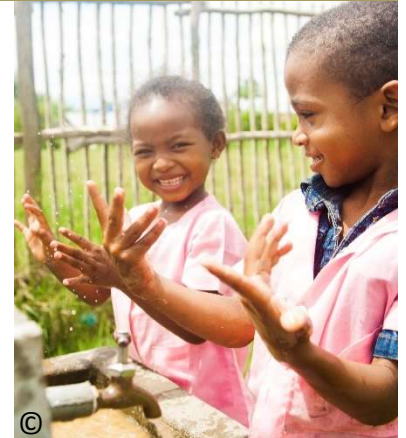


MADAGASCAR WASH INVESTMENT CASE EXECUTIVE SUMMARY



THE SITUATION IN MADAGASCAR

Madagascar (pop. 24 million) has some of the worse child development and survival rates in the world. The southeastern African island did not meet any of the MDGs. The political crisis (2009-2013), the very low stage of development and the lack of national and international investments prevented the social sector to improve. In Madagascar:

- extreme poverty reach the highest percentage in the world (91% of the population survive on less than US\$2 per day);
- more than 50% of households have experienced a natural disaster or other shock affecting their household economy;
- 47% of children under-5 are stunted due to chronic under-nutrition;
- The under-5 mortality rate is 62/1,000, of whom 48/1,000 die before their first birthday.

It is estimated that at least 25% of this under-5 mortality, and half of the under-5 stunting is due to water-related diseases.

When looking at Water, Sanitation and Hygiene (WASH) indicators, Madagascar is the fourth-worst in the world:

- Only 51% of Malagasies have access to an improved water supply, compared to an average of 68% for the rest of sub-Saharan Africa.
- Only 10% of the population have access to basic sanitation.
- Only 12% of public schools have access to WASH infrastructure.



51% Population with access to basic service of drinking water



10% Population with access to basic sanitation



12% Public primary schools with WASH infrastructure

Ensure availability and sustainable management of water and sanitation for all



SUSTAINABLE DEVELOPMENT GOALS

THE STATUS OF THE SECTOR

Major bottlenecks in the WASH sector during the last decade have been:

- weak sector alignment to national policies and strategies;
- lack of decentralized capacity for the provision and monitoring of WASH services beyond regional structures;
- lack of investment in the sector;
- large inequities between urban/rural and among different regions not addressed systematically in national plans.

But since the end of the political crisis and within the framework of the National Development Plan 2015 (PND), the sector has developed:

- A Sustainable Service Delivery Strategy;
- Costed Plans for all regions (BPORs) with clear investment priorities to address inequities and assure sustainability;
- A revised National Monitoring System (SE&AM);
- Model approaches: Social Norms approach to sanitation, multi-sector (health, education, agriculture) approach to WASH service provision;
- Evidence on good practices for scale-up of WASH service provision.

However, the WASH sector continues to be extremely underfunded with investment levels far below from what Madagascar needs to meet the SDG 6 target on safe Water and Sanitation.

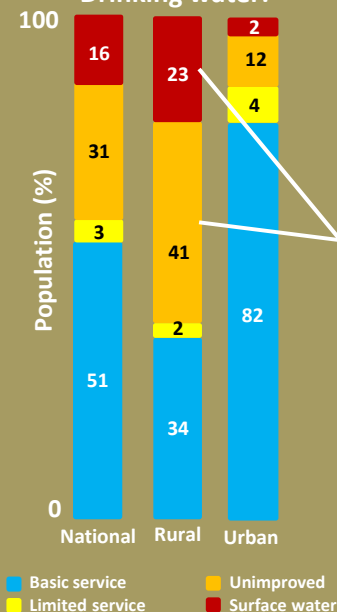


WHAT ARE THE MAIN FIGURES?

