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Ghana, Lesotho, and South Africa:
Regional Expansion of Water Supply in Rural Areas

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Executive Summary

Water, sanitation, and hygiene are essential for achieving all the Millennium Development Goals (MDGs) and hence for contributing to poverty eradication globally. This case study contributes to the learning process on scaling up poverty reduction by describing and analyzing three programs in rural water and sanitation in Africa: the national rural water sector reform in Ghana, the national water and sanitation program in South Africa, and the national sanitation program in Lesotho. These national programs have made significant progress towards poverty elimination through improved water and sanitation. Although they are all different, there are several general conclusions that can validly be drawn from them:

- Top-level political commitment to water and sanitation, sustained consistently over a long time period, is critically important to the success of national sector programs.
- Clear legislation is necessary to give guidance and confidence to all the agencies working in the sector.
- Devolution of authority from national to local government and communities improves the accountability of water and sanitation programs.
- The involvement of a wide range of local institutions—social, economic, civil society, and media—empowers communities and stimulates development at the local scale.
- The sensitive, flexible, and country-specific support of external agencies can add significant momentum to progress in the water and sanitation sector.

Background and context

Over the past decade, the rural water and sanitation sector in Ghana has been transformed from a centralized supply-driven model to a system in which local government and communities plan together, communities operate and maintain their own water services, and the private sector is active in providing goods and services. This reform started with an extended dialogue with the major stakeholders in the sector, which led to a new rural water, sanitation, and hygiene education policy. The policy was then implemented in several large pilot projects, and finally the lessons from those projects were incorporated into the national program itself. This reform has accelerated Ghana’s progress towards achieving the MDGs, especially for water. The main current challenges are to increase the pace of sanitation, to ensure the poorest people are served, and to improve the capacity of local government to manage the work.

South Africa’s national water and sanitation program, which is one of the largest in Africa, aims to fulfill the human right to water and to achieve full sanitation and water supply coverage well in advance of the MDGs. The key elements of the national water and sanitation program include: a clear policy and legislative framework; an implementation program which has provided water infrastructure for over 9 million people in less than 10 years; a policy of free basic
water, which aims to ensure that affordability is not a barrier to access to safe water; and the devolution of responsibility from national to local government. The government believes that the program is on course to achieve full coverage of water supply and sanitation by 2010, well in advance of the MDGs, although other observers are less optimistic. The main points of concern in moving forward are the capacity of local government to implement the work and the financial sustainability of the free basic water policy.

**Lesotho** is one of the few countries that have put sound principles for sanitation into practice at a national scale with a national sanitation program dating back 20 years. The program is a permanent and budgeted part of the government’s work, independent of external support agencies. Its financing rules are clear, including zero direct subsidies for building individual household latrines. Instead, householders employ private-sector latrine builders, while the government concentrates on promotion and training. The Lesotho program has been successful in addressing sanitation holistically at a national level, both in urban and rural areas. Rural sanitation coverage has increased very significantly and should easily exceed the sanitation MDG. The main problems ahead are targeting the poorest people and solving the problem of emptying filled latrine pits.

**Analysis of results**

In **Ghana**, coverage in rural water and sanitation was, until recently, behind the average for Sub-Saharan Africa but is now being extended at a rate of approximately 200,000 people (over 1 percent of the population) per year and accelerating. In **South African** the national program has constructed water supply schemes designed to serve over 9 million people (over 20 percent of the population) in less than 10 years. This has helped to redress the social inequity of the past. In **Lesotho** tens of thousands of new VIP latrines have been built in the rural areas and a similar number of ordinary pit latrines have been upgraded to VIP latrines. This corresponds to an increase in sanitation coverage from 15 percent to over 50 percent in rural areas in 20 years.

**Health and Social Impact**—Water-related diseases are the single largest cause of human sickness and death in the world, and disproportionately affect poor people. So the main impact of water and sanitation on human development is by improving health. For example, studies from around the world have shown that provision of safe water and basic sanitation accompanied by hygiene promotion can reduce the incidence of diarrheal diseases by as much as 25 percent. Better sanitation also provides greater privacy, convenience, safety, and dignity; these aspects are particularly important for women. Although few studies have been made, the general health and social impacts of water and sanitation should apply in Ghana, South Africa, and Lesotho. For example, research in Lesotho suggested a significant reduction in the incidence of sanitation-related diseases in areas where water and sanitation projects had been implemented. These findings are typical of those from around the world indicating that health impact derives from the combination of improved hygiene, sanitation, and water supply.

**Economic Impact**—Around the world, poor people themselves give a high priority to drinking water and, albeit to a lesser degree, to sanitation. There is considerable evidence that
improved water and sanitation generate substantial economic benefits, mainly through saving large amounts of people’s time and energy. For example, fetching even a family’s basic water requirement can be time consuming and physically exhausting, a burden that falls disproportionately on women and children. These economic factors make a strong case for government intervention in water and sanitation, either by regulation or investment. In South Africa, job creation is an overt stated benefit of the national water and sanitation program, and DWAF monitors the number of jobs created by it. In Lesotho, the latrines are all built by local private-sector builders which ensures that people with latrine construction skills have a direct economic incentive to promote improved sanitation.

**Key factors for successful implementation**

*Strong political leadership*—The commitment of political leaders has been a strong factor in the success of all three country programs. In Ghana, the national mood in the 1980s favored reform and innovation. The rural water sector reform fitted well with the other changes in the country’s political economy, although its immediate drivers were more pragmatic considerations. Rural water was neglected, and the sector as a whole was stuck in a downward spiral of inadequate cost recovery and poor service. The politicians made a conscious decision to reverse that trend by increasing tariffs, seeking grants and loans, and separating the rural from the urban sector. Successive governments of different parties have all seen water and sanitation as an important contributor to social and economic development, and it has not been used as a party political issue.

In South Africa, the whole concept of the national water and sanitation program derived from the nation’s politics as the new post-apartheid government was democratically elected on the promise of ‘a better life for all’. A strong political commitment to programs of service delivery, including the national water and sanitation program, was part of a shared vision of providing basic needs. Successive ministers of water have given energetic and determined leadership to the sector. In Lesotho, the politicians played a different, though still important, leadership role. The original impetus for the sanitation program came from sector professionals and external agencies, which stressed the importance of fitting their work into the mainstream government structure. The politicians for their part recognized this, and for many years have allocated significant sums to sanitation through the government’s regular budget.

