sanitation and Hygiene Project Cycle
SHSP	Sanitation and Hygiene Strategy and Policy
SWAPs	Sector Wide Approaches
SO	Strategic Objective
SWSC	Swaziland Water Services Corporation
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children’s Fund
VIP	Ventilated Improved Pit Latrine
WASH	Water, Sanitation and Hygiene
WASH MIS	WASH Management Information System
WATSAN	Water and Sanitation
WHO	World Health Organization

## WORKING DEFINITIONS

**Access:** By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation paying special attention to the needs of women and girls and those in vulnerable situations.

**Appropriate:** The most ideal application to suit a particular situation or condition

This requires investment in adequate infrastructure, provide improved sanitation facilities and encourage good hygiene practice at every level. Conduct sanitation and hygiene studies to detect factors affecting access.

**Behaviour change communication (BCC):** is an interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviours which are appropriate to their settings.

**Climate resilient:** Description of facilities designed with considerations for high tolerance to extreme climate conditions

**Community:** A group of people sharing the same geographic area, often using the same common property, identifying with each other and seeking to work together. Communities are not necessarily always cohesive.

**Community Led Total Sanitation (CLTS):** an innovative methodology for mobilising communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of OD status and take their own collective actions to become ODF (open defecation free).

**Community participation:** Community members voluntarily contribute ideas, labour, materials and management to local initiatives. Community participation gives rural consumers voice, uses local management capacity and is an instrument of empowerment.

**Community management:** Community management means that the communities are accountable and have authority over the operation and maintenance (O&M) of their WASH facilities.

**Coverage:** The physical presence of improved sanitation and hygiene infrastructure and/or services, enabling access, but may not guarantee use.

**Equity:** Equity means fairness and impartiality to all concerned. In the context of sanitation and hygiene it recognizes that there should be no policy, legal, technological barriers which exclude access to entitlements to any gender. Equity recognizes that people are different and may require support to overcome impediments that limit access or sustainability of service use.

**Gender:** While gender refers to biological differences between men and women, gender differences are also socially constructed, impacting the division of roles, responsibilities and power between women and men, boys and girls. These vary over time and between cultures, classes and age groups.

**Gender mainstreaming:** An approach in which equal participation between men and women is practiced in core-decision-making and at scale.

**Health promotion:** is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

**Household:** all persons living under one roof or occupying a separate unit, having either direct access to the outside or separate cooking facility. Where a member of a household are related by blood or law they constitute a family

**Homestead:** a cluster of several houses, typically occupied by a single extended family and often with an attached kraal.

**Hygiene:** conditions or practices conducive to maintaining state of good health and preventing disease, especially through cleanliness.

**Hygiene promotion:** Hygiene promotion is a planned approach that aims to reduce the incidence of poor hygiene practices and conditions that pose the greatest risk to the health of children, women and men.

**Institution:** an organisation, establishment, foundation, society or the like devoted to promotion of a particular course or program, especially one of a public, educational or charitable character.

**Public places:** Any place designated for public use e.g. motor parks, markets etc.

**Sanitation:** refers to the provision of facilities and services for the safe disposal of human urine and faeces, proper use of toilet and avoiding open space defecation. It also refers to the study and application of procedures and measures designed to protect public health as in the provision of clean water and proper disposal of sewage and waste.

**Improved sanitation:** Means safe disposal of human excreta and waste. Improved sanitation prevents human contact with excreta and promotes safe collection, storage, treatment and disposal/re-use/recycling of human excreta (faeces and urine)

**Total sanitation:** Means safe disposal of human and animal excreta, solid and liquid waste. It also promotes fencing of farm animals, sanitation around water points and general cleanliness of the surroundings.

**Sanitation Ladder:** Range of technology options of facilities for safe excreta disposal; Households will be using different types of latrines based on their choice and affordability and as the socio-economic status and awareness increases, there will be, most likely, a shift in upgrading the existing latrine. The ODF condition implies the absence of any excreta in open. Squatting in a hole and covering it amounts to an ODF condition, from that to a flush toilet connected to a septic tank or sewer, there could be a range of options for safe disposal of excreta that could be thought of. It is something like climbing a

ladder from a low-cost option to a prohibitive cost option. There are much technology option which includes; sanitary platforms, ecological sanitation latrines, ventilated improved pit-latrines, pour flush latrines, Water closet/cisterns connected to piped sewers or connected to septic tanks.

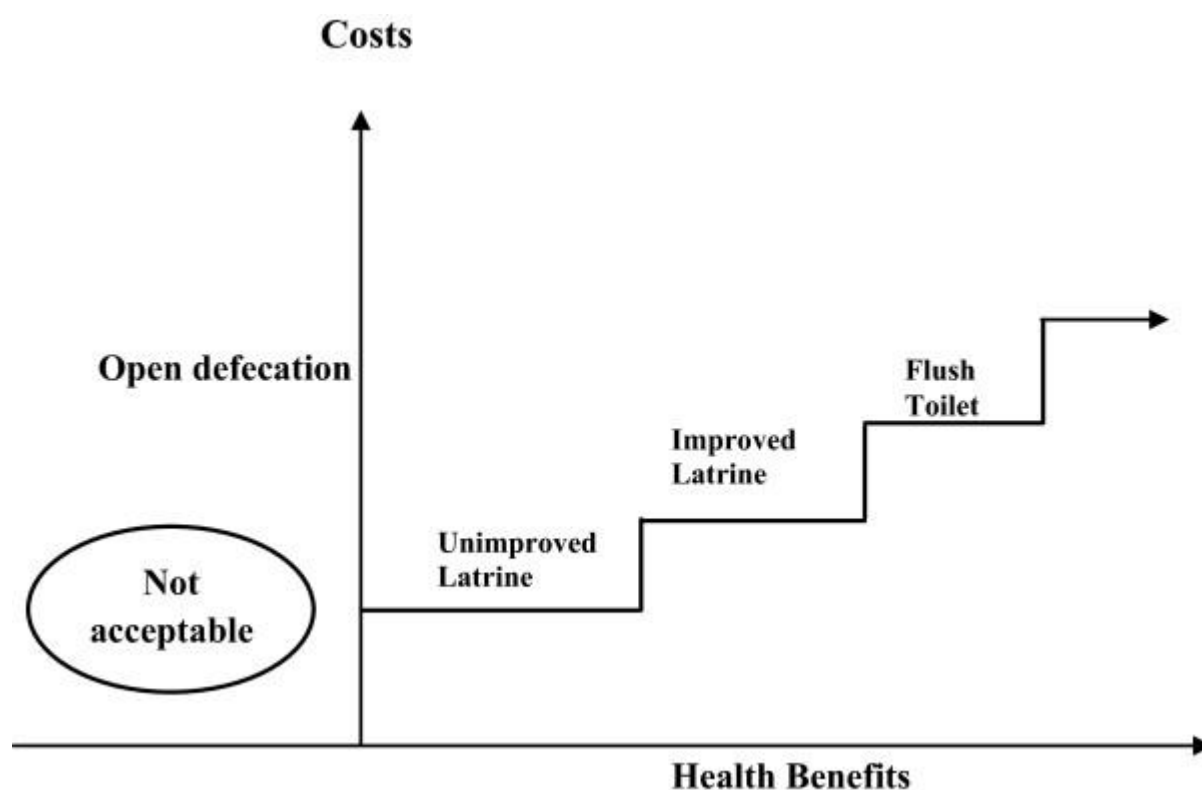


Figure 1: Sanitation Ladder

**Participatory methodologies:** Techniques and materials used in group mobilization or education. They should be adapted to the environment, socio-cultural and economic circumstances of the group one is working with.

**Participatory Health and Hygiene Education:** An approach that aims to empower men, women, young, old, rich and poor with health and hygiene awareness and promotes good behaviour changes to eliminate water and sanitation related diseases. The methodology recognizes that people will only change their behaviour if they have been given an opportunity to analyse their situation and consider options for improvement. PHHE uses methods and visual materials (toolkits) that stimulate participation of communities in making these informed decisions.

**Poverty:** Poverty is the state of one who lacks material possessions or money and is unable to afford basic human needs. These commonly include clean water, nutrition, health care, education, clothing and shelter.

**Vulnerability:** This refers both to external experience, through sudden shocks such as gender based violence (GBV), death or natural disasters, which leave people or entities exposed or defenceless; and also internal vulnerability when coping mechanisms, have broken down.

**Shared sanitation facility:** are sanitation facilities used by two or more households. They are excluded from the definition of improved sanitation regardless of the service level. Shared facilities also include public toilets.

**Non-shared sanitation facility:** are sanitation facilities used by a single household

**Sanitation facility:** facilities that ensure hygiene separation of human excreta from human contact also known as safe excreta disposal and, they include flush toilet, VIP and pit with slab.

## EXECUTIVE SUMMARY

The National Health Policy (2016) calls for the promotion of safe water, sanitation and hygiene (WASH), and operationalised in the Draft National Health Sector Strategic Plan (NHSSP 2019-2023). The National Health Sector Strategic Plan indicates the need to increase access to improved sanitation and hygiene from 46% (EHI and ES2016/2017) to 100% by 2023. According to the National Environmental Health Policy (2002), low levels of coverage for water supply, sanitation services and poor hygiene practices underscore the need for assuring long term national development plans for maintaining good environmental health and creating demand driven services by consumers. The National Development Strategy (Vision 2022) commits government at all levels to ensure adequate sanitation, including the provision of facilities for persons with disabilities. Sustainable Development Goal #6, to which the Kingdom of Eswatini subscribes to, speaks to the achievement of access to adequate and equitable sanitation and hygiene for all, and end open defecation by 2030.

The national budget for sanitation is lower than the recommended 0.5% of GDP leading to the budgetary limitations of Environmental Health Department thus limiting the progress of sanitation coverage and good hygiene practices. Robust monitoring and evaluation mechanisms are required to ensure progress is sustained with effective knowledge exchange and information management to enhance stakeholder support. Sustained access to sanitation is hindered by factors such as poverty, vulnerability and insufficient funding among others.

