



The sanitation profile provides an overview of the sanitation situation in Senegal and identifies key priority areas to achieve SDG 6. The purpose of the profile is to support donors and government officials to have a common understanding of the sanitation situation in Senegal and to prioritize their efforts.



## Population

**16.7**  
MILLION

POPULATION<sup>1</sup>

**2.7%**

POPULATION GROWTH<sup>1</sup>

**48.1%**

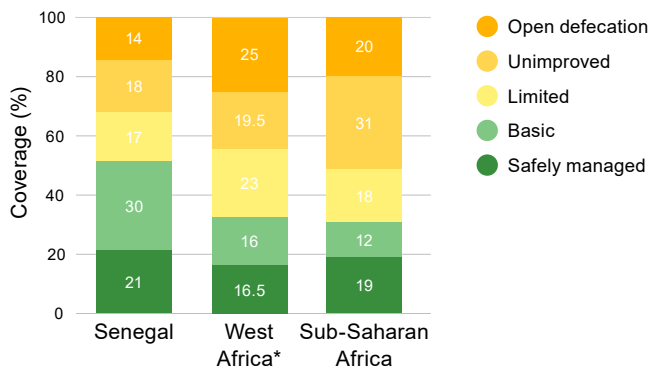
URBAN POPULATION<sup>1</sup>

**64.5%**

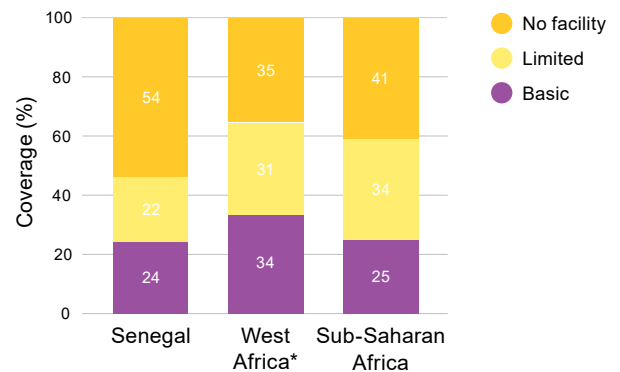
URBAN POPULATION  
PROJECTION 2050<sup>1</sup>

## Sanitation and Hygiene Coverage

Total Household Sanitation Data (2017)<sup>2</sup>

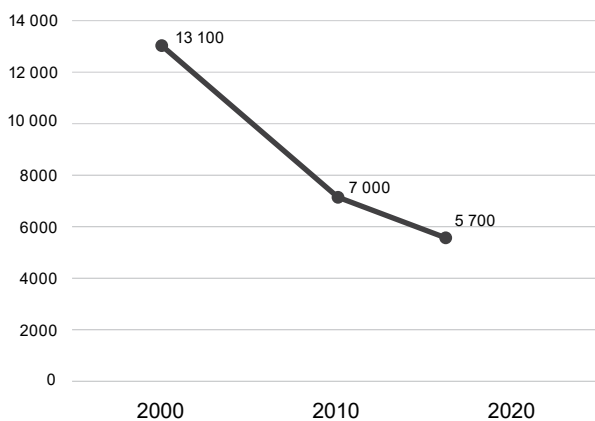


Total Household Hygiene Data (2017)<sup>2</sup>

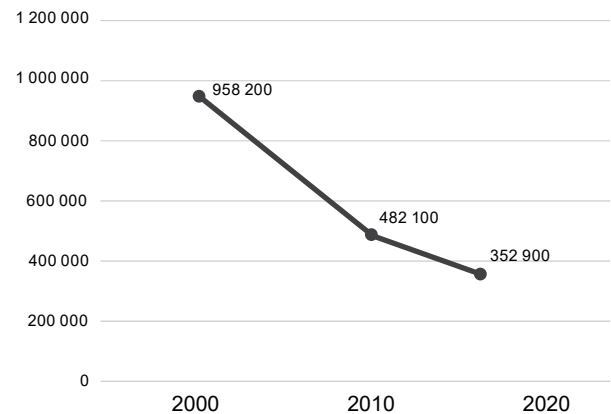


## Health

Deaths Due to Diarrheal Disease<sup>3</sup>



Disability-Adjusted Life Years (DALYs)\*\* Due to Diarrheal Disease<sup>4</sup>



\* AMCOW West Africa region: Benin, Cote d'Ivoire, Gambia, Ghana, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo, Burkina Faso, Guinea Bissau, Cape Verde, and Guinea.