Clear Legislation—South Africa provides the best example of how legislation plays an important role. Its 1996 Constitution encompassed extensive social, economic, and environmental rights, including the right to basic water and sanitation. The national rural water supply and sanitation program thus became not just a short-term activity by DWAF but an integral element of the whole nation’s legislated human rights program. In Ghana there are also clear laws, notably various acts of Parliament dating from 1988 to 1998 that define the policies and the roles of most of the sector agencies. In Lesotho the legal framework evolved as the sanitation program progressed from the pilot stage to a nationwide operation, notably through the formation of the national rural sanitation program in 1987.
Decentralization to local government—The devolution of authority from national to local government is a governance trend that has been widely adopted in developing countries in recent years, and applies much more broadly than just to the water sector. In the water sector all three countries studied here have applied this devolution of authority and recognize many positive benefits, although they have also encountered problems with it. The corollary to the successful transfer of power to local government is the existence of a strong central agency to support local government. This is precisely CWSA’s role in Ghana. While it was the implementing agency in the early stages, it is now principally helping and supporting local government to take on this work. In South Africa DWAF is following a similar path, handing over responsibility for implementation to local governments, and it will take on a regulatory and support role. In Lesotho the devolution to local government took place at the start of the program, with district sanitation teams taking the main role in implementing the program, supported by the Rural Sanitation Improvement Team.

Strong communities, civil society, and media—While this case study has consistently emphasized the leadership role of the national governments communities, local civil society organizations, and the mass media have also played important roles. Community management principles have been important in Ghana and Lesotho, and in a few aspects (notably sanitation) of the South African program. They are crucial to the sustainability of water and sanitation services. One important corollary of community management is that communities cannot manage their water and sanitation services in a vacuum but need long-term technical and professional support from intermediary organizations. In Ghana and Lesotho, small-scale private-sector companies, whose role has not been well documented or acknowledged, largely fill this role. In South Africa this support is provided by government agencies. Water, sanitation, and hygiene are essential for achieving the Millennium Development Goals—and hence for eradicating global poverty. ¹ This case study contributes to the learning process on scaling up poverty reduction by describing and analyzing three programs on rural water and sanitation in Africa: the national rural water sector reform in Ghana, the national sanitation program in Lesotho, and the national water and sanitation program in South Africa.

These three programs have achieved, or have the potential to achieve, development results on a national scale that exceed the average rates of progress for Sub-Saharan Africa. The lessons from these programs are useful for policymakers around the world. None of the programs is perfect, but all demonstrate good work on a large scale. They show that strong and sustained political leadership augmented by clear legislation, devolution of authority allied to community empowerment, and carefully targeted donor support can achieve poverty reduction on a significant scale by improving rural water and sanitation services.

¹ Strictly speaking, drinking water is the subject of one of the Millennium Development Goals, while sanitation is the subject of a goal set by the World Summit on Sustainable Development. This case follows normal custom in describing both as Millennium Development Goals.
The state of rural and water sanitation in Ghana, Lesotho, and South Africa

Water and sanitation services in rural areas of Africa were very poor in the early 1980s. Coverage rates were typically 20–40 percent for water and 10–30 percent for sanitation. Most African societies were agrarian, but rural services of all sorts were underdeveloped. Viewing the provision of basic services, such as water and sanitation, as the duty of the government, most African countries established large, centrally managed water supply programs. These programs used conventional engineering solutions that resulted in infrastructure that was beyond the people’s capability to maintain. Maintenance was a problem because governments funded and undertook maintenance centrally. They provided water free of charge to people connected to the service. As the economies of many African countries declined, however, budgets were reduced, water infrastructure fell into disrepair, and users were unable or unwilling to maintain it themselves. New projects were delayed and sanitation was neglected. The concepts of community management, human development, human rights, and empowerment of the poorest people were not commonly applied within the water sector (box 1).

Box 1. Important new concepts in water and sanitation development: Community management, human development, human rights, and empowerment

Through community management, poor people own and manage their resources and services, including drinking water and sanitation. Development practitioners around the world are increasingly accepting community management as a broadly applicable and large-scale process, not simply small-scale project method.

Human development is people making their own decisions about their lives rather than passively accepting the choices made by others. It relates closely to the exercise of people’s rights and responsibilities.

The recognition of water as a human right is increasingly enshrined in declarations and conventions on human rights. The UN Committee on Economic, Cultural and Social Rights has stated that “the human right to water entitles everyone to sufficient, affordable, physically accessible, safe and acceptable water for personal and domestic uses.”

Empowering the poorest people enables them to make social, political, and economic decisions. This is achieved by listening to the people and respecting their knowledge, social structures, institutions, and leadership; paying special attention to the needs of women, marginalized and indigenous people, and the poorest members of a community; and ensuring that governments and support agencies participate in the people’s agendas and are accountable to the people, not vice versa.

Ghana: A government controlled system that was not coping

The rural water sector in Ghana was typical of those in many African countries. The Ghana Water and Sewerage Corporation (GWSC), a state company under the Ministry of Works and Housing, was responsible for both urban and rural water supply and sewerage for a population of some 15 million people. Most of GWSC’s staff and resources, however, were devoted to the urban sector, with just two or three staff working on rural services. As a result, donors and nongovernmental organizations (NGOs) wanting to work in rural water and sanitation found themselves setting up
large regional projects that were almost independent of the government, both in their policies and in their implementation.

GWSC was responsible for maintaining more than 8,000 rural point sources, mostly hand pumps, and more than 200 piped schemes in small towns. But while GWSC was responsible for maintenance and repair, it did little of either, partly because it focused its attention on urban rather than rural services and partly because revenue collected from rural users covered only a fraction of the maintenance costs. Consequently, both hand pumps and piped systems suffered frequent breakdowns and supply interruptions. As these problems worsened, Ghanaian politicians became increasingly concerned about the water and sanitation sector.

**Lesotho: A sanitation problem**

Lesotho is much smaller than Ghana or South Africa, with a population of about 2 million people, 90 percent of whom live in rural areas. In the early 1980s Lesotho had many water- and sanitation-related health problems. Rural water supply was being addressed, but work on sanitation had barely begun: only 15 percent of the rural population had any sort of sanitation, the remainder used open defecation. Increasing population density and the declining number of trees led to high demand for latrines. This combination of health and physical factors motivated the government and donors to take an interest in improving sanitation.