This Strategy aims at increasing access to improved sanitation and hygiene services in the country employing six strategic pillars. These are: Institutional Strengthening and Legal Frameworks, Infrastructure, Research and Development, and Capacity Building and Empowerment, Sector Financing and Monitoring and Evaluation. These are meant to achieve improved Sanitation and Hygiene services to reduce water related diseases. The main strategic objective will be achieved through effective coordination of stakeholders in support of the national government. The strategy advocates for a service package which constitutes hygiene education and construction of sanitary facilities with clear public accountability to ensure quality service. The strategy also acknowledges issues that may influence achievement of its objectives such as climate change, gender and other issues of health importance. Community engagement will be facilitated through Participatory Hygiene and Sanitation Transformation (PHAST) and Community Led Total Sanitation (CLTS) by qualified facilitators.

The WASH sector has made considerable progress which needs to be maintained and scaled up with close collaboration between the Ministry of Health (MoH) and Ministry of Natural Resources and Energy (MNRE) on community WASH projects. The coordinated involvement of development partners, Non-Government Organizations (NGO), communities, private sector and other government ministries will contribute to the increased sanitation coverage. Demonstration projects for new and affordable sanitation technologies and methodologies have been successful and lessons learnt need to be documented.

Monitoring and evaluation of this strategy shall be based on an action plan outlined in this document, and it will be conducted biannually, midterm and end of term.

## TABLE OF CONTENTS

Foreword.....	i
Acknowledgement.....	ii
Acronyms.....	iii
Working Definitions.....	v
Executive Summary.....	ix
1. Contextual Background.....	1
1.1. Government's efforts to promote sanitation and hygiene.....	1
1.2. Challenges in the sector.....	3
2. Sector structure and coordination.....	4
2.1. Institutional roles and responsibilities.....	5
3. Rationale for the National Sanitation and Hygiene Strategy.....	9
4. Guiding principles of the Sanitation and Hygiene Strategy.....	10
5. Overall strategic objectives.....	12
5.1. Strategic pillars.....	12
5.1.1. Pillar 1: Institutional and legislative framework.....	12
5.1.2. Pillar 2: Awareness raising and capacity building.....	13
5.1.3. Pillar 3: Infrastructure development.....	14
5.1.4. Pillar 4: Research and development.....	15
5.1.5. Pillar 5: Sector financing.....	16
5.1.6. Pillar 6: Monitoring and evaluation.....	17
6. Strategic cross cutting issues.....	18
6.1. Gender.....	18
6.2. Climate change.....	18
6.3. Disability.....	19
7. Strategy implementation and review.....	19
7.1. Annual work planning and reporting.....	19
7.2. Review and evaluation.....	19
8. Action plan.....	20
9. National Sanitation and Hygiene annual work plan, 2019-2020.....	28

**Figures**

Figure 1: Sanitation ladder.....vii

Figure 2: Proportion of population using improved sanitation facilities.....10

**Tables**

Table 1: Sanitation estimates for Eswatini.....4

Table 2: Institutional roles and responsibilities.....5

Table 3: Action plan.....20

Table 4: Sanitation and hygiene annual work plan, 2019-2020.....28

## 1. CONTEXTUAL BACKGROUND

The Ministry of Health has an obligation to ensure equitable and affordable access to health and basic services to the entire population of Eswatini, as a basic human right. The National Health Policy (2016) calls for promotion of a healthy environment which includes the provision of safe water, sanitation and hygiene (WASH). In line with this policy statement, the Ministry of Health has prioritized increased access to improved sanitation and hygiene services in the Draft National Health Sector Strategic Plan (2019-2023) to operationalize the key interventions and ensure the scale up that is required to achieve national targets for basic sanitation (strategic objective number six (SO6). The Strategic Plan, as a way of influencing health actions in key health sectors, calls for improved access to sanitation and hygiene in both rural and urban communities to attain the expected national target of 100% by 2023 from a baseline of 46% (EHI and ES 2016/17). The Multiple Indicator Cluster Survey (MICS) 2014 indicates that 11% of the population practices open defecation and Joint Monitoring Program (JMP) 2017 indicates hygiene coverage is at 26%.

According to the National Environmental Health Policy (2002), coverage for water supply, sanitation services and poor hygiene practices are at low levels and this accentuates the need for assuring long term national development plans for environmental health maintenance and high demand creation for services by consumers. The policy further states that the rural population contributes through self-help and community participation while urban and informal settlement populations invest in their environmental health schemes. The policy highlights that communities have not changed attitudes and practices pertaining to Sanitation and Hygiene. Consequently, high incidence and prevalence rates of communicable diseases such cholera, dysentery etc. All Environmental Health programmes are developed based on the principles of Primary Health Care approaches and other international declarations and protocols that the Kingdom of Eswatini is signatory to.

Sustainable Development Goal #6 speaks to achievement of access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations. The goal emphasizes support and strategies for strengthening community level management of water supply, sanitation and hygiene services.

### 1.1. Government efforts to promote Sanitation and Hygiene

The following strategic documents provide a common strategic framework to guide interventions of government and stakeholders in Eswatini towards achieving sustainable development in the sub-sectors.

- Eswatini Constitutions, 2005
- National Development Strategy (Vision 2022)
- Poverty Reduction Strategy and Action Plan, 2007
- National Health Sector Strategic Plan II (2014-2018)
- National Health Policy, 2016
- National Environmental Health Policy, 2002
- National Water Policy, 2018

- National Sanitation and Hygiene Policy (NSHP), 2019
- Water, sanitation and hygiene (WASH) sector strategic development plan (WASH SDP) (2017-2022)

The relevant existing legal and regulatory instruments that frame the development of the sector are listed below:

- Eswatini Water Act, 2003
- Public Health Act, 1969. This act is currently being refined and updated
- Environment Management Act, 2002
- Water Services Corporation Act, 1992
- Waste Water Regulations, 2000
- Water Pollution Control Regulations, 2010

The strategy implements the National Sanitation and Hygiene Policy (NSHP, 2019). These two strategic documents will guide the implementation of activities and development of reliable sanitation services to meet the SDG by 2030.

Being developed in parallel, the Sanitation and Hygiene Regulations will complement the national strategic documents to enable the provision of safe and reliable sanitation and hygiene services throughout the country, covering urban, peri-urban, small towns, and rural areas.

The National Sanitation and Hygiene Policy 2019 is the first of a three-part set of strategic documents on sanitation and hygiene management for Eswatini. It provides a framework and guidelines to help shape its long-term National Sanitation and Hygiene Strategy for the benefit of Eswatini population.

The National Development Strategy (NDS) 2018 clearly states that the Kingdom of Eswatini (national) government commits to provision of adequate sanitation, including the provision of facilities for persons with disabilities. The regulation of sanitation infra-structure in urban areas, especially in new developmental schemes, facilitates the provision of such facilities.

The NDS 2018 also states that government will also strengthen and intensify programs to educate communities on the relationship between safe water, sanitation, hygiene and health. Strengthen and provide capacity building, training and development programs for personnel in both the public sector and NGOs in order to render them a viable force for dealing with sanitation issues, particularly in peri-urban and rural areas. Strengthen the teaching of sanitation and hygiene in the school curricula and promote waste management mechanisms including the recycling of waste and refuse materials.

**The NSHP 2019 has the following policy objectives;**

Objective 1: Facilitate, promote and regulate the participation of actors who will raise household sanitation coverage to 100%.

Objective 2: Implement and sustain improved sanitation for schools, health care facilities and other public institutions and locations

Objective 3: Promote, regulate and enforce access to improved sanitation facilities in every work place and public/private gatherings

Objective 4: Facilitate, support and regulate safe wastewater management from industrial origin

Objective 5: Develop and sustain safe, well-regulated and affordable collective off-site sanitation services (sewerage and sludge collection, treatment and disposal), and promote recycling and reuse of waste water

Objective 6: Promote hygiene behaviour change and change of social norm

Objective 7: Ensure efficient monitoring and evaluation of the sanitation and hygiene sector performance

Objective 8: Align resources and optimize leverage of public financing

Objective 9: Enact and update laws, regulations and standards, for all levels of the Eswatini society, in order to protect public health

Objective 10: Develop the sector's institutional and capacity building framework

## **1.2. Challenges in the sector**

The institutional, financial and service level challenges for the fast-growing informal settlements need to be addressed in a holistic way. Informal growth is not only restricted to major towns but is also affecting outlining rural growth centres (Luve, Siphofaneni, Ngculwini, Buhleni, Kwaluseni and many more). The WASH programme has not been sufficiently focused on improving services for the poorest households and particularly households who practice open defecation. The options available for sanitation facilities does not adequately cater for the specific needs of vulnerable groups, such as the physically challenged, elderly, physically infirm and children.

The sanitation and hygiene bottleneck analysis (2015) conducted by MoH in conjunction with UNICEF indicated that community leaders are not effectively supporting and advocating for sanitation and hygiene within their constituencies. Changing social practices and norms is dependent on effective participation and support of community leaders. Poverty and vulnerability especially for rural and informal settlement populations reduces sanitation access figures due to insufficient funding for Sanitation and Hygiene. A lack of clear subsidy criteria has led to poor resource allocation and implementation of sanitation and hygiene projects. Poverty reduces the capacity of populations to climb the sanitation ladder. The Eswatini Household Income and Expenditure Survey 2016/17, indicated 47% national sanitation coverage. Informal settlements on the boundary of urban areas present multiple challenges for sanitation as shared sanitation facilities are prevalent which results in a percentage ratio decline in population accessing improved sanitation facilities. This has resulted to urban population having lower access to sanitation services as compared to rural areas.

The sector lacks a robust health management information system (HMIS) or WASH MIS due to inadequate information and knowledge management systems and processes. This is further exacerbated by irregular documentation and record system of progress. There is need for structured operational research and development, monitoring and evaluation of the implementation of annual plans to ensure that progress is tracked and sustained with a clear feedback mechanism. The increased sector information management will enable effective and enhanced stakeholder support which would inform proper planning for informed decision making towards achieving national SDG targets and global sanitation and hygiene targets.