\*\* One DALY can be thought of as one lost year of "healthy" life. DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

# ENABLING ENVIRONMENT

## ■ Ngor Declaration

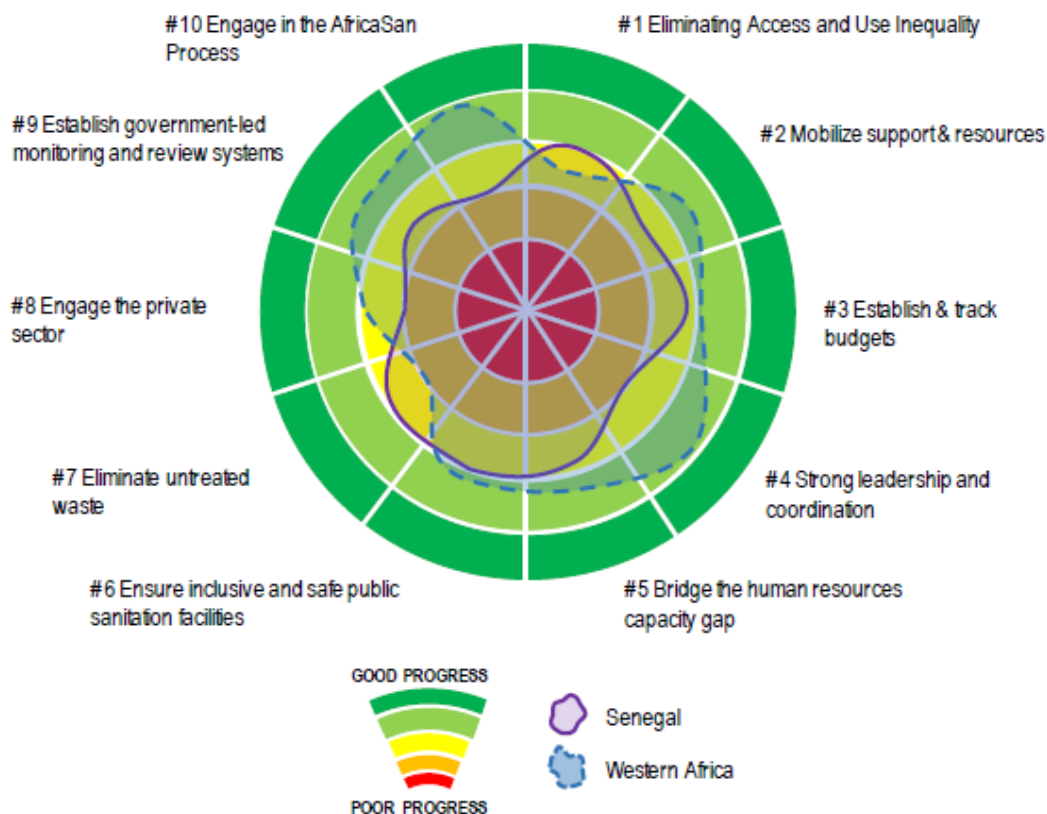
On May 27, 2015, African Ministers responsible for sanitation and hygiene adopted the Ngor Declaration on Sanitation and Hygiene at the AfricaSan4 conference held in Senegal. The Ngor Declaration vision focuses on universal access to adequate and equitable sanitation and hygiene services and an end to open defecation by 2030, and as such reflects the paradigm shift of the Sustainable Development Goals (SDGs).

The commitments were made in recognition of the fact that gains made in sanitation access since 1990 had not kept pace with demographic change; the understanding of the centrality of hygiene and sanitation to the existing health, economic, social & environmental burden on African countries; and to reaffirm the human right to safe drinking water & sanitation for all.

The Ngor monitoring system measures progress against commitments both in terms of whether the building blocks of the enabling environment are in place (stage 1), and subsequently progress against country-specific targets (stage 2). Ministers attend Ngor monitoring meetings to conduct country self-analysis, to learn from others, and to plan for next steps.

