



FINAL DRAFT

WASH SECTOR POLICY

**INTER-MINISTERIAL WASH STEERING
COMMITTEE(IMWSC)**

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ACRONOMYS

CDI –	Combined Drought Index
CHF	Common Humanitarian Fund
CLTS	Community Lead Total Sanitation
CSO	Civil Society Organization
EPR	Emergency Response Plan
EU	European Union
FAO	Food and Agriculture Organization
FWG	Flood Working Group
GIS	Geographic Information System
IDP	Internally Displaced People
ICT	Information, Communication Technology
IMWSC	Inter-Ministerial WASH Steering Committee
IOM	International Organization for Migration
KAP	Knowledge, Attitude, Practice
MoECHE	Ministry of Education, Culture and Higher Education
MOEWR	Ministry of Energy and Water Resources
MOH&HS	Ministry of Health and Human Services
NDP	National Development Plan
OCHA	Office Coordination Humanitarian Affairs
ODF	Open Defecation Free
PPP	Public-Private-Partnership
SDG	Sustainable Development Goals
SOP	Standard Operating Procedures
SWALIM	
SWAp	Sector Wide Approach
UN	United Nation
UNICEF	United Nation Children's Fund
USAID	United States Agency for International Development
NGO	Non-Governmental Organization
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSS	Water Supply System

FOREWORD

The Federal Government of Somalia has developed the first ever Somalia National WASH Sector Policy in 2018. The policy anticipates that all people in Somalia will have safe and sufficient water, hygiene and sanitation.

The vision of the policy is to create a country where everyone has access to safe drinking water, everyone uses sanitary latrines and all the villages are Open Defecation Free (ODF), practices appropriate hygiene behavior at home, in schools and in the wider community. Our vision is rooted in the belief that access to safe water supply and sanitation for all will help alleviate poverty through improved health, -productivity and - income.

The National WASH Policy embodies the commitment of the Government to improve the quality of life of Somali population. It provides the framework for WASH sector partners and concerned Ministries to implement WASH-related programs and calls for universal access to Water Supply and Sanitation to achieve the Sustainable Development Goals (SDGs).

The process of preparing this Policy was undertaken in a participatory manner involving a broad base of stakeholders with the purpose of ensuring comprehensiveness and acceptability of the document. Identification of relevant stakeholders, specifically for preparation of the draft Policy was a critical first step in the whole exercise.

We feel privileged to offer this Policy to the people of Somalia with the trust and hope that its' effective implementation will help to make their lives better and healthier, enhancing their productivity and participation in the development of our country.

Sincerely,

H.E Hon. Mrs. Fawzia Mohamed Sheikh
The Minister,
Ministry of Energy and Water Resources
Federal Government of Somalia

H.E. Dr. Fawzia Abikar Nur
The Minister,
Ministry of Health and Human Services
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ACKNOWLEDGMENT

The first Somalia WASH Sector Policy is the product of a long and complex process of intensive consultations, teamwork on specific assignments, detailed studies and information gathering with the full engagement and participation of all stakeholders.

The Inter-Ministerial WASH Steering Committee (IMWSC) comprised of Ministry of Energy and Water Resources (MoEWR), Ministry of Health and Human Services (MoH&HS), Ministry of Education, Culture and Higher Education (MoECHE), Ministry of Humanitarian Affairs and Disaster Management (MoHADM), Ministry of Public Works, Reconstruction and Housing (MoPWRH), Ministry of Planning, Investment and Economic Development (MoPIED) is very grateful to everyone who contributed to the successful development of this Policy. The concerted effort of all line ministries, UNICEF and other stakeholders is acknowledged. Special thanks go to IMWSC members who were leading the whole process from beginning to end and exceptionally facilitated the state level consultations.

We would also like to acknowledge the technical support provided by Mr. Khadar Mahmoud Ahmed from IRIS Consulting who spearheaded the whole process of developing the WASH Sector Policy and being the main architect and designer of the Policy. Similar gratitude goes to UNICEF in providing the financial and technical support necessary for the development of the Policy and to SIDA for allocating the financial resource required for the Policy Development.

Finally, We would like to acknowledge the efforts of all those institutions and individuals who participated and contributed to the development of this document. These include Government Ministries and Agencies at Federal and Federal Members States, Development Partners, UN Agencies, NGOs, Civil Society and Private Sector.

My thanks to you all

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INTRODUCTION

The policy anticipates that all people in Somalia will have safe and sufficient water, hygiene and sanitation. The vision of the policy is to create a country where everyone has access to safe drinking water, everyone uses sanitary latrines and all the villages are Open Defecation Free (ODF), practices appropriate hygiene behavior at home, in schools and in the wider community.