Table 1: 2015 JMP Sanitation Estimates for Eswatini

<b>TOTAL SANITATION</b>				
<b>Estimated coverage 2015 update</b>				
<b>Year</b>	<b>Improved</b>	<b>Shared</b>	<b>Other unimproved</b>	<b>Open defecation</b>
<b>1990</b>	<b>49%</b>	18%	8%	25%
<b>1995</b>	<b>49%</b>	18%	8%	25%
<b>2000</b>	<b>52%</b>	19%	6%	23%
<b>2005</b>	<b>54%</b>	20%	7%	19%
<b>2010</b>	<b>57%</b>	20%	8%	15%
<b>2015</b>	<b>57%</b>	21%	8%	14%

The urban population continues to grow rapidly because of rural-to-urban migration. This high increase in the urban population is not matched by growth in urban infrastructure, including housing, water supply, sanitation and waste removal. Access to sanitation services is dropping. Sanitation approaches does not meet the demands in informal resettlement areas.

The WASH sector presently has low capability in monitoring, does not have a current sanitation inventory and lacks a structured system for knowledge management, including documentation, analysis and sharing of lessons learnt. There is no nationally agreed and adopted monitoring and evaluation framework with clear indicators and no clear line of reporting sanitation issues for organization involved in WASH. The lack of clear data on WASH issues has limited the effectiveness of sector advocacy.

Sector monitoring lacks modern information collection (including water supply and sanitation mapping approaches, web-based data-bases, GPS/GIS, and other mobile to web technologies) to speed up sector data collection, monitoring and evaluation.

## **2. SECTOR STRUCTURE AND COORDINATION**

The success of any sector initiatives rests on the effective coordination of different stakeholders to optimise all investments and outcomes. Effort will be made by EHD and partners to strengthen existing coordination mechanisms striving for more coherent and complementary approaches to delivering services. Many of the organisations supporting the activities performed by the EHD, have an influence on the broader water sector and its programmes. It is therefore of vital importance that an effective and functional coordination mechanism be in place. The detailed knowledge that exists within the sector is an invaluable resource to decision and policy makers and a coordinated contribution to the development of national policies are highly desirable. All organisations that are active in the broader water sector need to know what others are doing and contribute to a common vision and objective.

This helps to avoid duplication of efforts, increases the optimal use of scarce resources and supports equal opportunities for future development. The coordination forum also gives the opportunity to review

sector plans when they are developed, as part of the National Development Strategy process. When the forum meets, relevant plans should be monitored and assessed and all stakeholders should present their own work plans and contributions to update the sector plans.

There is an existing forum in place for fostering coordination where the EHD meets on a regular basis with partners. The weekly inter-ministerial meetings with DWA where work plans were shared will be revived. The monthly Regional Development Coordinating Committee meetings where different sectors meet will be strengthened. There is also a Water and Sanitation Hygiene (WASH) forum which is an independent and impartial stakeholder's forum for coordination and information exchange among stakeholders on cross-sectoral and related issues and activities. The advantage of this mechanism is that it builds on existing structures, supports capacity building and enables rapid broad participation. The urban water and sanitation Utility Eswatini Water Services Corporation (EWSC) interacts with all levels through Municipal councils, Forum and with MNRE.

### 2.1. Institutional roles and responsibilities

The National Sanitation and Hygiene Policy 2019 acknowledges a number of institutions whose roles and responsibilities are outlined in the Table 2 below.

Table 2: Institutional Roles and Responsibilities

	<b>INSTITUTION/AGENCY</b>	<b>ROLES AND RESPONSIBILITIES</b>
	Ministry of Health (MoH)	<ul style="list-style-type: none"> <li>• Custodian of the National Sanitation and Hygiene Policy and monitoring its implementation.</li> <li>• Validate strategic documents.</li> <li>• Approve regulation.</li> <li>• Approve and allocate budget for the Sanitation and Hygiene Unit</li> </ul>
	Environmental Health Department (EHD)	<ul style="list-style-type: none"> <li>• A department under the Ministry of Health responsible for the coordination of the overall sanitation and hygiene sector.</li> <li>• Lead the promotion of sanitation services and hygiene practice and behaviour change in both urban and rural areas.</li> <li>• Formulate, review and update strategic documents.</li> <li>• Formulate, review and update regulations to govern implementation of sanitation and hygiene related matters.</li> <li>• Review strategic Action Plans.</li> </ul>

<b>C E N T R A L  L E V E L</b>	Sanitation and Hygiene Unit (SHU)	<ul style="list-style-type: none"> <li>• Established under the MoH-EHD for the implementation and monitoring of the National Sanitation and Hygiene Strategy and Action Plan.</li> <li>• Facilitate the coordination with the MNRE-DWA for WASH related activities.</li> <li>• Support the MoET for sanitation and hygiene related activities in schools.</li> <li>• Coordinate the National Sanitation and Hygiene Coordination Team.</li> <li>• Publish Annual Sanitation and Hygiene Sector performance report</li> <li>• Support and promote private sector's participation and contributions in sanitation and hygiene management.</li> <li>• Provide technical support for on-site sanitation.</li> <li>• Promotion of knowledge management.</li> <li>• Promotion of research and development</li> <li>• Provides hygiene education and training to improve drinking water quality.</li> </ul>
	Health Promotion Unit (HPU)	<ul style="list-style-type: none"> <li>• A unit under the Ministry of Health that promote awareness campaigns and behaviour change.</li> </ul>
	Monitoring & Evaluation Unit	<ul style="list-style-type: none"> <li>• A unit under the Ministry of Health that monitors the progress through data collection and analysis.</li> </ul>
	Ministry of Natural Resources and Energy (MNRE)	<ul style="list-style-type: none"> <li>• Responsible for providing general management of land, minerals, water and energy resources.</li> </ul>
	Department of Water Affairs (DWA)	<ul style="list-style-type: none"> <li>• A department under the MNRE responsible for supplying water in rural areas.</li> <li>• Coordinate between water supply projects and sanitation development.</li> </ul>
	Ministry of Housing and Urban Development (MHUD)	<ul style="list-style-type: none"> <li>• Facilitate the delivery of housing and urban services through appropriate physical planning and strengthening the institutional capacity of urban local authorities.</li> </ul>
	Department of Urban Government (DUG)	<ul style="list-style-type: none"> <li>• A department under the MHUD responsible of urban development.</li> <li>• Provide support for sanitation infrastructure development and maintenance in urban areas.</li> <li>• Provide building plans approvals.</li> <li>• Provide support for the safe delivery of vacuum tanker service and sludge disposal in urban areas.</li> </ul>

Ministry of Education and Training (MoET)	<ul style="list-style-type: none"> <li>• Implement sanitation and hygiene facilities in schools.</li> <li>• Provide training to teachers.</li> <li>• Provide manual for sanitation and hygiene activities in school.</li> <li>• Provide a budget for schools to maintain high level of sanitation and hygiene services.</li> <li>• Develop specific training for sector's professionals.</li> </ul>
Ministry of Finance (MoF)	<ul style="list-style-type: none"> <li>• Formulate and implement fiscal and financial policies that optimize economic growth and improve the welfare of its citizens.</li> <li>• Release adequate budgets on time to the sanitation and hygiene sector.</li> <li>• Develop financial incentive mechanisms for the sanitation sector.</li> </ul>
Ministry of Tinkhundla Administration and Development (MTAD)	<ul style="list-style-type: none"> <li>• Promote the Tinkhundla system of governance through effective coordination and delivery of services to the people.</li> <li>• Support community development through participatory approach.</li> <li>• Support local administration to develop enabling legislative environment.</li> <li>• Strengthen local information management systems.</li> <li>• Provide financial subsidies to the poorest quintile of the population to access safely managed sanitation services.</li> </ul>
Public Policy Coordination Unit (PPCU)	<ul style="list-style-type: none"> <li>• Facilitate the drafting, review and update of the National Sanitation and Hygiene Policy.</li> </ul>
National Sanitation and Hygiene Coordination Group (NSHCT)	<ul style="list-style-type: none"> <li>• Coordinate implementation of activities and optimize resources.</li> <li>• Facilitate the evaluation and monitoring of the sector.</li> <li>• Debate and refine priorities and action plans.</li> <li>• Support the review and drafting of national documents: policy, strategy, regulation, standards, guidelines, manuals.</li> <li>• Facilitate organisation of events.</li> <li>• Inform about sector's progress.</li> </ul>
WASH Forum	<ul style="list-style-type: none"> <li>• Facilitate the flow of information within the sector.</li> </ul>
Eswatini Water Services Corporation (EWSC)	<ul style="list-style-type: none"> <li>• Parastatal organization accountable for the provision of sewerage services as well as wastewater and faecal sludge treatment in urban areas.</li> <li>• Provide technical support for collective sanitation.</li> <li>• Set sewerage and treatment tariffs.</li> </ul>

	Eswatini Environment Authority (EEA)	<ul style="list-style-type: none"> <li>• National regulating body for environmental issues.</li> <li>• Regulate and enforce sewerage services.</li> <li>• Regulate and enforce package plant management.</li> <li>• Develop, review and update effluent discharge standards.</li> <li>• Review and approve Environmental and Social Impact Assessment Studies.</li> <li>• Enforce mitigation plans.</li> <li>• Deliver permit and license to sanitation service operators.</li> </ul>
	Eswatini Standards Authority (EWASA)	<ul style="list-style-type: none"> <li>• Validate standards related to the sanitation and hygiene sector.</li> </ul>
	Ministry of Economic Planning and Development	<ul style="list-style-type: none"> <li>• Coordinate external aid</li> <li>• Conduct national statistical survey</li> <li>• Coordinate all planning activities at ministerial level</li> </ul>
R E G I O N A L	EHD regional offices	<ul style="list-style-type: none"> <li>• Implement, follow up and monitor Rural Sanitation Programs.</li> <li>• Conduct awareness campaigns and behaviour change.</li> <li>• Support households to gain access to basic sanitation services and hygiene services (trainings, material provision and technical support)</li> <li>• Provide or delegate faecal sludge emptying service.</li> <li>• Supervise and regulate the local service providers.</li> </ul>
	EWSC regional offices	<ul style="list-style-type: none"> <li>• Operate and maintain sewerage systems in Town Councils and RGC</li> <li>• Report to the central office.</li> </ul>
L O C A L	Municipal Councils (Mbabane and Manzini)	<ul style="list-style-type: none"> <li>• Provide or delegate sanitation services (faecal sludge emptying service, public toilet service).</li> <li>• Supervise and monitor delegated public services.</li> <li>• Evaluate service performance.</li> <li>• Regulate local service providers.</li> <li>• Regulate the use of improved sanitation and open defecation practice.</li> </ul>
	Town Councils and Rural Growth Centres	<ul style="list-style-type: none"> <li>• Provide or delegate public toilet service.</li> <li>• Regulate the use of improved sanitation and open defecation practice.</li> </ul>
	Schools	<ul style="list-style-type: none"> <li>• Provide high level of sanitation and hygiene services in schools.</li> <li>• Teach appropriate hygienic practice and promote</li> </ul>