## ■ Progress<sup>5</sup>

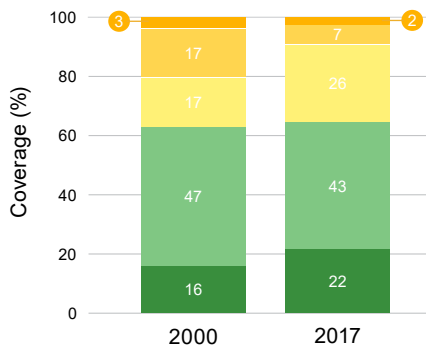
Stage 1 Ngor Commitments Progress: West Africa & Senegal



# INFRASTRUCTURE AND SERVICES

## Urban Sanitation

Urban Household Sanitation Data<sup>2</sup>



**17%** Households use a toilet linked to a sewer system. Although the sewer network has expanded since 2000, from 758 000 to 1.28 million people, coverage has decreased by 2% due to population growth.

**47%** Households use a toilet linked to a septic system.

**6%** Increase in the use of safely managed sanitation facilities between 2000-2017.

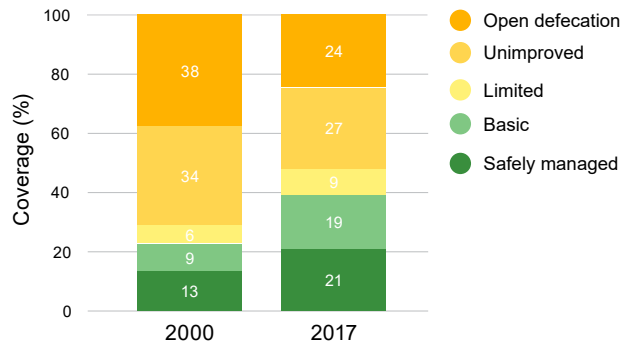
**42%** Households have a basic handwashing facility (soap and water). 21% have limited and 37% have no handwashing facility.

### Key developments<sup>7,8,9</sup>

- Improving market mechanisms to promote authorized mechanical emptying (e.g., innovative call center).
- Increasing the capacity and performance of wastewater treatment plants and fecal sludge treatment plants.
- Sub-contracting the operation and maintenance of wastewater treatment plants and sewer systems to private operators (e.g., DELVIC Sanitation Initiatives).
- Implementing innovative re-use projects, including the Omniprocessor in Dakar and the biogas reactors in Camberene.

## Rural Sanitation

Rural Household Sanitation Data<sup>2</sup>



**0.3%** Households use a toilet linked to a sewer system (Note: In 2000: 1.6% ; 2010: 0.9%).

**20%** Households use a toilet linked to a septic system.

**8%** Increase in the use of safely managed sanitation facilities between 2000-2017.

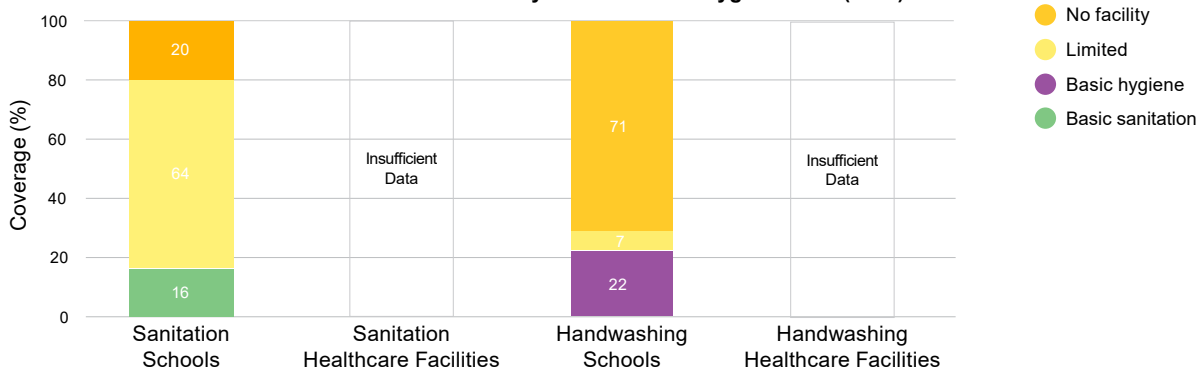
**9%** Households have a basic handwashing facility (soap and water). 23% have limited and 68% have no handwashing facility.