**South Africa: Racially divided services**

In South Africa, a country of some 40 million people in 1994, the situation was complex. Before 1994 the country had been governed in accordance with racist apartheid principles. Responsibility for water supply and sanitation was fragmented, allocated to local governments in 4 provinces and 10 nominally autonomous homelands, resulting in very different levels of service. The overall statistics masked extreme contrast between different sectors of society. In most of the white-ruled local areas, standards were equal to those in industrial countries. In black rural areas there were often no services at all; in black urban areas service was mixed. This situation was exacerbated by the lack of coherent national policies, guidelines, or support structures. In anticipation of people’s expectations preparatory work began in many areas, including water and sanitation, during the years leading up to the democratic change of 1994.

**Taking decisive action to improve water and sanitation**

These three cases were chosen because their political and professional leaders took decisive action to improve water and sanitation reducing poverty significantly and generating lessons applicable elsewhere.

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2 General Comment 15, November 2002.
Ghana: A major change in both policy and structure

By the mid-1980s the government of Ghana faced a dilemma regarding water. On the one hand, it regarded water as a social good, so it did not want to impose cost recovery on consumers. On the other hand, it could not afford the capital and operating costs needed to equitably provide water and sanitation. The unintended consequence was that poor people lacked water, while rich people enjoyed cheap water.

Prompted by GWSC’s concerns about operating costs, the government made a one-time increase in water tariffs in 1986, raising them tenfold. People complained, but they paid, creating a cross-subsidy of poor people by rich people. Meanwhile, the government monitored the innovations associated with the International Drinking Water Supply and Sanitation Decade (1981–90) and established a stakeholder group to adopt the best practices from the decade.

This led to a broad, consultative process of policy development during the early 1990s (box 2). In this process the Ghanaian people and agencies raised many issues, then debated and resolved them with support from external agencies, notably the World Bank and the Water and Sanitation Program. This process resulted in a draft sector strategy that was discussed and refined by representatives from line ministries, local government, the private sector, donors, and civil society. This broad participation gave all groups a voice in the reform process. The policy discussions also drew on the experiences of pilot projects already under way. The Water and Sanitation Program worked with the government to test community-managed hand pumps, the international NGO WaterAid tested community management of whole projects, and Catholic organizations experimented with community cash contributions.

Once the national policy for rural water supply, sanitation, and hygiene education was finalized, it was implemented as a pilot project in the Volta region, supported by the United Nations Development Programme (UNDP) and the Dutch government. It was then scaled up as the First Community Water and Sanitation Project (CWSP-1), a $20 million World Bank–supported program managed by the newly formed Community Water and Sanitation Division of GWSC. CWSP-1 implemented the new policy in 26 of Ghana’s 110 districts. When it ended in 1999, the national policy was enacted across the whole country.

The Community Water and Sanitation Agency (CWSA) was created from GWSC in stages. First, the functions related to rural community water supplies were placed in a separate division within GWSC, facilitating better monitoring of donors’ grants for water and sanitation for poor people. Later, in 1998, that division was made into an independent agency and renamed the Community Water and Sanitation Agency. CWSA adopted a fundamentally different approach from GWSC: coordinating and facilitating—not implementing—community-managed water supplies. Whereas GWSC had had a poor reputation among communities, CWSA immediately started to establish a good reputation as it encouraged communities’ sense of ownership.
At the same time CWSA was created, the government devolved certain core responsibilities from the national level to districts and communities. The district assemblies, an important tier of elected local government, became responsible for processing and prioritizing community applications for water supplies, awarding contracts for hand-dug wells and latrine construction, and running a latrine subsidy program. In order to be eligible for assistance, communities had to establish gender-balanced water and sanitation committees, complete plans detailing how they would manage their systems, and contribute 5 percent of capital costs in cash. In line with the new national policy, communities also had to pay all operational and maintenance costs. The final element of the strategy was unprecedented private sector provision of goods and services, covering borehole drilling, operations and maintenance, latrine construction, and community mobilization. This mobilization is carried out by partner organizations that are sometimes described as NGOs but actually function as commercial organizations, working to precise contracts and timescales.

By 2000 the reforms were complete and CWSA had settled into its role of helping the district assemblies implement the national community water and sanitation program. CWSA also formulates strategies, standards, and guidelines for the sector; coordinates the work of NGOs and donors; and encourages private sector activity in water and sanitation. The communities have primary responsibility for managing their water and sanitation services, while small-scale private sector firms are active in such areas as repairs and spare parts supply.

In sanitation the district assemblies start by subcontracting hygiene promotion to the same partner organizations responsible for community mobilization. The district assemblies respond to demand by providing subsidized latrine slabs, vent pipes, and fly screens on request, paying for the materials with donor funds provided through CWSA. CWSA broadcasts advertisements and jingles on local radio stations to complement the promotional work.

Traditionally, Ghanaians do not talk about latrines, and behavior change takes a long time. It is hardly surprising, therefore, that progress in promoting sanitation and hygiene has lagged behind that of water supply. Until recently, progress was also apparently hampered by the World Bank’s stipulation that more than half the households in a community had to request latrines before the district assembly could start to supply them, a guideline that has now been relaxed.

The national government in Ghana plays a crucial role in developing policy but is not involved in implementation. The Ministry of Works and Housing (the parent ministry of CWSA)

| Box 2. Chronology of the national rural water sector program in Ghana |
|------------------------|-------------------------------------------------------------------------------------------------|
| 1965                   | The Water Act, which governs the role of the Ghana Water and Sewerage Corporation, is passed. |
| 1986                   | The government raises water tariffs tenfold.                                                   |
| 1991–92                | The national water policy is drafted.                                                          |
| 1992–93                | Policy is refined through a series of strategy planning workshops.                             |
| 1994                   | The First Community Water and Sanitation Project (CWSP-1) begins.                             |
| 1998                   | Creation of the Community Water and Sanitation Agency.                                         |
| 1999                   | CWSP-1 ends.                                                                                   |
| 2000                   | Reforms and decentralization are completed.                                                     |
sets overall policy for the sector (and is trying to change its name to include “Water” to emphasize its importance). This ministry sees poverty reduction and the achievement of the water and sanitation Millennium Development Goals as vital parts of government policy. Water is a part of the portfolio of the Ministry of Local Government and Rural Development, which supports district assemblies and tries to mediate between district assemblies and line ministries, such as the Ministries of Works and Housing. The Ministry of Finance does not yet give water and sanitation sufficient priority in the eyes of the line ministries, as indicated by the low percentage allocation of funds to water and sanitation in the Ghana Poverty Reduction Strategy Paper.