L E V E L		behaviour change.
	Health Care Facilities	<ul style="list-style-type: none"> <li>• Provide access to improved sanitation and hand washing facilities with water and soap in health care facilities.</li> </ul>

### 3. RATIONALE FOR THE SANITATION AND HYGIENE STRATEGY

The Ministry of Health's annual budget for sanitation and hygiene is 0.016% is well below the 0.5% of GDP as directed by the 2008 eThekweni Declaration and reinforced by the 4<sup>th</sup> Session of AfricaSan. This is adversely affecting the rate at which progress is being made towards reaching the national goals for sanitation coverage and good hygiene practices.

46% of the population have access to improved sanitation facilities (EHI and ES 2016/17), MICS (2014) indicates that 11% of the population practices open defecation and JMP 201 indicates that hygiene coverage is at 26%. Two of the main diseases that are commonly transmitted through the faecal-oral route and severely affect children in Africa are diarrhoea and pneumonia. Diarrhoea is the second biggest killer of children in Swaziland, while pneumonia is responsible for 18% of all child deaths (NSHP 2017) and the vulnerability assessment committee reports indicates the prevalence of stunting at 25.5%. Diarrhea has an effect on nutrition absorption contributing to the 25.5% stunting rate in children less than 5 years old.

Washing hands with clean water and soap can drastically reduce this infant mortality and stunting rates. In order to cope with these challenges as well as to comply with the Sustainable Development Goal (SDG) targets to which the country subscribed – ending open defecation and 100% of sanitation coverage by 2030 –the MoH-EHD with the support of UNICEF initiated the development of the National Sanitation and Hygiene Strategy (2019-2023). Currently the capacity of the Environmental Health Department is weak to effectively lead and implement its mandate of ensuring that the country attains ODF status by 2030.

This strategy provides an overview of the country's direction in achieving access to improved Sanitation and Hygiene services including guidance in terms of reduction of water related diseases. It is a resource mobilization tool within government and development partners in guiding multi sectoral partners on the priority interventions in Sanitation and Hygiene.

To guide a targeted approach for scaling up access to improved Sanitation and Hygiene services in the Kingdom of Eswatini, the Ministry of Health in collaboration with stakeholders has developed this strategy to ensure 100% sanitation coverage by 2023 in line with the Draft National Health Strategic Plan II (2019-2023).

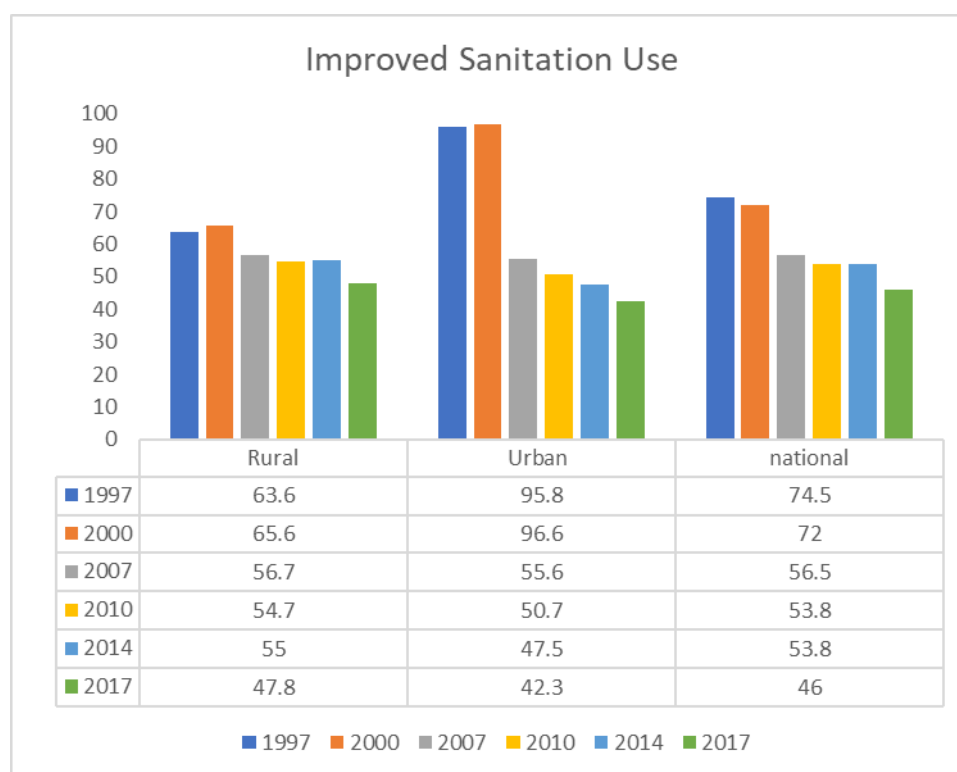


Figure 2: Proportion of Pop Using Improved Sanitation Facilities – Source Swaziland 2015 MDG Report and Eswatini Household and Income and Expenditure Survey 2016-2017

#### 4. GUIDING PRINCIPLES OF THE NATIONAL SANITATION AND HYGIENE STRATEGY

The formulation of the National Sanitation and Hygiene Strategy is guided by a number of principles, namely:

##### 4.1. Recognition of a clean and healthy environment and sanitation as human rights:

The NSHP 2019 recognizes that enjoyment of a clean and healthy environment and access to basic sanitation services defined as an improved sanitation facility that is not shared with other households are guaranteed human rights. It shall therefore be the responsibility of the state to employ the best and equitable measures to enable the widest possible enjoyment of these rights.

##### 4.2. Recognition of sanitation and hygiene promotion as cost-effective preventive means in public health:

Good sanitation and hygiene practice is the best means of preventing adverse public health conditions. Sanitation and hygiene promotion, advocacy and campaigns shall be therefore conducted to improve public health standards in the various environments, at individual, household, community, school, and institutional levels.

#### **4.3. Sector-Wide Approaches (SWAPs):**

Sanitation development requires essentially a multi sectoral approach combining safe sanitation, hygiene education and promotion and safe water supply to ensure improved health and livelihood. The successful promotion and implementation of sanitation programmes and services will require the involvement of all stakeholders in all stages of the sanitation process from the pre-planning stage, through implementation to monitoring and evaluation stages.

#### **4.4. Equity:**

The poor suffer most from lack of access to basic sanitation facilities and services. Access to sanitation for the poorest and most vulnerable segments of the population shall be ensured as a means of improving their socio-economic status and achieve a significant improvement in the lives dwellers in informal settlements by 2015 (The Eswatini Poverty Reduction Strategy and Action Plan (PRSAP 2007).

#### **4.5. Gender responsiveness and social inclusion:**

Vulnerable sections of the community, children, women, older members of society and persons with disability shall be given priority attention in environmental sanitation promotion. The planning of, investment in, and the promotion of sanitation facilities must therefore address the special needs, interests and priorities of women and girls, the elderly and persons with disability with due consideration for men and boys to ensure adequate access, usage and maintenance of the facilities.

#### **4.6. Ownership with responsibility:**

Enabling institutional structures shall be put in place to guide sanitation activities at various levels. The ownership of the facilities shall be matched with the responsibility for operation and maintenance at national, county and municipal levels, households and the communities.

#### **4.7. Promotion of sustainable, appropriate and affordable technology options:**

A variety of affordable and appropriate sanitation systems must be available to all users. 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.

#### **4.8. Sustainable sanitation financing:**

It shall be an obligation of the national and county governments and municipal authorities to establish enabling and sustainable financing mechanism(s) for sanitation services and development and to make yearly budgetary provisions with timely release for the implementation of sanitation plans, programmes, activities, services and functions. The private sector, communities and individuals shall be encouraged and mobilised to contribute towards funding hygiene and sanitation services and programmes.

#### **4.9. Monitoring and Evaluation (M&E):**

An effective monitoring and evaluation system shall be put in place at all levels to ensure coordinated and sustained development of the sanitation sector.

## 5. OVERALL STRATEGIC OBJECTIVE:

To ensure sustainable and affordable access to safe sanitation and hygiene services for all as a contribution to poverty reduction, public health, economic and environmental protection by 2023.

The strategy is anchored on three domains namely human resources (people and the knowledge and skills they require; improve knowledge base for sanitation development skills among service providers), institutional & infrastructural capacity (the systems and structures necessary to allow the human resource to be effective) and networks & partnerships (a means by which capacities requiring strengthening within and across settings and important for using resources effectively and priority setting).

### 5.1. Strategic Pillars

Pillar 1: Institutional and Legislative Framework

Pillar 2: Awareness Raising and Capacity Building

Pillar 3: Infrastructure Development

Pillar 4: Research and Development

Pillar 5: Sector financing

Pillar 6: Monitoring and Evaluation

#### 5.1.1. Pillar 1: Institutional and Legislative Framework

The Government of Eswatini is strengthening institutional structures and clarifying accountability at all levels for effective coordination and management of the WASH sector. The MoH is the national lead agency in collaboration with NGO's for sanitation and hygiene, focusing in rural areas, working with traditional authorities (Chieftdoms and constituencies). Urban Government working with EWSC is responsible for sanitation and hygiene issues in urban areas.