### Key developments<sup>12,13</sup>

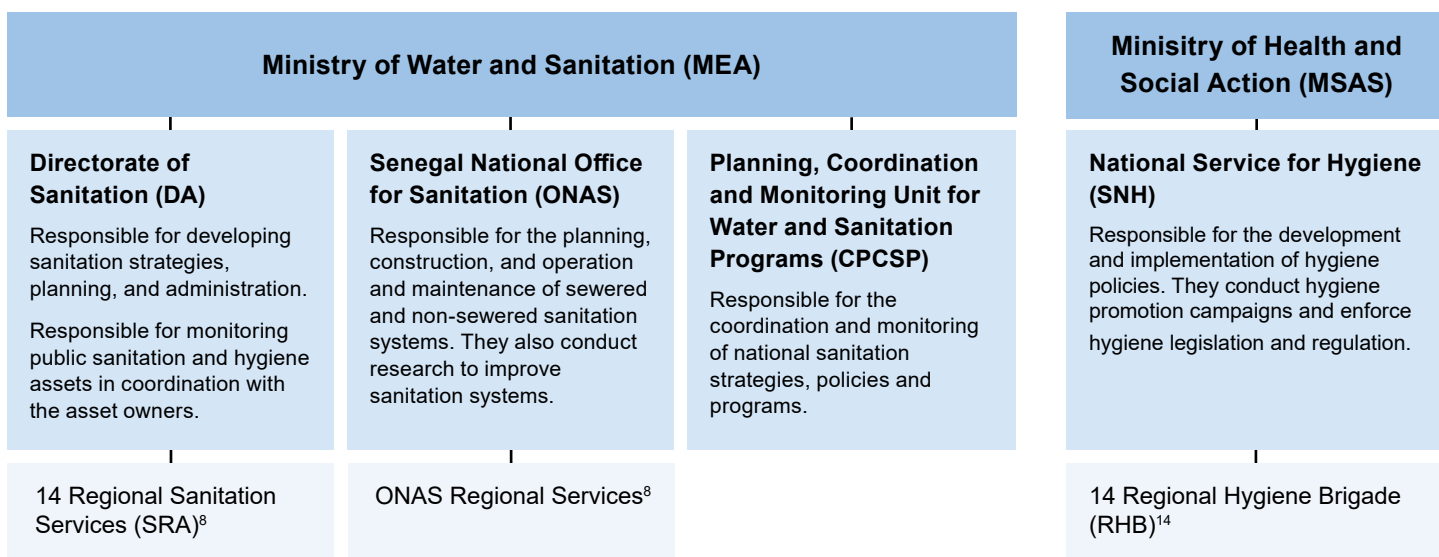
- Implementing the ODF 2030 roadmap.
- Improving behaviour change communication (e.g., CLTS, incentives, IEC campaigns).
- Testing different approaches for sanitation marketing. Conducted a landscape analysis and a market study. Developed a business plan to increase private sector engagement.
- Including hygiene and sanitation education in the curriculum for primary schools.

## Public Sanitation and Hygiene

Total School and Healthcare Facility Sanitation and Hygiene Data (2019)<sup>2</sup>



## Institutional Arrangement



## Key Government Strategies, Policies, and Initiatives

- Plan for an Emerging Senegal 2014 - 2035**  
 This new development model is the country's economic and social policy mid and long-term.
- Sectoral Development Policy Letter (LPSD) 2016–2025**  
 Senegal's sanitation policy to achieve SDG 6.
- Sanitation and Stormwater Management Program (PAGEP)**  
 The program to operationalize the LPSD.
- The National Health and Social Development Plan (PNDSS) 2019 – 2028**  
 Senegal's strategy for universal health care, including hygiene.
- National Rural Sanitation Strategy (SNAR) 2013**  
 Senegal's strategy for rural sanitation. Action plan validated in 2016.
- Sanitation Program for 10 Cities 2017**  
 A program focused on the construction of sewer systems, treatment plants, and decentralized systems for schools.
- National Program for the Sustainable Development of Onsite Sanitation**  
 A program to improve onsite sanitation in Senegal.