Lesotho: consistent policies achieving long-term results in sanitation

The national sanitation program in Lesotho is much older than the programs in Ghana or South Africa. By 1980 Lesotho already had a national water supply program, but professionals working in the sector identified a gap in sanitation, initially in urban infrastructure and subsequently in rural areas. After a series of technical studies by various international organizations, in the early 1980s the government initiated a two-part national sanitation improvement program covering the urban and rural sectors of Lesotho (box 3).

From the beginning, the sanitation program was carried out by government organizations, specifically by Urban and Rural Sanitation Improvement teams. These teams acted within the government’s regular program of public sector development work. The two teams were designed to create the minimum necessary number of permanent government posts, complemented by a larger number of short-term, donor-funded posts to start the program and engage and train the private sector. This is exactly what happened: donor funding was phased out, as planned, and local private-sector organizations remain active in sanitation.

In both the urban and rural work, pilot projects were launched before scaling the work up to the full national program. The pilot projects enabled ideas to be tested locally before being applied nationally, and informed the design of the full-scale work that followed.

The rural sanitation program adopted a consistent set of principles. It ensured proper institutional arrangements at the national and district levels, involved communities in planning and management, and prioritized the government’s efforts on education and promotion. It insisted on full cost recovery from users: the government did not subsidize latrine costs. It promoted use of the small-scale private sector to build latrines and itself trained latrine builders. Each of these principles is well known to professionals in the sanitation sector. In Lesotho they have all been put into practice together, consistently, and for a long time—a combination that may be unique in Africa.
From the start the Lesotho program adopted the ventilated improved pit latrine, suitably adapted to local conditions, construction techniques, and preferences. This decision had an important effect on the nature of the program. While sanitation programs typically begin with a strong technical bias, due to the need to test a range of technologies and select one or more to use, the Lesotho program was always more concerned with broader social issues, such as community participation, health and hygiene promotion, and finance.

The government put most of its own effort into promoting sanitation and training sanitation professionals. The media promoted latrine use through printed matter, radio, slide presentations, and videos. Most of these efforts targeted potential latrine owners. The use of radio has been particularly strong and has resulted in a significant take-up of improved sanitation in terms of behavior and construction of latrines. The use of two key messages (improved health and improved status) in the promotion program appears to have increased impact. From the beginning the design of the program aimed to prevent the ventilated improvement pit latrine from being perceived as a poor person’s latrine. Middle-income people were deliberately targeted in promotions, as they could easily buy latrines without direct subsidies.

The private sector, in the form of small contractors who build latrines, has been involved in the program since the beginning. Trained by the Rural Sanitation Improvement Team, contractors make a living building unsubsidized latrines for householders—a benchmark of sustainability for which many sanitation programs strive (box 4).

**South Africa: turning the right to water into a reality**

A complete change in rural water and sanitation in South Africa was triggered by the political change from apartheid to inclusive democracy in 1994. The country’s population was then just under 40 million people, of whom an estimated 15 million (12 million of them in rural areas) lacked access to basic water supply and 20 million lacked basic sanitation. Water—though not yet sanitation—was one of the people’s top concerns, and expectations were high that the new democratic government would deliver equitable water services quickly.
In 1994 the new government made the Department of Water Affairs and Forestry (DWAF) responsible for ensuring that all South Africans had equitable access to water supply and sanitation. DWAF had previously been a technical organization focused on water resources and forestry management. Its historically apolitical character was an asset in approaching its new task, as was the involvement of progressive activists who moved into this sector of government. After consulting a range of interested parties, DWAF produced a policy on community water supply and sanitation in November 1994. This policy provided the foundation for the legislative and regulatory framework (subsequently enacted in the Water Services Act of 1997) governing the water sector and the national water and sanitation program (box 5). The policy recognized that local governments would eventually take responsibility for service provision. It also referred to the basic rights of access to water and to an environment that is not harmful to health or well-being (box 6). Both decentralization of supply and the right to water were formally stated in the country’s new Constitution in 1996.

**Box 4. A Latrine Builder’s Story**

A quarter of the trained latrine builders in Lesotho are women, including Mrs. Mateboho Monnanyane of Tsime, Butha-Buthe District. She pursues latrine building full time, actively marketing her skills by travelling from house to house or visiting local traditional leaders in neighboring towns and villages, explaining the importance of having a latrine. The resulting demand has been so great that she has trained five other people, four of them women, as latrine builders in the same area.

Mateboho’s background as a village health worker was a logical starting point to becoming a latrine builder. She works for everyone’s health, especially that of children. “I want to make an impression on the village,” she says. “There is competition when I go to other villages, but people ask me [to build their latrines] because I have a good reputation. That is my work.”

Source: Evans, Pollard, and Narayan-Parker 1990.

**Box 5. Chronology of the National Water and Sanitation Program in South Africa**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>First democratic elections are held; a water sector policy paper is drafted.</td>
</tr>
<tr>
<td>1995</td>
<td>The Reconstruction and Development Programme begins.</td>
</tr>
<tr>
<td>1996</td>
<td>The new Constitution of the Republic of South Africa is approved.</td>
</tr>
<tr>
<td>1997</td>
<td>The Water Services Act is passed.</td>
</tr>
<tr>
<td>1998–2000</td>
<td>Various local government acts concerning water and sanitation are passed.</td>
</tr>
<tr>
<td>1999</td>
<td>The free basic water policy is promulgated.</td>
</tr>
<tr>
<td>2003</td>
<td>A strategic framework for water is developed.</td>
</tr>
</tbody>
</table>

In 1994 the government knew that it must quickly start work to meet the high demand for rural development, including water supply and sanitation. It launched the top-priority Reconstruction and Development Programme (RDP), from which $340 million was allocated to DWAF for water and sanitation. Since the decentralized institutional framework for water and sanitation was not ready, DWAF itself took the lead and used RDP funds to scale up its work rapidly. It involved various organizations, including water boards, NGOs (notably the Mvula Trust), some transitional local government bodies, and private sector companies as partners in delivery. At the project level community-based project steering committees were set up and provided with guidelines by DWAF on the implementation and maintenance of their...
projects. Between 1994 and 2003 new water services were constructed for 9 million people, making the program one of the largest and most rapid service provision efforts in Africa.

During the late 1990s local government reform culminated in democratically elected local municipalities throughout the country. These municipalities are now responsible for implementing rural water and sanitation services, and local politicians are becoming actively involved. DWAF is changing its role from an implementer to a facilitator and regulator. The change will take some time, as many municipalities are still weak, but the Ministry of Finance has demonstrated leadership by projecting future budgets showing DWAF’s smaller role and local government’s larger one. As for the private sector, whose involvement is a contentious topic in South Africa, it is deeply involved in research, design, manufacturing, and even social mobilization and training, but it is involved only minimally as a water service provider.

