

Summary

- WSUP is an operational multi-sector partnership harnessing the expertise of the **private sector, civil society and academia** to address the pressing issue of urban water and sanitation in developing countries.
- WSUP's work contributes to the achievement of the **MDGs**, particularly MDGs 7 (water, sanitation and slums) and 4 (under 5 child mortality).
- WSUP has a **five-year strategic programme** focused on **six countries** - Madagascar, Mozambique, Zambia, Kenya, Ghana and Bangladesh.

By 2016 WSUP will have:

- Directly** improved access to water for 1 million people, improved access to sanitation for 250,000 people and improved hygiene practices of 1.5 million people;
- Strengthened institutional capacity** to improve access to water and sanitation services and improved hygiene practices for an additional 12 million people on a sustainable basis;
- Supported the mobilising** of \$300 million of **financing** for the scale up of pro-poor water and sanitation models from a range of financing sources;
- Promoted practical evidence** of successful urban water and sanitation models from six countries to inform and influence the international water and sanitation sector;
- Provided value for money** with non-project costs remaining at current level of 7% of total spend.

WSUP's approach

Through demonstrating effective service models and mobilising resources, both financial and human, WSUP is supporting the **adoption and replication of effective, sustainable and scalable models of pro-poor urban water and sanitation services** by service providers and/or national governments. WSUP **empowers** service providers to demonstrate effective models in order to mobilise investments for further improvements and promotes successful approaches internationally. Key focus areas include:

Water Supply	Sanitation	Hygiene	Environment	Capacity
<ul style="list-style-type: none"> Professional partner to water utilities Delivering service improvements in low income communities Developing contract models which deliver financial benefits for utility, independent providers and consumers Using innovative service models adapted to the needs of the urban poor 	<ul style="list-style-type: none"> Professional partner to city authorities Facilitating city wide sanitation plans Triggering municipal budget allocations to sanitation Demonstrating sanitation business models and approaches Faecal Sludge Management, "Uniloo" access to local credit for urban sanitation 	<ul style="list-style-type: none"> Professional partner to health and sanitation authorities Partnership with Unilever, delivering mass behaviour change programmes Programme focus on handwashing Partnering with BBC World Service Trust on effective mass media campaigns 	<ul style="list-style-type: none"> Climate proofing urban water and sanitation systems Application of the Cranfield-WSUP model Identifying practical climate change resilience actions for service providers Environmental impact assessments integral to programming 	<ul style="list-style-type: none"> Developing contract models Performance based finance Developing NRW reduction strategies Financial management Customer service focus with low income consumers Private sector engagement in sanitation

Context

- The **sanitation MDG target is severely off-track**:
 - 2.6 billion people lack access to basic improved sanitation;¹
 - The world is likely to miss the sanitation MDG target by a billion people,² with the number without access to basic sanitation *increasing* rather than decreasing by 2015;¹
 - 790 million people in urban areas lack access to basic improved sanitation;²
- Progress against the **slum MDG target** has been insufficient to offset the growth of informal settlements² and progress in **urban** areas against the water and sanitation MDG targets has been negligible: 140 million people living in urban areas are still using unimproved water supplies.²
- Over a billion people already live in low income urban communities globally, and Africa's urban population is set to **triple** to 1.23 billion between 2010 and 2050.³
- Access to improved sanitation is strongly linked with improved health and reduced incidences of diseases, particularly diarrhoeal diseases, which cause **1.6-2.5 million deaths** annually.⁴
- Diarrhoea kills more young children** each year than HIV/AIDS, tuberculosis and malaria combined and "the key to its control is hygiene, sanitation and water..."⁵
- Providing adequate water, sanitation and hygiene to everyone would prevent 6.6% of the global **disease burden** in terms of disability adjusted life years (DALYs).⁵

¹ The Millennium Development Goals Report 2010, United Nations, 2010

² JMP (2010) WHO/UNICEF <http://www.wssinfo.org/data-estimates/table/>

³ UN Habitat, *The State of Africa's Cities*, 2010

⁴ Mara, D. et al. (2010) 'Sanitation and Health' in *PLoS Medicine* 7(11)

⁵ Bartram, J. and Cairncross, S. (2010) 'Hygiene, Sanitation and Water: Forgotten Foundations of Health', in *PLoS Medicine* 7(11)

Relevance

WSUP's work contributes to the attainment of the MDGs in the following ways:

- **MDG 7** – reductions in the proportion of the population without sustainable access to safe drinking **water** and basic **sanitation** (target c), and improvements in the lives of **slum dwellers** (target d);
- **MDG 1** – reductions in **poverty** and **increased wealth creation** as a result of reduced productive time lost to illnesses and collecting water and support for establishment of viable local **sanitation enterprises**; reduced incidence of **under-nutrition** as a result of reduced incidence of diarrhoeal diseases in children;
- **MDG 2** - reductions in impaired **school** performance, absenteeism and non-enrolment linked to reduced incidence of diarrhoeal and other diseases affecting children;
- **MDG 3** – increased empowerment of **women and girls** owing to reductions in time spent collecting water, improved educational opportunities linked to access to and use of menstrual hygiene facilities, and increased privacy and security when defecating;
- **MDG 4** - reductions in the **under-five mortality rate** due to reduced incidence of diarrhoeal diseases;
- **MDG 5** - reductions in **neonatal mortality**⁶ as a result of hand washing with soap by mothers and birth attendants, which reduces the risk of neonatal deaths by 41%.⁷

Hygiene and sanitation improvements are among the most **cost-effective** public health interventions⁸ and WSUP draws on **private sector marketing expertise** to promote hygiene with further cost effectiveness.

Achievements to date

Demonstrated Models

Sustainable service improvements:

350,000 slum dwellers with improved access to safe, affordable water

57,000 now using improved sanitation facilities

375,000 exposed to hygiene promotion messages

Successful models adopted in cities with combined population of **10 million** urban poor consumers

Investment Mobilised for Scale

DFID start up funding of £3.5m (2006) has mobilised:

\$35m from local government, bilaterals and foundations

\$3.8m from partner utilities

\$3m in private sector investment

Over \$200m in IFI finance in pipeline

Successful Models Promoted Internationally

- Topic Brief & Practice Note Series launched (Feb 2011)
- USAID African Cities for the Future programme blog
- IDEO Concept platform for sanitation
- Sanitation Call to Action launched (Feb 2011)
- Conference sessions at Stockholm World Water Week 2009 & 2010
- 2011 conference programme including WEDC Conference, World Water Week and AfricaSan

What WSUP's Partners Say

“Urban services are a real challenge and we need serious programmes. WSUP is the most appropriate partner we have and the experience of its members is invaluable. Their approach is really adapted to the local context. WSUP can help us address the target population that we are not currently serving and we are working together to bring water to the urban poor.”

Jose Ramampanjaka, Directeur de l'équipement Eau, JIRAMA, Antananarivo

“WSUP has helped me to establish my business, negotiate a workable contract with the city and expand my service area which includes many low income communities.”

Antonio Madeira, Managing Director EMA, Private Operator, Maputo

“It is government policy for people to have clean water. As an individual business owner, it would have been so difficult to provide that water without the support of WSUP.”

Geoffrey Macharia, Private Borehole Owner, Naivasha, Kenya

“The partnership between CUA and WSUP to improve water and sanitation services in Antananarivo has been important and successful. Under the WSUP supported programme a significant population in the city has been given access to improved services. The approach adopted to ensure sustainable operation and management of these is important and supported by BMH. Based on this model, the CUA is scaling up such services to cover all the unserved areas of the CUA commencing from 2011 in partnership with interested private sector and civil society organisations.”

Dr Raharinandrasana Hajatiana, Directeur de L'Assistance Sociale et de la Sante Publique, Bureau Municipal d'Hygiene, Commune Urbaine d'Antananarivo, Madagascar

Strengthened Institutional Capacity to Sustain the Improvement Process

- Utility business plans in Mozambique and Madagascar targeting poor neighbourhoods;
- Water connection policies reformed to provide greater access for the poor in three cities;
- Low income units established in utilities in 3 countries, dedicated to achieving 100% coverage in poor neighbourhoods;
- Contracts developed between utility and private operators to serve low income areas;
- Water service providers in 6 countries with strengthened operational capacity to serve the poor;
- 25 independent sanitation service providers in 4 countries strengthened, improving supply of products & services to the market;
- Large scale hygiene promotion in partnership with Lifebuoy brand and launch of “Uniloo” (innovative sanitation solution for slums) in partnership with Unilever;
- City sanitation planning initiated in 5 cities, leading to greater government commitment to integrated sludge removal systems which is vital for improving city wide sanitation;
- Over 50 CBOs / NGOs in 22 slums managing local community water and sanitation CUA services under contract with the city.

⁶ Chant, R. (2008) The role of water, hygiene and sanitation in neonatal mortality

⁷ Rhee et al “Impact of Maternal and Birth Attendant Hand-washing on Neonatal Mortality in Southern Nepal”, 2008 July, 162(7), pp. 603–608

⁸ World Bank/WHO Disease Control Priorities Project, Laxminarayan R. et al. (2006) Intervention Cost-Effectiveness: Overview of Main Messages, in Jamison D.T. et al. (2006) Disease Control Priorities in Developing Countries, 2nd Edition, The World Bank