## Monitoring

- CPCSP is responsible for monitoring water and sanitation donor-funded programs.
- ONAS, DA, and ANSD (National Agency of Statistics and Demographics) play key roles in the monitoring process<sup>7</sup>.
- CPCSP presents the monitoring data in the Annual Sector Review. The data collected is used in decision-making<sup>15</sup>.
- MSAS also has an Annual Sector Review, which includes hygiene promotion and WASH in healthcare facilities<sup>15</sup>.

## Coordination

- Coordination between MEA and other ministries, including MSAS is very limited<sup>4</sup>.
- CPCSP is responsible for coordinating water and sanitation donor-funded programs with other implementing agencies (e.g., DA, DGPRES, ONAS).
- CPCSP organizes an annual meeting with key stakeholders to present findings from the Annual Sector Review.
- The National Coordination Framework for Sanitation Stakeholders (CCEA) was established in January 2019 to improve coordination in sanitation, led by ONAS and DA<sup>5</sup>.

# FINANCING

## Sources of Finance

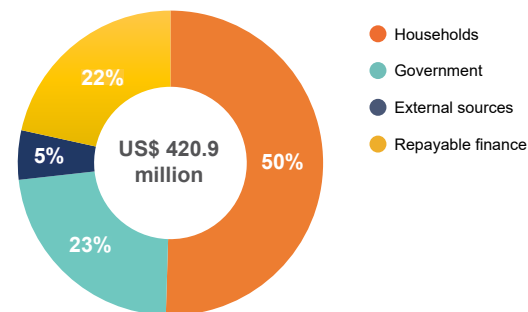
### Top 5 development partners in terms of WASH ODA disbursed<sup>16\*</sup>:

- African Development Bank (AfDB)**
  - Water and Sanitation Project 2014-2021: 25 million UA (estimated US \$38 million)
- World Bank (WB)**
  - Rural Water Supply and Sanitation Project 2018-2023: US \$130 million
  - Urban Water and Sanitation Project 2015-2021: US \$100 million
- French Development Agency (AFD)**
  - Support Implementation of Water and Sanitation Policy 2018-2023: € 41 million
- European Investment Bank (EIB)**
  - Water Supply Dakar 2018-2043: € 52.5 million
- European Union (EU)**

\*Note:

- This is not an exhaustive list of WASH ODA disbursements.
- USAID allocation for FY 2020 is estimated at US\$ 10.5 million<sup>17</sup>.

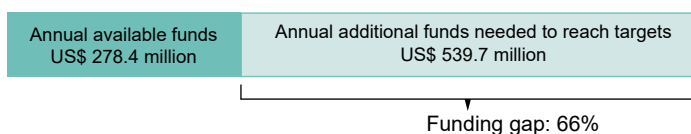
Sources of Finance for WASH<sup>15</sup>



- Households** contribute 50% of WASH expenditures through tariffs, payments made by users to service providers for getting access to and using their services (e.g., latrine construction, emptying)<sup>15</sup>.
- Government** contributes 23% of WASH expenditures through WASH budget generated by domestic taxes<sup>15</sup>.
- External sources** contribute 5% of WASH expenditures through transfers from international donors, foundations, NGOs, or remittances<sup>15</sup>.
- Repayable finance** represents 22% of WASH expenditures. This includes concessional loans classified as Official Development Assistance (ODA) and non-concessional loans from bilateral donors and multilateral development banks<sup>15</sup>.

## Budget

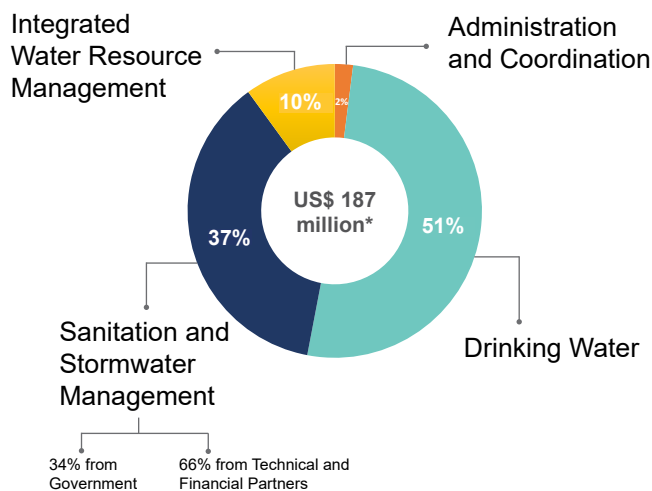
Available funds for WASH versus funds needed to reach national targets (per year)<sup>15</sup>