The Government of Eswatini is further giving priority to a holistic update of Environmental Health sector policies, which includes sanitation and hygiene in rural and urban contexts. Currently, the Environmental Health Policy, 2002, the Public Health Act, 1969 and the National Sanitation and Hygiene Policy 2019 are the legal instruments that mandate the MoH to oversee the sector interventions. MoH with support from stakeholders will advocate for the finalisation and enactment of the current Public Health Bill which will strengthen the sector regulatory framework.

The strategy will complement the Draft National Health Sector Strategic Plan 2019 - 2023 to ensure provision and access to Sanitation and Hygiene services in all public places and community gatherings and to strengthen Sanitation and Hygiene policy and legal framework to create an enabling environment for the scale up of Sanitation and Hygiene services by 2023.

**Objective:** By 2023 strengthen the Sanitation and Hygiene institutional and legal framework to enable scale up of sanitation and hygiene linkages, coordination and services to achieve National SDG 6 targets.

### Key Strategic Actions:

- Strengthen the existing sanitation and hygiene unit (SHU) within the MoH - EHD
- Set up and strengthen existing forums to coordinate implementation of WASH interventions at local, regional and national levels
- Develop sanitation and hygiene regulations and strategic documents including menstrual hygiene management (MHM)
- Review sanitation and hygiene guidelines/manual
- Enforcement of sanitation hygiene regulations
- Reconstitute, formalize and gazette national sanitation and hygiene coordination team (NSHCT)

#### 5.1.2. Pillar 2: Awareness Raising and Capacity Building

Awareness of the impact of sanitation and hygiene on health, well-being and the environment is very uneven across different communities, as evidenced by the extent of littering and illegal discharges of effluent, sewage and waste into the open environment which directly and/or indirectly lead to sanitation problems. The objectives of this pillar are to create awareness of sanitation and hygiene inclusive of cleanliness and waste management issues. For this reason, community campaigns designed and implemented in partnership with local stakeholders, including local & traditional authorities, regional administrators, civil society, religious groups and NGOs, form the foundation of the strategy to create awareness about sanitation and hygiene. Advocacy and capacity building will also target private and government institutions on sustainable sanitation and hygiene service delivery.

MoH will launch a long-term awareness campaign on waste management, to be implemented in a sustainable and incremental manner, with the objective of achieving behaviour changes. MoH will work with the Ministry of Tinkhundla Administration and Development responsible for rural areas to develop a coordinated national approach on sanitation and hygiene awareness that will provide common messages and promotional materials to support the campaigns. The national approach to sanitation and hygiene awareness will take into account existing communal, regional and national initiatives and will use the experience and expertise of government departments and NGOs already active in this field.

Sanitation and hygiene as well as waste management must include, as a cross-cutting issue, at the higher levels of the school curriculum, along with broader principles of sanitation and hygiene. Sanitation, hygiene and waste management as a topic in the curriculum will have to be strengthened through practical projects such as recycling and litter control. MoH will help the Ministry of Education and Training responsible for education to develop and review guidelines for sanitation, hygiene and waste management.

**Objective:** To increase communities' awareness and knowledge base on sanitation and hygiene services delivery including MHM and their social roles and responsibilities by 2023

**Key Strategic Actions:**

- Training of trainers on PHAST and CLTS methodologies at National and regional levels
- Conduct periodic (annually and as need arises) in-service training at National and regional levels for sanitation and hygiene officers across the WASH sector
- Build the capacity of sanitation and hygiene unit and assign dedicated staff for sanitation and hygiene (including MHM) at National and regional levels
- Training of community-based artisans on construction of latrines to promote private sector participation at regional and community levels
- Enforcement of sanitation requirements in all designated areas.
- Conduct Sanitation and Hygiene awareness and marketing campaign including MHM for all targeted areas
- Ending Open Defecation through creating awareness and training for communities where open defecation is prevalent including the involvement of influential people and role models.
- Promote good hygiene behaviour through awareness raising
- Strengthen the implementation of 3 Star approach in all schools
- Develop WASH proposals for funding and implementation

**5.1.3. Pillar 3: Infrastructure Development**

Infrastructure speaks to physical availability of sanitation and hygiene facilities for the safe disposal of human excreta and effective hygiene. Sanitation and Hygiene Infrastructure speaks to bathing facilities, hand washing facilities, latrines (household, institutional, or communal), excreta management, wastewater treatment and solid waste management (household). The strategy aims to guide the national investment in the provision of sanitation infrastructure to rural communities and urban areas.

The Strategy notes a significant gap in accurate data to inform infrastructure needs to planning. A systems approach is required on bridging across the traditional roles to recognize both the inevitable need to provide sanitation infrastructure solutions and the significant gains to be had by accelerating the rehabilitation of sanitation infrastructure or developing interim infrastructure solutions. The strategy notes the need to upgrade or expand the availability of sanitation infrastructure as an urgent concern that will facilitate adaptation to climate change effects in their design. There is further a gap which is created by the absence of a standard which will be used as guidelines to the type of sanitation facilities that are suitable for each designated area.

**Objective:** To increase national sanitation coverage from 46% to 100% by 2023

**Key Strategic Actions:**

- Conduct infrastructural GAP analysis to identify sanitation and hygiene needs
- Identify priority and designated areas that need sanitation and hygiene interventions
- Develop/review minimum construction guidelines and enforce implementation
- Identify, develop appropriate and affordable climate resilient sanitation technologies suitable for designated areas

- Incorporate the developed sanitation and hygiene technologies including MHM into the sanitation and hygiene manual.
- Ensure the availability and utilization of equitable sanitation and hygiene structures in targeted public places (schools, health care facilities and communities)
- Increase sewer reticulation at least by 30% in all municipalities
- Reduce by 10% the 29% households sharing sanitation facilities by 2023
- End open defecation by 2022
- Increase hygiene coverage from 26% to 80% by 2023

#### 5.1.4. Pillar 4: Research and Development

Research and development are critical elements in the sanitation sector as the demand for improved sanitation increases. It is necessary not just for identifying and adapting to appropriate technological choices, but also for evidence informed sanitation programming and service delivery. However, efficient translation of strong research findings into policies and practices remains weak. There are still research gaps in understanding the drivers of the poor sanitation by communities and geography; in evaluating effectiveness and efficiency of various interventions in addition to the effectiveness of proven efficacious technological options, programmatic interventions and consumer perception.

Timely collection and processing of data is essential to gather sufficient evidence for programming and development of policies. It is important that all interventions should be sensitive to multiplicity of data sources, disparity in methodologies and time frames and user-friendliness of data collected. However, due to resource limitations, the current capacity for sanitation and hygiene research is still lacking.

This Strategy thus aims to establish an effective research and development framework for sanitation to improve access to appropriate technologies and evidence-based planning.

**Objective:** To strengthen operational research and development on Sanitation and Hygiene services by 2023

#### Key Strategic Actions:

- Mobilise adequate funding for Research and Development focusing on facilities, technologies, methodologies and practice
- Promote private sector investment and public-private partnerships in sanitation and hygiene research and development.
- Conduct sanitation and hygiene researches and surveys at national and regional levels with a focus on consumer perceptions
- Promote collaboration with institutions of higher learning for sanitation and hygiene research, learning and knowledge management.
- Establish transparent criteria and procedures for regulating research and development
- Promote modelling of affordable and appropriate sanitation technologies

### 5.1.5. Pillar 5: Sector financing

The Ministry of Health's annual budget for sanitation and hygiene is 0.016% is well below the 0.5% of GDP as directed by the 2008 eThekweni Declaration<sup>1</sup> and reinforced by the 2015 Ngor Declaration<sup>2</sup>. This is adversely affecting the rate at which progress is being made towards reaching the national goals for sanitation coverage and good hygiene practices

Public finance is limited, and effective allocation, compatible with government's investment plans is vital. Clear public investment priorities shall motivate private investments and leverage public financing rather than financing or subsidizing investments directly.

The declining sanitation coverage in both urban and rural areas has shown the unsustainability of approaches that depend on donor aid and government subsidies. The precedent of subsidizing materials means that most rural households do not invest in their own sanitation services, either building new facilities or replacing full pits.

The government budget on sanitation is too low to meet the desired targets. The approach adopted has focused on technology and not aimed at eradication of open defecation. The strategy will be funded through collaborative support from government, UN and other Development Partners, Local Authorities as well as Non-Governmental Organizations. Households will be mobilized to fund their sanitation services while providing sanitation subsidies to the most poor and vulnerable population. Public funds would also focus on construction and management of institutional sanitation: at schools, clinics, markets and other public places.

At national level, the EHD, Municipalities and EWSC will continue to lobby central government to increase budgetary allocations to sanitation and hygiene. The expenditure will focus on demand creation, institutional sanitation and targeted subsidies for the most vulnerable and avoid blanket sanitation subsidies.

**Objective:** Align resources and optimize leverage of public financing by 2020

#### Key Strategic Actions:

- Create a specific Sanitation and Hygiene budget line in MoH national budget and track Sanitation and Hygiene expenditure across other government ministries and agencies.
- In line with the 2008 eThekweni Declaration and the 4th AfricaSan Conference, increase the MoH's annual budget for sanitation and hygiene progressively to reach at least 0.15% of the GDP at short term (2021) and 0.5% in the long term (2026)
- Allocate specific budgets for health facilities, primary and secondary schools to ensure delivery of appropriate sanitation and hygiene services.

<sup>1</sup> eThekweni Declaration (2008) - African Ministers' Council on Water (AMCOW): "*establish specific public sector budget allocations for sanitation and hygiene programmes.*"

<sup>2</sup> Ngor Declaration (2015) - 4<sup>th</sup> AfricaSan Session: commitment by ministers budget allocations amounting to 0.5% of their countries' respective Gross Domestic Product (GDP) to sanitation and hygiene by 2020.