In South Africa the right to basic sanitation—and to receive hygiene education—is constitutionally enshrined alongside the right to water. However, as in many other countries, sanitation lagged behind water supply. This was partly because the communities themselves had always strongly prioritized water supply and partly because there was not a good system for promoting sanitation at the community level. In 2000 South Africa experienced a dangerous outbreak of cholera, which provided an important stimulus for addressing the country’s slow rate of progress in sanitation. Latrine construction programs were given high priority. To ensure longer-term attention to sanitation, the government designated DWAF as the lead agency in sanitation. DWAF now provides strong political leadership for sanitation and hygiene promotion and has created a dedicated sanitation program to implement the work.

Box 6. Equity of access and the free basic water policy in South Africa

Under the 1994 policy the government funded the capital costs of water and sanitation infrastructure while users covered operations and maintenance costs—a financial division that applies in many other countries. Toward the end of the 1990s, it became clear that the high operations and maintenance costs of many schemes meant that poorer people could not afford the charges and were therefore not benefiting from the new water and sanitation services. In response the government developed a free basic water policy. This policy, which is a more sophisticated version of a concept adopted by many other African countries in the early postcolonial era, encourages water services authorities to provide households with the first 6,000 litres a month free of charge. Operations and maintenance costs are intended to be covered by a combination of a rising block tariff above that consumption level and a subsidy from the national budget to the local government specifically for basic service provision.

The free basic water policy is controversial. On the one hand, it sends a powerful political message and aims to ensure that people’s right of access to basic water supply—and hence to the health and social benefits arising from it—is not limited by affordability. On the other hand, its critics argue that it has weakened poor people’s sense of ownership, increased their dependency on the government, and reduced the accountability of water service providers to users who do not pay.

What impact does the free basic water policy have on the national economy? The subsidy needed from the national budget is known; the health and economic benefits of the water are not immediately quantifiable but are almost certainly much larger, suggesting that the policy benefits the national economy.
Other African examples

Several other countries in Africa have made progress in improving rural water and sanitation services. Uganda’s water and sanitation sector has been reformed in accordance with its overall poverty eradication plans. The government itself has actively led the reform process, with wide participation from donors and other stakeholders. The reforms include decentralization, increased local private sector participation, recovery of operations and maintenance costs, and subsidy for domestic latrines. A corresponding 15-year investment plan, financed partly by debt relief funds, is logically leading toward a sectorwide approach.

In Benin the government and donors have adopted a national rural water and sanitation strategy. The main features of the plan are community management of water services, decentralization from national to local government, variable levels of service in accordance with demand and affordability, and private-sector provision of goods and services. In Mozambique a pioneering program of peri-urban sanitation served more than 1.3 million people in a country that was just emerging from decades of destructive civil war. In Burkina Faso sanitation in both urban and rural areas has been addressed systematically using innovative ideas such as cross-subsidies from water supply tariffs.

How well did the national programs work?

All three countries reduced poverty by increasing the provision of water and sanitation services to the rural poor (box 7). Until recently, rural water and sanitation coverage in Ghana was below the average for Sub-Saharan Africa; coverage is now being extended at a rate of about 200,000 people—more than 1 percent of the population—a year and accelerating. The government and other observers believe that good progress is being made. CWSA is now fully established and functioning, with the active support of several bilateral support agencies, the European Union, and the World Bank. It intends to move to a sectorwide approach, in which all donors pool their resources to support a single national program rather than separate projects. CWSA’s projections, based on the current level of work and the reforms envisioned, indicate that the Millennium Development Goals for water will be achieved. Attaining the Millennium Development Goals for sanitation will be more difficult.

In Lesotho tens of thousands of new ventilated improvement pit latrines have been built in rural areas, and a similar number of pit latrines have been upgraded to ventilated improvement pit latrines. Sanitation coverage has risen from 15 percent to more than 50 percent in rural areas in 20 years. The rural sanitation program remains active within the Ministry of Health. Lesotho is reaping the benefits of its long engagement in sanitation development, and is on track to achieve the Millennium Development Goal for sanitation (it has already achieved the Millennium Development Goal for water).

In less than 10 years, South Africa has constructed water supply schemes designed to serve more than 9 million people—more than 20 percent of the population—helping redress the social inequity of the past. The program is continuing to extend rural water coverage at the rate of
1 million people a year. Decentralization is proceeding, and DWAF is changing its function from implementation to support and regulation. Sanitation, while still lagging behind water, is receiving much more attention than it did. DWAF expects to achieve its own targets, in advance of the Millennium Development Goals.

Box 7. How comprehensive is rural water and sanitation coverage in Ghana, Lesotho, and South Africa?

The Millennium Development Goals and the World Summit on Sustainable Development goals seek to halve the proportion of people who lack water and sanitation between 1990 and 2015. All three governments have committed themselves to these goals. The South African government has gone further, setting its own more ambitious goals to provide water for all by 2008 and sanitation for all by 2010.

Coverage figures for 1990 are difficult to produce, because some countries changed their criteria for measurement, while others used different baseline years. But current best estimates, collated from various in-country sources and the WHO/UNICEF Joint Monitoring Programme indicate that coverage has increased in all three countries (box table).

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— not available.


Health and social impact

Water-related diseases are the single-largest cause of human sickness and death in the world—and they affect poor people disproportionately. Therefore, the main impact of water and sanitation on human development is therefore improving health. Studies from around the world have shown that provision of safe water and basic sanitation accompanied by hygiene promotion can reduce the incidence of diarrheal diseases by as much as 25 percent (Cairncross 1999 and
Esrey and others 1990). Better sanitation also provides greater privacy, convenience, safety, and dignity—qualities that are particularly important for women.

Rural water and sanitation programs promote access to assets and services. They also advance social development through their community management systems, which enable people to work together equitably for their own development. The water sector contains many examples of innovative and successful community management.

Only a few studies have been conducted on the health and social impacts of water and sanitation programs in Ghana, Lesotho, and South Africa. Research in Lesotho suggests that the incidence of sanitation-related diseases has fallen significantly in areas where water and sanitation projects have been implemented. These findings are typical of those from around the world indicating that the health impact derives from the combination of improved hygiene, sanitation, and water supply.