- UNICEF / WHO Joint Program Monitoring (JMP) 2015 estimate baseline SDG 6:

(Charts not to scale)

Drinking water:



64% of rural population drink unsafe water

Sanitation:



55% of rural population practice Open Defecation

15% of rural population have access to improved latrines

- Since the JMP latest estimates a recent sector survey on infrastructure inventory involving all municipalities indicates that in 2016:

- 24% of population has access to a basic water service;
- 30% of population has access to basic sanitation.

WHAT ARE THE COSTS OF POOR WASH CONDITIONS FOR MADAGASCAR?



PRODUCTIVE TIME LOST TO ACCESS WATER AND SANITATION

Madagascar loses \$26 million each year in time required to find a place to defecate, while \$255 million is lost annually to time spent seeking water.

Households with no latrine and no water supply spend large amounts of time fetching water or looking for somewhere safe and private to defecate. This burden falls disproportionately on women who have responsibility for fetching water and assisting children, sick and elderly to find somewhere to defecate.

-\$281 million



LOST PRODUCTIVITY

Madagascar loses \$0.8 million each year due to lost productivity.

Lost productivity includes time absent from work or school due to diarrheal disease, time spent seeking treatment, and time absent due to the lack of menstrual hygiene friendly sanitation facilities.

-\$0.8 million



COST OF POOR HEALTH

Madagascar loses \$9 million each year due to WASH-related health care costs.

Households incur significant costs in seeking treatment for WASH-related disease. This includes diarrhea, but also malnutrition and related illnesses.

-\$9 million



COST OF STUNTING

Madagascar loses at least \$200 million per year due to stunting caused by WASH-related under-nutrition.

Very significant costs due to undernutrition are attributable to WASH. It is estimated that as much as 50% of stunting is directly caused by poor WASH conditions.

-\$200 million



PREMATURE DEATH DUE TO DIARRHEA AND UNDER-NUTRITION

Madagascar loses \$77 million per year due to premature death caused by WASH-related diarrhea.

It is estimated that 10,400 Malagasies, including 6,900 children under-5, die each year as a result of diarrheal disease; as many as 88% of these deaths are caused by poor WASH. Additional deaths are caused by under-nutrition and related illnesses, a proportion of which can be attributed to poor WASH.

-\$77 million

**Total Annual
Loss**

Total loss to the Malagasy economy of \$567.8 million is higher than the combined investment of the past 10 years.

-\$567.8 million

WHAT SOLUTIONS AND STRATEGIES ARE FORESEEN?

- **Rehabilitation of existing water infrastructure** to ensure functionality and sustainability by rehabilitating broken infrastructures, establishing an effective management system and improve household's contribution for operation and maintenance;
- **Construction of new water and sanitation infrastructure** (pipelines, water schemes, community water supply), with a focus on targeting most vulnerable groups;
- **Community-led total sanitation: Open defecation elimination** through social-norms-based behavior change promotion, including construction and utilization of latrines;
- **Climate sensitive WASH innovations:** scale-up of solar energy use for improved efficiency, integrated water resources management;
- **System Strengthening:** Strengthened national data, information, knowledge management systems;
- **Good Governance and Decentralization :** Development of national accountability framework, decentralized capacity development and management.

WHAT IS THE PROJECTED INVESTMENT REQUIRED FOR THE PROPOSED SOLUTION?



THE DIRECT BENEFIT of universal access to Water, Sanitation and Hygiene is the estimated cost saved from having prevented premature deaths, production loss, and health overruns, totaling \$567 million per year.

+\$567.8 million



INVESTING \$173.3 million per year on WASH in Madagascar, from now until 2030, the Government of Madagascar estimates that the country will attain universal access to Water, Sanitation and Hygiene. The total amount needed for the 2017-2030 period is 2.6 billion.

This level of investment will reduce the yearly losses due to the lack of access to WASH and eventually will give a Return on Investment of \$3 per \$1 invested.

+\$173.3 million



INVESTMENT NEEDED:
\$173.3 million per year
That is \$8 per person
per year for the
next 14 years

Failing to make
this investment will cost
the children of Madagascar
their dignity, their health and possibly their life.

Ministry of Water, Sanitation and Hygiene

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