- Develop a costed sanitation hygiene micro-plan for investments required to meet national and global target.
- Leverage public financing in sanitation and hygiene by developing a national incentive program that targets the private sector and industries.
- Develop a national subsidy program for the poorest quintile to access safely managed sanitation services and promote sustainability for rural sanitation and ODF communities.

#### 5.1.6. Pillar 6: Monitoring and Evaluation

Monitoring and Evaluation (M&E) is an integral part on the implementation of the Sanitation and Hygiene Strategy activities, essential to ensure both efficient and maximum benefit for individuals, their families and communities. An appropriate M&E system (framework) will allow documentation of the programme's impact, inform current practise (implementation) and guide future actions. The M&E system will also gather user feedback on new and innovative products and document the process and results to stimulate more interest in product development for bottom of the sanitation pyramid

The implementation and performance of the strategy will be monitored and evaluated through an M&E framework based on agreed set of indicators – aimed at defining the process by which the Sanitation and Hygiene Strategy shall be monitored and evaluated following a results-based approach. The results from the M&E process will be shared with all relevant stakeholders in order to maintain their interest in and support for Sanitation and Hygiene activities.

The M&E framework will also enable strategy performance monitoring towards achieving national SDG targets, sector transparency and accountability. It will also enable review of the Sanitation and Hygiene Strategy – useful for the documentation of lessons learnt and successes during the implementation of the strategy. Annual work plans and reports will be developed to set and/or review operational targets towards the achievements of the goal and objectives of the Sanitation and Hygiene Strategy.

The annual work plan will form the basis for the continuous monitoring on a monthly, quarterly and annual basis, whilst the strategy will form the basis for mid-term review and end-of-term review/evaluation.

**Objective:** Ensure efficient monitoring and evaluation of the sanitation and hygiene sector performance.

#### Key Strategic Actions:

- Conduct a scoping study / appraisal of the existing M&E system
- Build capacity of the M&E Unit of the MoH and strengthen the existing M&E system to develop a comprehensive M&E and performance monitoring system for the sector.
- Formulate a set of key performance indicators aligned with global indicators to monitor the sector progress performance.
- Develop a reliable data collection and reporting protocol in cooperation with the regions and partners, in order to align it as far as possible with global reporting mechanisms.

- Establish a reliable baseline by conducting a national inventory of existing infrastructures.
- Provide reliable data about the functionality of sanitation infrastructures and services at communities, schools and health care facilities.
- Create a national database of all sanitation service providers along the value chain in the country (including plumbers, masons, business premises, Construction Company, faecal sludge emptying companies, etc.).
- Promote knowledge management including sustainability checks for sanitation and hygiene services.
- Publish annual Sanitation and Hygiene Sector Performance Report.
- Advocate for the updating of the national database of water supply facilities (including information on functionality).

## 6. STRATEGIC CROSS CUTTING ISSUES

### 6.1. Gender

Cultural beliefs and negative social norms are common practices and are all barriers to changing behaviour especially where one of the key agents of change are women with low education levels. This strategy notes the importance of equitable involvement of women and men in the management of water, sanitation and hygiene. It also recognizes that women in society have the primary responsibility for management of household water supply, sanitation and health. A lack of access to, or poorly designed, water, sanitation and hygiene (WASH) services that is insensitive to gender dynamics in a given social and cultural context can exacerbate risk of exposure to sexual and other forms of gender-based violence. This is particularly true for women, girls and other vulnerable groups. For example, girls and women in some contexts must travel long distances in search of a water source, while in other contexts they may wait until evening hours to seek out a field or private place in order to defecate under cover of darkness. Making use of gender insensitive WASH facilities or open defecation after dark puts women, girls and other vulnerable groups at risk of harassment and sexual assault.

### 6.2. Climate Change

Climate change manifested with extreme weather events (droughts and floods) poses a potential threat to the sanitation and hygiene sector. Sanitation services are affected by events such as drought and flooding. Drought significantly affects waterborne sanitation systems and compromises hygiene while flooding disrupts the function of dry sanitation systems such as pit latrines which will lead to contamination of water sources.

Climate change has not yet been integrated into national and local level planning, however, the NSHP 2019 states that according to the recent droughts the country experienced and in the context of climate change and global warming, the NSHP shall promote the development of innovative climate resilient technologies and approaches. When technically possible, the following measures should be systematically applied; Minimization of water use, reuse of mineralized sludge and urine in agriculture, energy optimization and selection of robust technologies will increase resilience to climate change adverse effects.

### 6.3. Disability

The strategy understands the importance of social inclusion, it recognizes Article 28 in the Convention on the Rights of Persons with Disabilities which focuses on the right of persons with disabilities “to an adequate standard of living for themselves and their families. Social inclusion will require the application of universal design principles to sanitation and hygiene infrastructure to create greater inclusion for all community members including people with a disability.

## 7. STRATEGY IMPLEMENTATION AND REVIEW

### Means of Implementation aligned with the NSHP 2019 and the draft NHSSP 2019-2023:

A comprehensive monitoring and evaluation (M&E) and performance measurement system is a sector priority and a basis for consistent results-oriented management and an evidence-based policy dialogue in the context of a Sector Wide Approach (SWAp). The Management Information System (MIS) shall be linked to the overarching, cross-sectoral M&E systems (Joint Sector Review) on the one hand, and to regional systems on the other hand.

#### 7.1. Annual work planning and reporting

The annual work planning process will be carried out at the different levels: community, regional and the national level. For each of these, a detailed breakdown of key activities together with the indicator targets will form the basis for the annual work plan monitoring.

Quarterly follow-ups will be carried out at each level (community, regional, and national levels) to monitor progress against planned activities and indicators. Annual reports will be informed by the quarterly reports at the community, regional and national levels against planned activities and indicator targets in the annual work plan.

#### 7.2. Review and Evaluation

A mid-term review and end-of-term evaluation will be undertaken to determine the extent to which the goal and objectives of the Sanitation and Hygiene Strategy are met. As opposed to the quarterly and annual reviews, the mid-term and end-term reviews will look at progress at a higher level – against strategies, and overall progress in the respective thematic areas. The information from the mid-term review will inform a re-alignment of strategies for later part of the strategy, while the end-term evaluation will inform the development of the new Sanitation and Hygiene Strategy.

## 8. ACTION PLAN

Table 3: Action Plan

Activity	Indicator	Stakeholders	Timeframe
<b>Strategic Pillar 1: Institutional and Legislative Framework</b>			
<b>Objective 1: By 2023 strengthen the Sanitation and Hygiene institutional and legal framework to enable scale up of sanitation and hygiene linkages, coordination and services to achieve National SDG 6 targets.</b>			
1.1. Review sanitation and hygiene guidelines/manual	1. Updated sanitation and hygiene manual	MOH, NSHCT, MHUD, MNRE, NGOs, Development Partners & Municipalities	2021
1.2. Revive and Strengthen existing forums to coordinate implementation of WASH interventions at local, regional and national level	1. Operational Forums at all levels	MOH, NSHCT, Local Authorities & MNRE	2019-20
1.3. Develop sanitation and hygiene regulations and strategic documents	1. Availability of Sanitation and hygiene regulations and strategic documents 2. Availability of Public Places Health Regulations	1. MOH, MHUD, NSHCT, MNRE, NGOs, Development Partners & Municipalities 2. MOH, MET, NGOs, Development Partners & Municipalities	2019-2020
1.4. Mobilize new and existing households on sanitation and hygiene requirements through community meetings (constituencies, chiefdoms)	1. Number of workshops/meetings with relevant stakeholders 2. Number of households/public-places with proper (improved sanitation and hygiene facilities)	MOH, NGO's and Municipalities	2019-2023
1.5. Include GBV prevention and mitigation strategies in WASH policies, guidelines and standards	1. #of WASH policies, guidelines or standards that include GBV prevention and mitigation strategies from the GBV Guidelines	MOH, NSHCT, MHUD, MNRE, NGOs, Development Partners & Municipalities	2019-2020

Activity	Indicator	Stakeholders	Timeframe
1.6. Reconstitute, formalize and gazette national sanitation and hygiene coordination team (NSHCT)	1. Functional NSHCT established	MOH	2023
1.7. Enforce sanitation and hygiene regulations regarding provision of adequate sanitation facilities in public spaces/places	Regulations in place	MoH, MoET	2022-23
1.8. To enforce sanitation and hygiene regulations regarding maintenance and monitoring of existing infrastructure (septic tanks, pit latrines)	Regulations in place	MoH, MoET	2022-23
1.9. Strengthen the existing sanitation and hygiene unit (SHU) within the MoH – EHD and its linkage to other relevant ministries and agencies	Number of institutional gap analysis conducted on SHU	MoH, Stakeholders WASH	2019-2020
<b>Pillar 2: Awareness Rising and Capacity Building</b>			
<b>Strategic Objective 2: To increase communities' awareness and knowledge base on sanitation and hygiene services delivery including MHM and their social roles and responsibilities by 2023</b>			
2.1 Training of trainers of master facilitators on PHAST, CLTS and Urban Heart methodology	Number of people trained on PHAST, CLTS and Urban Heart methodology	MOH, NGOs, Municipalities & Development Partners	2019-2020
2.2 Training of trainers on GBV related issues	Number of people trained on GBV related issues	Dept of Social Welfare, MoH, NGOs, development Partners	2019-2020
2.3 Mobilization and enforcement sanitation requirements in urban communities for new and existing households, public places and community gatherings (e.g. sports grounds, events/funerals) through community meetings.	Number of meetings and/or workshops with relevant stakeholders	MHUD	2019-20
	Number of households with proper (improved) sanitation facilities		2019-20