Empowerment of and accountability to the poor have been extremely important features in both the Ghana and Lesotho programs. In South Africa the national program has been centrally led, and the free basic water policy arguably reduces empowerment of poorer people, because the water service providers are more accountable to their paymaster (the national government) than to their users. The government disputes this argument, but at least one independent survey (Palmer Development Group 2000) seems to confirm that the relationship between the public and the water service provider changes for the worse when users stop paying for water. Accountability must then be exercised through the ballot box.

**Economic impact**

Around the world poor people place a high priority on drinking water and, to a lesser degree, sanitation. Considerable evidence suggests that improved water and sanitation generate substantial economic benefits, mainly by saving time and energy. Fetching a family’s basic water requirement can be both time consuming and physically exhausting—and the burden falls disproportionately on women and children. Seeking privacy for open defecation forces many women to wake up an hour early every day of their lives. Being ill with a water-related disease, or caring for an ill family member, also consumes much time and money. The time and energy saved by improved water supply and sanitation can be used in economically productive or educational activities. Water and sanitation programs also contribute to economic development by creating jobs, although the impact is relatively modest, as the number of permanent jobs created is small at the community level. These economic factors make a strong case for governments to intervene in water and sanitation through regulation or investment.

Few rigorous studies of the economic impact of improved water and sanitation have been conducted in Ghana, Lesotho, or South Africa. In Lesotho latrines are built by local private-sector builders; people with latrine construction skills have a direct economic incentive to promote improved sanitation. In South Africa job creation is a stated benefit of the national water and sanitation program, and DWAF monitors the number of jobs created by it.
How much do the programs cost?

Most countries include expenditures on water and sanitation under other general headings, such as health. National expenditure figures on water and sanitation are not therefore generally available. It is possible to estimate costs from individual programs, however. Those costs suggest that each of the three countries has chosen a program that is appropriate given its economic situation (box 8).

In Ghana CWSP-1 supplied water to more than 300,000 people at a direct cost of $26 per person. This unit cost doubles to $50 if the indirect costs of institutional capacity building are included. These costs are fairly typical of other African countries.

The Lesotho sanitation program includes no subsidy for latrine construction: each household pays for the construction of its own latrine by a private sector builder. In rural areas a latrine costs about one month’s salary, although people can reduce the cost by collecting and using local materials for building.

The well-documented South African national program supplies water at an average capital cost of about $90 per person. Many of its schemes use relatively high, engineering-driven design standards and technologies that may be difficult for local governments to maintain and too expensive for users to fund. An alternative approach would have been to involve communities in choosing service levels and to build systems that the communities themselves could afford and maintain. This has not happened, mainly because the Constitution states that water must be available within 200 meters of every person’s house, which in scattered rural populations dictates high-cost technologies, such as piped systems, rather than simpler and less expensive technologies, such as hand pumps and wells, as used elsewhere in Africa. Civil servants have questioned the use of high-cost technologies that follows from the 200 metre rule, but South African politicians are committed to the current policy.

How are costs recovered?

Recovering the costs of water and sanitation services is an important issue for governments around the world that want to achieve the water and sanitation Millennium Development Goal. While it is easy to argue that investments in water and sanitation more than pay for themselves in improved health and saved time, those benefits are intangible; governments want to ensure that actual costs will be covered. Cost recovery is also important for the sustainability of water and sanitation services.

In Ghana the official policy specifies that communities and local governments each must pay 5 percent of capital costs (box 9). The balance of 90 percent comes from CWSA’s (largely donor-funded) budget. In Lesotho households cover 100 percent of the capital costs for sanitation.

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3 One study estimates expenditure on water and sanitation in Ethiopia, Kenya, and Uganda as ranging from 0.5 to 1.0 percent of GDP (World Bank 2004). South Africa has a policy of allocating 0.75 percent of its GDP to water and sanitation; the actual allocation has reached 0.4–0.5 percent.
In South Africa the government provides 100 percent of capital costs for both water and sanitation. These are markedly different policies.

Ghana’s policy, in which the community contribution is intended to generate a sense of ownership, is typical of many countries. The policy seems sensible enough, but some observers view the rigid application of the policy as reflecting directives from the World Bank. Moreover, the policy may discriminate against the poorest people. Lesotho’s policy was innovative 20 years ago and remains cutting edge even today. It seems likely that many other countries will need to adopt this policy in order to achieve the Millennium Development Goal for sanitation. Even this policy is not faultless, however, because the poorest households have been unable or reluctant to construct latrines. Some NGOs have offered subsidies to such households in the rural areas, and the government itself may soon do so. South Africa’s policy, in which the government covers all costs, is unusual among poorer countries but typical of middle-income countries.

Like many poor countries, Ghana and Lesotho require users to cover operations and maintenance costs. In Ghana each community fixes the tariff based on CWSA guidelines circulated by the local government. The decisions of the communities are endorsed by the water and sanitation development boards of each community and approved by the local government. In South Africa the basic level of water and sanitation service is free to users, while higher levels are charged to them; the balance of operations and maintenance costs is covered by a subsidy from the national budget.

In practice, application of these policies is more flexible than the policies themselves appear. For example, in Ghana poor people are often identified at the community level and

**Box 8. Creating water and sanitation programs that are well suited to the national economic context**

The rural water and sanitation program in Ghana was implemented against a background of generally steady national economic growth. Growth has not benefited CWSA’s program directly, however, because the Ministry of Finance has not allocated more money from the government budget to it. CWSA has benefited indirectly, because donors have put more money into the country, including CWSA. About 90 percent of CWSA’s investment, training, and consultancy budget comes from donors, with 10 percent coming from the central government and from a small but innovative cross-subsidy from urban water tariffs.

In Lesotho the macroeconomic climate has always been difficult. The sanitation program was designed to minimize the drain on national economic resources by avoiding subsidies to household latrines, generating demand through promotional work, and encouraging the private sector to meet demand on a commercial basis. This strategy has worked well, and successive governments have found the cost acceptable, as illustrated by its continued use after 20 years. Mainstreaming the sanitation budget into the district health budgets has caused it to compete with curative work, which many district-level decisionmakers view as a higher priority.

The national economy of South Africa is stronger than those of most African countries, with per capita GDP that is an order of magnitude higher than that of Ghana or Lesotho. Given its economic strength, the post-1994 government chose to construct water supply systems at comparatively high capital and operating costs. This strategy relies on both the continuing strength of the national economy and the continuing willingness of national politicians, who have many other pressing needs to fund. In other African countries both these factors caused problems, and many water services collapsed in the 1970s and 1980s. The current government in South Africa is confident that its water services will not face similar problems.
exempted from paying (a form of community-managed cross-subsidy). In Lesotho the government subsidizes the emptying of latrine pits. In South Africa evidence is mounting that many users are not paying even for higher levels of service, suggesting that the national subsidy is covering most of the operations and maintenance costs. Only in a few richer or better-managed South African municipalities do enough people pay the higher tariffs to achieve full operations and maintenance cost recovery from users.4

Box 9. What do Ghanaians think about their water and sanitation services?