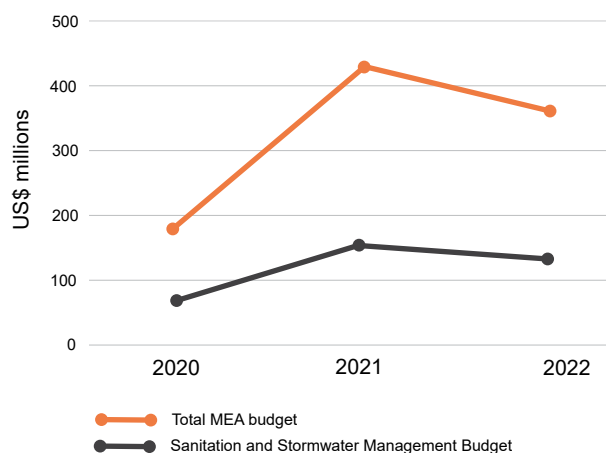
**0.5** US\$ million was the hygiene budget in 2016<sup>15</sup>.

**15%** of WASH expenditures went towards sanitation in 2016<sup>15</sup>.

Ministry of Water and Sanitation Budget 2020<sup>8</sup>



Ministry of Water and Sanitation Budget 2020-2022<sup>8\*</sup>



\* Exchange rate: 1 XOF = 0.00165 USD (Oanda: May 18, 2020)

A gap analysis of Senegal's sanitation and hygiene sector was conducted based on the Ngor commitment monitoring data and a literature review focused on publications from the Government of Senegal and other key WASH organizations and institutions. The analysis identified the following key priorities to improve sanitation and hygiene in Senegal.

## ■ Coordination

Senegal has made slow progress in leadership and coordination, a key area that drives progress in the sector, and a priority to achieve SDG 6<sup>5</sup>. Although MEA and MSAS have the mandate to coordinate sanitation and hygiene, respectively, Senegal is far behind other West African countries to ensure strong leadership and coordination structures at all levels. The government stated that coordination with the health sector, and other sectors such as education, gender, and the environment, is strong at the subnational level but not operational at the national level, while coordination with the nutrition sector is limited at both levels<sup>5</sup>. In recognition of these gaps, Senegal established the National Coordination Framework for Sanitation Stakeholders (CCEA) in January 2019<sup>5</sup>.

### Opportunities to close gaps and address constraints:

- Develop a cross-sectoral coordination mechanism for all ministries involved in sanitation and hygiene (e.g., MEA, MSAS, MEN, etc.).
- Support DA and ONAS on the National Coordination Framework for Sanitation Stakeholders (e.g., include the nutrition sector).

## ■ Human Resources

Senegal has made some progress in bridging the human resource capacity gap and is marginally behind the West Africa regional average. Although Senegal has conducted a capacity needs assessment for sanitation (2016) and hygiene (2017), a comprehensive human resource plan does not exist to implement the national sanitation strategy<sup>5</sup>. As a result, financial resources for capacity development are insufficient, adult education institutions addressing the capacity needs of the sector are limited, and there is an overall lack of skilled professionals<sup>12</sup>. Capacity development programs and activities are mainly project or program-based and are generally limited in quantity and quality. In contrast, MSAS has a human resource plan for the health sector, which includes hygiene<sup>14</sup>.

### Opportunities to close gaps and address constraints:

- Review the capacity needs assessment and assess if further information is required to develop a human resource plan (recruitment, funding, etc.).
- Discuss funding for human resourcing and capacity development.
- Develop a coordination mechanism for MEA, MEN, and the Ministry of Higher Education, Research and Innovation (MESRI) to start a dialogue on human resources.
- Develop a certification process for the different stakeholders involved in the sanitation sector.
- Collaborate with different types of education institutions to develop appropriate capacity development programs based on the needs of sanitation stakeholders.