Activity	Indicator	Stakeholders	Timeframe
2.4 Mobilization and enforcement sanitation requirements in rural and peri-urban settings new and existing households, public places and community gatherings (e.g. sports grounds, events/funerals) through community meetings.	Number of meetings and/or workshops with relevant stakeholders	MOH, ENGOs & Development Partners	2019-20
	Number of households with proper (improved) sanitation facilities		2019-20
2.5 Conduct Sanitation and Hygiene awareness and marketing campaign including MHM for all targeted areas	Number of awareness campaigns conducted	MOH, NGOs & Municipalities	2019-21
2.6 Conduct periodic (annually and as need arises) in-service training for all sanitation and hygiene officers	Number of officers enrolled in the in-service trainings conducted	MOH, NGOs, EWSC & Municipalities	2019-23
2.7 Create awareness and training for communities where OD is prevalent including the involvement of influential people and role models.	Number of awareness campaigns conducted	MOH, NGOs & Municipalities	2019--23
	Number of community trainings conducted		
2.8 Promote good hygiene behaviour through awareness raising	Number of awareness campaigns conducted	MOH, NGOs & Municipalities	2019-23
2.9 Strengthen the implementation of 3 Star approach in all schools	Number of schools' implementing 3 star approach	MOH, MoET, HMCS, RSP, NGOs, DWA, Development Partners & Municipalities	2019-23
2.10 Develop proposals for funding and implementation	Number of proposals developed	MOH, MoET, NSHCT, HMCS, RSP, NGOs, DWA, Development Partners & Municipalities	2019-2023
2.11 Incorporate GBV messages into hygiene promotion and other WASH related community outreach activities (address general safety and GBV risk reduction in communities)	Number of Outreach activities that incorporate GBV	Dept of Social Welfare, MoH, NGOs, development Partners	2019-2023
2.12 Training of community based artisans on construction of latrines to promote private sector participation	Number of artisans trained	MOH, MoET, HMCS, RSP, NGOs, DWA, Development Partners & Municipalities	2019-2023

Activity	Indicator	Stakeholders	Timeframe
<b>Pillar 3: Infrastructure Development</b>			
<b>Objective 3: To increase national sanitation coverage from 46% to 100% by 2023</b>			
3.1 Identify priority and designated areas that need sanitation interventions	List of Identified areas	MoH, Municipalities, EWSC, MoET, DPM, MHUD,	2019-2020
3.2 Identify and develop appropriate and affordable climate resilient sanitation technologies suitable for designated areas	Compendium of sanitation technologies developed for target areas	MoH, MNRE, MoET, MHUD, Municipalities, EWSC, WASH Forum, DPMO and Partners	2021
3.3 Incorporate the developed sanitation and hygiene technologies including MHM into the sanitation and hygiene manual.	Comprehensive section of MHM in the sanitation and hygiene manual.	MoH, MoET, NSHCT, WASH Forum, MHUD, Municipalities, EWSC	2021
3.4 Ensure the availability and utilization of equitable sanitation and hygiene structures in targeted public places (schools, health care facilities and communities)	Number of institutions and public places with functional sanitation and hygiene facilities	MoH, MNRE, MoET, MHUD, Municipalities, EWSC	2022/23
3.5 Increase sewer reticulation and connection at least by 30% in all municipalities	Percentage increase of sewer reticulation	MNRE, MHUD, Municipalities, EWSC	2019-2023
3.6 Reduce the 29% household sharing sanitation facilities by 10%	Percentage of household not sharing sanitation facilities	MoH, MHUD, Municipalities, EWSC	2019/23
3.7 Ensure the availability and utilization of equitable sanitation and hygiene structures in targeted public places (schools, health care facilities and communities)	O&M reports	MHUD, Municipalities, EWSC, MOET	2019-2022
3.8 Stop open defecation by 2022	% OD	MoH, MNRE, MoET, MHUD, Municipalities, EWSC, WASH Forum, DPMO and Partners	2019/22
3.9 Increase hygiene coverage from 26% to 80% by 2023	Percentage of people practicing good hygiene	MoH, MNRE, MoET, MHUD, Municipalities, EWSC, WASH Forum, DPMO and Partners	2019/23

Activity	Indicator	Stakeholders	Timeframe
<b>Pillar 4: Research and Development</b>			
<b>Objective 4: To strengthen operational research on Sanitation and Hygiene services by 2023</b>			
4.1 • Mobilise adequate funding for Research and Development. focusing on sanitation facilities, technologies, methodologies and practice	Number of researches conducted on sanitation facilities, technologies, methodologies and practice Reports on identified technologies.	MoH, NSHCT, MoET, WASH Forum Municipalities, SWSC, Development Partners & Institutions of Higher Education	2020/21
4.2 Conduct national hygiene coverage survey on knowledge, attitudes and practices (KAP)	Base line information on percentage hygiene coverage	MoH, NGOs, Development Partners & Municipalities, WASH forum	2019/20
4.4 Conduct sanitation and hygiene researches and surveys at national and regional levels with a focus on consumer perceptions	Report of research findings	MoH, Municipalities, Development Partners & Institutions of Higher Education	2022
4.5 • Develop transparent criteria and procedures for regulating research and development	Criteria developed and in use	MoH, NSHCT, Municipalities, Development Partners & Institutions of Higher Education	2020
4.6 Conduct user survey of sanitation facilities	Report of user survey	MoH, MoET, WASH forum, NGOs, Development Partners & Municipalities	2021
4.7 Conduct research on the safety of re-use of sanitation by-products (dry sanitation products/ ecological sanitation systems)	Research report findings	MoH, MoET, WASH forum, Municipalities, SWSC, Development Partners & Institutions of Higher Learning, Research Institutions	2019-21
4.8 Promote modelling of affordable and appropriate sanitation technologies	Models developed and promoted	MoH, Municipalities, SWSC, Development Partners & Institutions of Higher Learning, Research Institutions	2020-2022
4.9 Promote collaboration with institutions of higher learning for learning and knowledge management	Number of institutions collaborated with	MoH, NSHCT, Municipalities, SWSC, Development Partners & Institutions of Higher Learning, Research Institutions	2019-2022

Activity	Indicator	Stakeholders	Timeframe
<b>Pillar 5: Sector Financing</b>			
<b>Objective 5: Align resources and optimize leverage of public financing</b>			
5.1 Create a specific Sanitation and Hygiene budget line in MoH national budget and track Sanitation and hygiene expenditure across other government ministries and agencies.	Budget line created and approved	MoF, MoH, DUG, MoET, MTAD	2020/21
5.2 In line with the 2008 eThekweni Declaration and the 4th AfricaSan Conference, increase the MoH's annual budget for sanitation and hygiene progressively to reach at least 0.15% of the GDP at short term (2021) and 0.5% of the GDP at long term (2026).	Annual budget increase in the approved national budget	MoF, MoH, DUG, MoET, MTAD	2020-2023
5.3 Allocate specific budgets for health facilities, primary and secondary schools to ensure delivery of appropriate sanitation and hygiene services.	Evidence of specific allocated budget for schools in national budget breakdown and analysis	MoF, MoH, DUG, MoET, MTAD	2020/21
5.4 Leverage public financing in sanitation and hygiene by developing a national incentive program that targets the private sector and industries.	National incentive program developed	MoF, MoH, DUG, MoET, MTAD	2019-2022
5.5 Develop a national subsidy program for the poorest quintile to access safely managed sanitation services, and promote sustainability for rural sanitation and ODF communities.	National subsidy program developed	MoF, MoH, DUG, MoET, MTAD	2019-2022
5.6 • Develop a Costed sanitation hygiene micro-plan to investment required to meet national and global target.	Sanitation and Hygiene costed within WASH Sector Finance Plan	MoF, MoH, DUG, MoET, MTAD, UNICEF, WHO	2019-2020

Activity	Indicator	Stakeholders	Timeframe
<b>Pillar 6: Monitoring and Evaluation</b>			
<b>Objective 6: To ensure efficient monitoring and evaluation of the sanitation and hygiene sector performance.</b>			
6.1 Build capacity of the M&E Unit of the MoH and strengthen the existing M&E system to develop a comprehensive M&E and performance measurement system for the sector.	Number of training conducted  WASH M&E in place and operational	MoH, MEPD, academic institutions	2019-2020
6.2 Formulate a set of standard indicators to monitor the sector progress performance.	Standard indicators developed	MoH, MEPD, NGO's, development partners, DSW	2019
6.3 Develop a reliable data collection and reporting protocol in cooperation with the regions and partners, in order to align it as far as possible with their regular reporting mechanisms.	Protocol developed Existence of reliable data	MoH, Academic institutions, MNRE-DWA, NGO's, development partners, Academic institutions, SWSC, WASH Forum, CSO, MHUD, MTAD, MTEA, MOET, DPMO - DSW	2019-2020
6.4 Establish a reliable baseline by conducting a national inventory of existing infrastructures.	Baseline survey report	MoH, development partners, Academic institutions, DWA, DSW, WASH Forum, CSO, MHUD, MTAD	2020
6.5 Provide reliable data about sanitation infrastructures and services at communities, schools and health care facilities.	Baseline survey report	MoH, DWA, , MoET	2020
6.6 Create a national database of all sanitation service providers along the value chain in the country (including plumbers, masons, business premises, Construction Company, faecal sludge emptying companies, etc.).	National database of sanitation service providers	MoH, academic institutions, NGO's Ministry of Labour, Ministry of Commerce,	2019-2022
6.7 Promote knowledge management	Human interest stories published (success stories) and documented, videos	MoH, development partners, NGO's, DSW	2019-2023
6.8 Publish annual Sanitation and Hygiene Sector Performance Report.	Annual sector performance report	MoH	2019-2023




Activity	Indicator	Stakeholders	Timeframe
6.9 Advocate for the updating of the national database of water supply facilities (including information on functionality).	Updated database	MoH, NGO's, development partners, Academic institutions, DWA, SWSC, WASH Forum, CSO, MHUD, MTAD, MTEA, MOET	2019-2023
6.10 Hold sector review meeting with stakeholders	Sanitation and Hygiene strategy reviewed every 3 years	MoH, NGO's development partners, Academic institutions, MNRE-DWA, SWSC, WASH Forum, CSO, MHUD, MTAD, MTEA, MOET, MoH, NGO's development partners, Academic institutions, DWA, SWSC, WASH Forum, CSO, MHUD, MTAD, MTEA, MOET, DPMO - DSW	2019-2023