In 2000 CWSA commissioned a beneficiary assessment in communities in which water facilities had been improved under CWSP-1. The report describes the people’s own views about their improved water and sanitation services.

More than 90 percent of respondents were satisfied with the location, quantity, and quality of the water they received.

Almost all respondents—97 percent—used the improved water source and did not feel that poverty had constrained their access to improved water.

About 92 percent of respondents had contributed to capital costs and 85 percent were contributing to operations and maintenance costs. The vast majority felt that the principle of payment was fair and intended to continue paying.

More than 80 percent of respondents had adopted improved hygiene practices, such as keeping water in a clean container and washing their hands after using the latrine and before cooking.

Only about 20 percent of respondents constructed new latrines, although almost 70 percent were aware of the sanitation component of the program.

More than 90 percent of water and sanitation committees had received training, opened bank accounts, and held regular meetings. Women played active and influential roles on these committees.

Latrine builders, well diggers, mechanics, and health workers all received training through the program. Sixty percent of latrine builders dropped out due to lack of demand for latrines.

Source: Baah 2000.

4 The Mvula Trust estimates that cost recovery occurs in 10–20 percent of municipalities.

Integrating improved hygiene, sanitation, and water

In recent years it has become clear that greater health benefits accrue from the combination of improvements to hygiene, sanitation, and water supply than from the provision of water alone. Integration of the three activities is therefore vital for achieving poverty reduction through water and sanitation. Professionals working on the national program in Lesotho were particularly aware of the fact that this integration must underpin any national water and sanitation program. Hygiene promotion played a particularly important role in generating demand for improved sanitation. In Ghana and South Africa the slower spread of sanitation has been identified as a problem.

Putting sound principles into practice

Learning and experimentation have not been central features of these national water and sanitation programs. The main source of learning and experimentation has been the use of pilot projects, which Ghana and Lesotho have used to test new ideas.

The strength of all three programs has been in consistently putting sound principles into practice. The Lesotho program put into practice a complete set of policy ideas that were comparatively new in the 1980s, but its main
characteristic has been in applying those ideas. The South Africa program is also based on a strongly articulated set of political beliefs, not on innovations for their own sake.

**Key factors for successful implementation**

Several factors are critical to the successful implementation of a nationwide water and sanitation program.

**Strong political leadership**

The commitment of political leaders has been a strong factor in the success of all three national programs. In Ghana the national mood in the 1980s favored reform and innovation. The rural water sector reform fit well with the other changes in the country’s political economy, although its immediate drivers were more pragmatic considerations. Rural water had been neglected, and the sector as a whole was stuck in a downward spiral of inadequate cost recovery and poor service. Politicians made a decision to reverse that trend by increasing tariffs, seeking grants and loans, and separating the rural from the urban sector. Successive governments of different parties have all seen water and sanitation as important contributors to social and economic development, and reform of the sector has not been used as a political issue.

In South Africa the whole concept of the national water and sanitation program derived from national politics. After the apartheid era ended, the new government was elected on the promise of “a better life for all.” There was a strong political commitment to service delivery programs; the national water and sanitation program was part of a shared vision of a nation in which people would have opportunities to develop their skills and use them productively, working for an income from which they could meet their basic needs. Successive ministers of water have provided energetic and determined leadership to the sector (box 10). The water program is one of the government’s most popular achievements, reinforcing politicians’ enthusiasm for it. Local political leaders also play an active role, setting budget priorities and service delivery standards and approving projects, and they have a positive effect on the success of the program.

In Lesotho politicians played a different, though still important, leadership role. The original impetus for the sanitation program came from sector professionals and external agencies, which stressed the importance of fitting their work into the mainstream government structure. Recognizing this, for many years politicians have allocated significant sums to sanitation through the government’s regular budget.

In all three countries the government’s priority to water and sanitation has not flagged over time. Even when different political parties have been elected, as in Ghana, the impetus for water and sanitation work has been maintained. This long-term commitment has underpinned the success of all three programs. It is important because water and sanitation expansion, and especially hygiene promotion, are activities that must be sustained over a long period in order to achieve success.
**Clear legislation**

Legislation has played an important role in improving water and sanitation services in the three countries, especially in South Africa, whose 1996 Constitution includes extensive social, economic, and environmental rights, including the right to basic water and sanitation. South Africa’s National Rural Water Supply and Sanitation Program became not just a short-term activity by DWAF, but an integral element of the nationally legislated human rights program. An independent Constitutional Court holds the government accountable for adherence to the Constitution, a document complemented by successive acts of Parliament clearly stating the policies and their applications. Every organization involved in the water program in South Africa knows its role.

Ghana also has clear laws, notably various acts of Parliament dating from 1988 to 1998 that define the policies and roles of most sector agencies. Local government is the subject of a recent bill. By defining district assemblies’ roles and responsibilities, it will help them recruit higher-calibre staff and implement the National Water and Sanitation Program more effectively.

In Lesotho the legal framework evolved as the sanitation program progressed from the pilot stage to a nationwide operation, notably through the formation of the National Rural Sanitation Program in 1987. This evolving legal framework gave legitimacy to the sanitation program’s position as a regular part of the public sector’s work.

**Decentralization to local government**

The devolution of authority from national to local government is a governance trend that has been widely adopted in developing countries in recent years. Its merits include increased accountability to the people and flexibility to tailor development work to meet local needs. Other sectors, such as health, have pioneered this devolution. In the water sector all three countries have applied this devolution of authority and recognized many positive benefits, although they have also encountered problems.

The two main problems have been the long time needed to build up the expertise of local government organizations to fulfil their new role (which may cause a temporary reduction in

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**Box 10. Kader Asmal, South Africa’s water rights advocate**

Professor Kader Asmal is a lawyer and educator by profession—and a veteran of the struggle against apartheid. Before South Africa’s democratic change in 1994, he was instrumental in drafting the Bill of Rights on which the new Constitution was based, a document including the human right to water. President Nelson Mandela appointed him Minister for Water Affairs and Forestry, a post that he held from 1994 until 1999.