## ■ Sanitation and Hygiene in Schools and Healthcare Facilities

Public facilities for sanitation and hygiene is a key weakness in achieving SDG6, and a particular concern for the COVID-19 response. Senegal has made some progress in establishing an enabling environment for institutional sanitation and hygiene, similar to other West African countries<sup>5</sup>. Although specific standards for inclusive and safely managed sanitation services and handwashing facilities exist, there is currently no strategic plan with targets and milestones<sup>5</sup>. The responsibility for the construction and management of facilities is mostly on the institutions themselves. As a result, monitoring data is limited, making it difficult to inform decisions on improving sanitation and hygiene in schools and healthcare facilities<sup>5</sup>. Although monitoring data is limited, the JMP (2019) estimates that only 16% of schools have access to basic sanitation and 22% have basic handwashing facilities. The JMP (2019) does not have sufficient data on access to sanitation and hygiene in healthcare facilities<sup>2</sup>.

### Opportunities to close gaps and address constraints:

- Continue to expand public sanitation and hygiene asset monitoring in schools, healthcare facilities, houses of worship, markets, and transportation stations (e.g., USAID-WALIS).
- Facilitate the discussion on sanitation and hygiene facilities in public institutions between MEA, MSAS and MEN.
- Support the government to set targets, and develop a strategy to achieve these targets.
- Support the implementation of programs focused on WASH in schools and healthcare facilities (e.g., PAEMS funded by AFD).

## ■ Finances

Senegal has made some progress in putting in place the enabling environment for sanitation and hygiene budgets - similar to the West Africa regional average. MEA and MSAS have investment plans for sanitation and hygiene, respectively, which define the budget required to meet country goals<sup>5</sup>. Both ministries use TrackFin since 2017 to track budgets and expenditures. In 2021, the government is expected to verify if the budget for sanitation and hygiene is increasing and reaching at least 0.5% of GDP<sup>5</sup>. Despite this progress, Senegal faces various challenges with budgets, including a 66% funding gap to reach national WASH targets, a low budget for hygiene, and households contributing half of the total WASH expenditures<sup>15</sup>. There are also challenges with managing available funds, which have led to significant delays in implementing sanitation programs<sup>10</sup>. MEA recognizes these challenges and is actively involved in various initiatives to improve budgets and financial mechanisms, including the Blue Fund Initiative<sup>5</sup>.

### Opportunities to close gaps and address constraints:

- Support the Blue Fund Initiative operated in partnership with MEA and FONSIS (Financial and technical support from USAID and UNICEF).
- Support the improvement of financial governance and the use of financial tools (Budget support: European Union, AFD; G2G: USAID; TrackFin: WHO).
- Support the development of a manual for MEA on administrative, operational, accounting, and financial procedures (Funded by USAID).
- Provide technical support for internal control (risk-based audit) (Funded by USAID, implemented by World Bank).

## ■ Private Sector Engagement

Senegal has made some progress in securing the enabling environment for private sector engagement in sanitation. Although national strategies, such as the LPSD<sup>7</sup> and SNAR<sup>12</sup>, include the involvement of the private sector, there are only some documented examples of private sector input successfully reaching marginalized and unserved populations<sup>5</sup>. In urban areas, MEA plans for ONAS to subcontract the O&M of treatment plants and sewer systems to private operators to improve and increase sanitation services (e.g., Delvic), and is implementing innovative services such as a call center to connect households with emptying service providers<sup>9,10</sup>. In rural areas, there has been weak ownership of the sanitation marketing strategy, with the private sector still depending on sanitation programs. This has led to weak supply chains, the inability to achieve economies of scale, and overall affordability challenges for households. The challenges in engaging the private sector vary but include a lack of financial incentives and difficulties acquiring loans<sup>12,13</sup>.

MSAS has also recognized a need to increase private sector engagement, but this has been more in reference to medical services (e.g., doctors, pharmacists) than hygiene, which is managed by public hygiene brigades at the regional and district level<sup>14</sup>.

### Opportunities to close gaps and address constraints:

- Support MEA and ONAS to conduct a needs assessment of private sector stakeholders to improve the framework for private sector engagement.
- Support the review of best practices for sanitation marketing (including subsidies) nationally and internationally to adapt and improve Senegal's sanitation marketing approach.
- Provide technical support to implement the sanitation marketing approach in rural areas (PEAMIR with the World Bank, PAADEPA with USAID, ACCES with USAID, PSEA with AfDB).
- Support coordination and communication between entrepreneurs and financial institutions.