## 9. NATIONAL SANITATION AND HYGIENE ANNUAL WORKPLAN: 2019 – 2020

Table 4:2015 JMP Sanitation Estimates for Eswatini



Objective	Key activities	Objectively verifiable indicators	Time Frame				Person(s) Responsible	Budget (E)
			1	2	3	4		
1. To strengthen sanitation and hygiene legal framework to create an enabling environment for the scale up of sanitation and hygiene services	<ul style="list-style-type: none"> <li>Develop, validate and disseminate ODF protocol</li> <li>Initiate the development of sanitation and hygiene regulations</li> <li>Strengthen the existing sanitation and hygiene unit</li> <li>P</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>ODF Protocol developed and disseminated</li> <li>Development of sanitation and hygiene regulations process initiated</li> <li>Sanitation and Hygiene Unit equipped and functional</li> </ul>					-CEHO : MOH	750,000.00
2. To increase national sanitation coverage from 46 % to 100% by 2023	<ul style="list-style-type: none"> <li>Identify and prioritize communities that need sanitation interventions</li> </ul>	<ul style="list-style-type: none"> <li>List of Identified areas</li> </ul>					-CEHO:MOH -PD-NGOs	400,000.00

	<ul style="list-style-type: none"> <li>Implement new sanitation projects to the identified priority areas</li> </ul>	<p>1. Number of sanitation facilities completed</p>				<p>-CEHO:MOH -CEOs: Municipalities -MD:EWSC</p>	<p>5,000,000.00</p>
	<ul style="list-style-type: none"> <li>Finalise the review of PHAST tools and develop PHAST manual</li> <li>Print PHAST booklets</li> <li>Train trainers on PHAST methodology</li> </ul>	<ul style="list-style-type: none"> <li>Availability of reviewed PHAST manual</li> <li>Number of printed and disseminated PHAST booklets</li> <li>Number of people trained on PHAST</li> </ul>				<p>-CEHO:MOH</p>	<p>500,000.00</p>
	<ul style="list-style-type: none"> <li>Domesticate Community Led Total Sanitation (CLTS)</li> </ul>	<ul style="list-style-type: none"> <li>CLTS domestication report</li> </ul>				<p>-CEHO:MOH</p>	<p>200,000.00</p>
	<ul style="list-style-type: none"> <li>Conduct Training of master facilitators at national level on CLTS methodology</li> <li>Conduct step-down training at regional level on CLTS methodology</li> </ul>	<ul style="list-style-type: none"> <li>Number of master facilitators trained on CLTS at national level</li> <li>Number of facilitators trained at regional level</li> </ul>				<p>-CEHO:MOH</p>	<p>400,000.00</p>

	<ul style="list-style-type: none"> <li>Mobilize local authorities/community leadership to enforce sanitation requirements for new and existing households through community meetings (constituencies, chiefdoms and urban local authorities)</li> </ul>	<ul style="list-style-type: none"> <li>Number of meetings/workshops with relevant stakeholders</li> <li>Number of households with proper (improved) sanitation facilities with handwashing facilities</li> </ul>				<ul style="list-style-type: none"> <li>-CEHO:MOH</li> <li>-CEHOs: Municipalities</li> <li>-CEOs: Municipalities</li> </ul>	450,000.00
	<ul style="list-style-type: none"> <li>Identify affordable and appropriate sanitation technologies suitable for formal and informal settlements with MHM inclusion</li> <li>Appraise existing sanitation technologies (VIP latrine, composting toilets, dry toilets)</li> </ul>	<ul style="list-style-type: none"> <li>Number of sanitation technology options identified with respective areas</li> </ul>				<ul style="list-style-type: none"> <li>-CEHO:MOH</li> <li>-CEOs: Municipalities</li> <li>- MD: SWSC</li> </ul>	200 000.00
	<ul style="list-style-type: none"> <li>Conduct Sanitation and Hygiene awareness campaign for informal settlements</li> <li>Launch new sanitation projects to</li> </ul>	<ul style="list-style-type: none"> <li>Number of awareness campaigns conducted</li> <li>Number of IEC materials developed and distributed</li> <li>Awareness campaigns reports</li> </ul>				<ul style="list-style-type: none"> <li>-CEHO:MOH</li> <li>-CEOs: Municipalities</li> </ul>	200,000.00

	the identified priority areas						
3. To reduce open defecation from 11% to 5% by 2021	<ul style="list-style-type: none"> <li>Identify communities where OD is prevalent through local health officers</li> <li>Trigger OD prevalent communities using CLTS methodology</li> </ul>	Number of OD prevalent communities identified  Number of triggered communities certified to ODF status	→				-CEHO:MOH -CEOs: Municipalities  240,000.00
	<ul style="list-style-type: none"> <li>Create awareness and training for communities where OD is prevalent including the involvement of influential people and role models</li> <li>Development of IEC material</li> <li>Printing of IEC material</li> <li>Distribution of IEC material</li> </ul>	<ul style="list-style-type: none"> <li>Number of awareness campaigns conducted</li> <li>Number of community trainings conducted</li> <li>Number of IEC material printed and distributed</li> </ul>			→		-CEHO:MOH -CEOs: Municipalities  1,000,000.00
	<ul style="list-style-type: none"> <li>Establish sanitation projects in affected communities and households to reduce</li> </ul>	1. Number of completed sanitation facilities 2. OD prevalence				→	-CEHO:MOH -CEOs: Municipalities  10,000,000.00

	OD							
4. To influence the use of improved sanitation facilities in urban and rural communities	<ul style="list-style-type: none"> <li>Promote good hygiene behaviour through awareness raising</li> </ul>	<ul style="list-style-type: none"> <li>Number of awareness campaigns conducted</li> </ul>					<ul style="list-style-type: none"> <li>-CEHO:MOH</li> <li>-CEOs: Municipalities</li> <li>-MD:SWSC</li> </ul>	500,000.00
5. To ensure provision and access to sanitation and hygiene services in public places	<ul style="list-style-type: none"> <li>Induct schools governing structures on the importance and their responsibilities on Sanitation and Hygiene programs in schools</li> <li>Initiate WASH in schools using 3 star approach</li> </ul>	<ul style="list-style-type: none"> <li>Number of induction workshops conducted and number of schools' governing authorities trained</li> <li>Number of WASH clubs established in schools participating in Sanitation and Hygiene programmes</li> <li>Percentage increase of sanitation and hygiene coverage for schools</li> <li>Number of schools implementing 3 star approach</li> </ul>					<ul style="list-style-type: none"> <li>-CEHO:MOH</li> <li>-CEOs: Municipalities</li> <li>-MD:SWSC</li> </ul>	800,000.00
	<ul style="list-style-type: none"> <li>Mobilize local authorizes to enforce sanitation requirements in public places and community gatherings (e.g. sports grounds, events/funerals)</li> </ul>	<ul style="list-style-type: none"> <li>Number of sanitation and hygiene mobilization meetings</li> <li>Number of public places with improved sanitation and hygiene facilities</li> </ul>					<ul style="list-style-type: none"> <li>-CEHO:MOH</li> <li>-CEOs: Municipalities</li> </ul>	600,000.00

<p>6. To strengthen operational research, monitoring and evaluation of sanitation and hygiene services</p>	<ul style="list-style-type: none"> <li>Conduct periodic performance tests for conventional sewer networks by operators (i.e. company town, SWSC, private developers)</li> </ul>	<ul style="list-style-type: none"> <li>Number of performance tests</li> <li>2 tests conducted annually</li> </ul>				<ul style="list-style-type: none"> <li>-CEHO: MoH</li> <li>-CEOs: Municipalities</li> <li>-CWE: DWA</li> <li>-MD:SWSC</li> </ul>	<p>Consultation with relevant sectors needed</p>
	<ul style="list-style-type: none"> <li>Strengthen reporting mechanism systems at all levels by developing an integrated reporting tool incorporating all stakeholders at local, regional and national level</li> <li>Develop, validate and disseminate M&amp;E framework</li> </ul> <p>Conduct baseline and end-line surveys</p>	<ul style="list-style-type: none"> <li>Integrated reporting tool developed</li> <li>Number of reports received from all sanitation and hygiene stakeholders</li> <li>M&amp;E framework developed and disseminated</li> <li>Number of baseline surveys conducted and reported</li> </ul>				<ul style="list-style-type: none"> <li>-CEHO:MOH</li> </ul>	<p>50,000.00</p>
<p>7. To facilitate linkages and coordination of water, sanitation and hygiene</p>	<ul style="list-style-type: none"> <li>Set up and Strengthen existing forums to coordinate implementation of WASH interventions at local, regional and national</li> </ul>	<p>1. Forums developed and fully operational at all levels</p>				<ul style="list-style-type: none"> <li>-CEHO:MOH</li> <li>-CWE: DWA</li> </ul>	<p>100,000.00</p>

	Promote Knowledge management activities	2. Number of Human Interest stories published					
8. Align resources and optimize leverage of public financing	<p>Create a specific recurrent budget line in the MoH's national budget for sanitation and hygiene issues.</p> <p>Increase allocation in line with the 2008 eThekweni Declaration and the 4th AfricaSan Conference,</p> <p>Allocate specific budgets for primary and secondary schools to ensure delivery of appropriate sanitation and hygiene services.</p> <p>Develop structure to coordinate funding resources from partners and central government (SWAp)</p>	<p>Budget line created</p> <p>Progressive increase (perhaps 0.04% annually) in annual budget for sanitation and hygiene to reach at least 0.5% of the GDP at short term (2021</p> <p>Schools specific budget approved</p> <p>Well-coordinated resource allocation mechanism towards sanitation and hygiene</p>				<p>MoF, MoH, Treasury</p> <p>MOF, MEPD, MOH</p> <p>MoF, MoET</p> <p>MEPD-ACMS, DP, MoH, WASH forum</p>	20,000,000.00

	<p>Leverage public financing in sanitation and hygiene by developing a national incentive program that targets the private sector and industries.</p> <p>Develop a national subsidy program for the poorest quintile to access safely managed sanitation services, and promote sustainability for rural sanitation and ODF communities.</p>	<p>National incentive program developed</p> <p>National subsidy program developed</p>				<p>MoF, MEPD</p> <p>MoF, MEPD</p>	
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