Minister Asmal provided vigorous political leadership to the National Water and Sanitation Program in South Africa. At a time when many other issues competed for attention, he championed the cause of water and sanitation at the cabinet level within the government and obtained substantial financial allocations for the water sector. He galvanized his own department and other sector players into action, driven by his passionate belief in the people’s right to water.

In 2000 Minister Asmal received the prestigious Stockholm Water Prize in recognition of his leadership of the South African national program. He saw the award as a “celebration of the democratic gains in South Africa that have enabled us to carry out the far-reaching changes to our body politic.”

Source: Personal communication to the author, April 2000.
coverage rates) and their natural inclination to revert to supply-driven centralized approaches and technologies. In Ghana, for example, the devolution process has wisely been slowed to a pace below what donors would have liked by the government, while CWSA still has to implement water programs on behalf of many local governments as a temporary measure. In South Africa a significant proportion of local governments are not yet ready to take on their legal obligations for water and sanitation, mainly because they lack the financial and operational capacity.

The successful transfer of power to local government depends on strong support from a powerful central agency. This is precisely CWSA’s role in Ghana. While it was the implementing agency in the early stages, it now principally helps and supports local government take on this work. In South Africa DWAF is following a similar path, handing over responsibility for implementation to local governments as it takes on a regulatory and support role. In Lesotho the devolution to local government took place at the start of the program, with district sanitation teams taking the main role in implementing the program, supported by the Rural Sanitation Improvement Team.

Strong communities, civil society, and the media

National governments have taken the leadership role. But communities themselves, local civil society organizations, and the mass media have also played important roles.

Community management principles have been important in Ghana and Lesotho and in a few aspects (notably sanitation) of the South African program. They are crucial to the sustainability of water and sanitation services. Communities cannot manage their water and sanitation services in a vacuum; they need long-term technical and professional support from intermediary organizations. In Ghana and Lesotho this role is largely filled by small-scale private-sector companies, whose role has not been well documented or acknowledged. In South Africa government agencies provide this support.

Civil society organizations are particularly active in South Africa. Many human rights organizations were influential in the debates that led to the constitutional right to water; some have even taken cases of water disconnections to the Constitutional Court, where they have prevailed on behalf of water users. NGOs, notably the Mvula Trust, also work in water service delivery in South Africa. The Trust was influential in both drafting and implementing policy, particularly in the sanitation sector. The South African media have also played an important role in ensuring public scrutiny and transparency of the water program.

In Ghana the media provide lively coverage of water issues, relating mainly to private-sector participation in the urban water sector. They have reported some progress in rural areas in water, less in sanitation. They believe that their role is to communicate people’s views to politicians. For their part, politicians feel that the media are often careless or negative in their coverage.

Ghanaian NGOs were initially helpful and constructive in their contributions to the policy debate. Recently, however, CWSA has perceived them as antagonistic toward possible private
sector participation, apparently as a result of influence from international social justice and antiglobalization organizations.

In Lesotho the sanitation program was wholly implemented by the government; NGOs played only a minor role. The media were important in promoting hygiene, which generated demand for sanitation.

**Active support from donors**

Donors have played different supporting roles in the three countries. In Ghana they have played a secondary role in policymaking but are vital in financing the water and sanitation sector. Several bilateral and multilateral donors had been active in the water sector for years and recognized the weaknesses of the centralized government–run implementation and maintenance system. The new policy process was therefore one for which most donors felt empathy. These donors continue to provide the vast majority of funds for CWSA’s capital investments, and this dependence on external finance seems likely to continue for many years. This pattern is typical for a low-income country.

The role of the World Bank in the Ghana program attracts a range of comments. On the one hand, the Bank has made loans available and supported sector reforms and decentralization. On the other hand, some sector players in Ghana have the impression that the Bank is stipulating certain conditions (fixed percentage contributions to capital costs, minimum proportion of people demanding latrines in a community, private-sector involvement) before it will grant loans. The Bank denies any such conditionality, but there is a feeling in Ghana that it has a disproportionate influence over sector policies.

In Lesotho donors were instrumental in starting the national sanitation program, but they worked with the government to design the program specifically to avoid financial dependence on them in the long term. Initially, they supplied expert personnel, who helped develop the program in close cooperation with national staff within government and handed over all management responsibilities to government staff. Donors also provided funds to develop the national program as a whole, in particular to train private-sector players to build latrines.

In South Africa donors have had little influence on the policy process and provide only a small percentage of the funding for the national program. The South African government appreciates their support, but the program is overwhelmingly a South African one and would have progressed almost as quickly without external support. This pattern is typical of a middle-income country.

**Problems to address**

In all three countries problems need to be solved in order to achieve the water and sanitation Millennium Development Goals and hence eliminate poverty:
The main institutional concerns in Ghana and South Africa relate to local government. It is difficult to delegate operational responsibility for water services in the poorest areas of a country from a relatively well-resourced national department to often weak local governments. Since this institutional change is regarded as a central feature in the national programs, it is vital that it be implemented successfully. The success of the process will be measured only by the sustainability of services over the long term.

The main financial concerns are different in each case. Ghana is typical of many low-income countries in that the achievement of the Millennium Development Goals will depend on continuing external financial support. South Africa is a richer country and does not need external support, but there is concern about the financial sustainability of water supplies when users do not pay for service. This reliance on funding from general taxation depends on the strength of the national economy and politicians’ continued commitment to the program.

The biggest remaining technical and financial problem in Lesotho is emptying latrine pits. All latrine pits eventually fill up; a sustainable sanitation system must be able to empty the pits economically. The only viable technology used today is conventional suction tankers, a relatively expensive method that is subsidized out of the national budget. Many other countries (including South Africa) are beginning to encounter the problem of pit emptying; Lesotho has already encountered the problem because its national sanitation program is comparatively old.

**Lessons**

National programs in Ghana, Lesotho, and South Africa have improved water and sanitation. Several general conclusions can be drawn from their experiences:

- Top-level political commitment to water and sanitation, sustained consistently over a long time period, is critical to the success of national sector programs.

- Clear legislation is necessary to give guidance and confidence to all agencies working in the sector to determine their own policies and plans and to advance their activities as quickly and as well as they can.

- Devolution of authority from the national level to local governments and communities improves the accountability of water and sanitation programs. Local governments need professional support from strong, central, public sector organizations in order to implement their work programs effectively.

- The involvement of a wide range of local institutions—social, economic, civil society, and media—empowers communities and stimulates development at the local level.

Sensitive, flexible, and country-specific support by donors can accelerate progress in the water and sanitation sector.
References


**Abbreviations**

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