## ■ Fecal Sludge Management

Although Senegal has only made some progress in putting in place the enabling environment for eliminating untreated waste<sup>5</sup>, the West Africa region often recognizes Senegal as a leader in the sub-sector with the implementation of innovative programs and research (e.g., omniprocessor, call center)<sup>9</sup>. Despite these initiatives, the sub-sector faces various challenges, including monitoring, regulation, compliance, and certification processes<sup>5</sup>. Senegal's sanitation strategy does promote the treatment and use of wastewater and fecal sludge, and MEA has plans to increase the capacity and performance of treatment plants, but has not set overall targets<sup>5,7,8</sup>. There are some codes and regulations that define FSM standards in terms of treatment, but they are not comprehensive, and the adoption of these laws is slow. Furthermore, there is no regulation or certification process regarding the re-use of sludge<sup>5</sup>. As a result, only 21 % of households use safely managed facilities, marginally higher than the regional average of 16.5%<sup>2</sup>.

### Opportunities to close gaps and address constraints:

- Support ONAS with the monitoring mechanism to track untreated fecal waste being disposed into the environment.
- Support the development of standards, regulation, compliance, and certification processes for transportation, treatment, and the reuse of treated sludge.

# REFERENCES & CONTACTS

## References

1. World Bank, 2020. DataBank Population Estimates and Projections. Available at: <https://databank.worldbank.org/source/population-estimates-and-projections>
2. WHO & UNICEF, 2017. JMP Global Database. Available at: <https://washdata.org/data/>
3. WHO, 2018. Global Health Estimates, Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization. Available at: [https://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/](https://www.who.int/healthinfo/global_burden_disease/estimates/en/)
4. WHO, 2018. Global Health Estimates 2016: Disease Burden by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization. Available at: [https://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/index1.html](https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html)
5. AMCOW, 2018. Ngor Commitment Monitoring Data.
6. WALIS, 2019. IWED Senegal Baseline Assessment Report. USAID.
7. MEA, 2016. Lettre de Politique Sectorielle de Développement 2016-2025. Available at : <http://www.fao.org/faolex/results/details/fr/c/LEX-FAOC192050/>
8. MEA, 2019. Document de Programmation Pluriannuel des Dépenses (DPPD) 2020-2022. Available at : [http://www.budget.gouv.sn/documents/public\\_download/5dc2c7e0-740c-4643-9408-be480a2a028a/telechargement](http://www.budget.gouv.sn/documents/public_download/5dc2c7e0-740c-4643-9408-be480a2a028a/telechargement)
9. ONAS, 2020. Programme de Structuration du Marché des Boues de Vidange (PSMBV). Available at: <https://www.onasbv.sn/cat/magazine/>
10. MEA, 2018. Presentation Revue Annuelle Sectorielle Conjointe. Available at: <https://www.pseau.org/outils/biblio/resume.php?d=7346&l=fr>
11. MEA, 2016. Revue Sectorielle Conjointe. Available at: <http://www.eau-assainissement.gouv.sn/Revue-sectorielle-conjointe-2016.html>
12. MEA, 2016. Plan D'action de Mise en œuvre de la Stratégie Nationale de l'Assainissement Rural. Available at: [https://www.pseau.org/outils/ouvrages/PA\\_SNAR\\_S\\_n\\_gal.pdf](https://www.pseau.org/outils/ouvrages/PA_SNAR_S_n_gal.pdf)
13. World Bank, 2018. Project Appraisal Document: Rural Water Supply and Sanitation Project.
14. MSAS, 2019. Plan National de Développement Sanitaire et Social (PNDSS). Available at: <http://www.sante.gouv.sn/publications/plan-national-de-d%C3%A9veloppement-sanitaire-et-social-2019-2028>
15. UN-Water, 2019. The Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2018/2019 cycle data.
16. UN-Water, 2017. The Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) 2016/2017 cycle data.
17. USAID, 2020. Senegal Water for the World Country Plan. Available at: [https://www.globalwaters.org/sites/default/files/wfw\\_senegal\\_country\\_plan.pdf](https://www.globalwaters.org/sites/default/files/wfw_senegal_country_plan.pdf)