The national WASH policy embodies the commitment of the Government to improve the quality of life of Somali population. The Policy envisions enabling Somali people to have access to adequate and safe water, hygiene and sanitation for all. Our vision is rooted in the belief that access to safe water supply and sanitation for all will help alleviate poverty through improved health, -productivity and - income.

The Policy provides the framework for WASH sector partners and concerned Ministries to implement WASH-related programs and calls for universal access to Water Supply and Sanitation to achieve the Sustainable Development Goals (SDGs).

The WASH sector ministries in close partnership with relevant stakeholders are committed to provide Somali people with safe access to water supply and sanitation services along with hygiene promotion. Proper development of these services support the social and economic development of the nation, upgrade quality of life and improves the health status of the people.

This Policy presents a framework for improving the quality of life of the people in Somalia by ensuring access to safe water and improved sanitation and promoting the adoption of hygienic practices at the personal, household and community level, health centers and schools. The principles laid out in this policy are in line with the ambitions of the new Sustainable Development Goal 6 (SDG 6), which is to ensure availability and sustainable management of water and sanitation for all.

The process of preparing this Policy was undertaken in a participatory manner involving a broad base of stakeholders including Federal Member States and Banadir Regional Authority with the purpose of ensuring comprehensiveness and acceptability of the document. Identification of relevant stakeholders, specifically for preparation of the draft Policy was a critical first step in the whole exercise.

The Policy is organized into four sections. Section 1 discussed the current context and situation. Chapter 2 provides the Policy framework covering the following seven chapters:

1. Chapter 1: Water Service Delivery,
2. Chapter 2: Hygiene and Sanitation
3. Chapter 3: Linking WASH with other Sectors
4. Chapter 4: WASH Sector Financing

5. Chapter 5: Private Sector Engagement
6. Chapter 6: WASH Sector Information Management System
7. Chapter 7: WASH Sector Coordination and Partnership

Section 3 discusses the legal and institutional framework covering the institutional roles and responsible of key WASH sector institutions and stakeholders; whereas, section 4 addresses the Policy review.

SECTION I SITUATIONAL ANALYSIS

1. Overview

Somalia's population is rapidly increasing. The population was estimated to be 12.3 million¹ in 2014 (49.3% male and 50.7% female). Urban settlements are growing at an unprecedented rate with enormous rural-urban migration, fueling much of the concentration of the population in and around urban centres. The population is very young, with 45.6% under the age of 15, and 75% under the age of 30. Key high-risk groups include 2.4 million children under the age of five and more than 3 million women of childbearing age. Nomads constitute one-fourth of the total Somali population and there are an estimated 1.1 million (8.6% of the total population) internally displaced people (IDP) living mainly in the outskirts of urban towns (PESS 2014). This population profile has considerable implications in an environment where public sector capacities to deliver social services including water and sanitation services are limited, development and humanitarian assistance are declining, and there are persistent areas of conflict, natural disasters and emergencies such as drought and epidemic outbreaks.

Due to decades of civil war, many water, health, hygiene and sanitation related indicators remain very poor whereas, access to clean water stands at 40% (JMP-2017- SDG launch report) with regional variations. Diarrhea prevalence is 23% and is the second leading morbidity for children after acute respiratory infections. Only 10% of the population practice hand-washing with water and soap. In 2015, maternal mortality ratio was estimated at 732 per 100,000 live births²— an improvement since 1990, when the figure was 1210 per 100,000 live births³, but still poor compared to Kenya (510) or Ethiopia (353) in 2015. Under-5-mortality rate was 137 per 1000 live birth⁴ in 2015, compared to Kenya (49) and Ethiopia (59). Life expectancy is estimated at 53 and 56 years for males and females, respectively. There are 202,600 acutely malnourished children in the country.

The Federal Government of Somalia (FGS) developed a three-year National Development Plan (2017-2019) (NDP) that replaced Somalia's New Deal Compact (2014 – 2016). The NDP reflects priorities of the WASH sector.

Capacities of public institutions have improved, but the prevailing system weaknesses pose major challenges for ensuring equitable access to quality, safe and affordable WASH services. These include weak coordination mechanisms and limited availability of intelligence for informed decision making process; chronic shortage of qualified and competent technical staff; inadequate and unsustainable levels of financing and deficient procurement and supply systems.

The National WASH Sector Policy provides more in-depth analysis of the WASH situation in Somalia. The WASH Sector Strategic Plan will provide an overview of the WASH sector as detailed below.

Water Resources

¹Federal Republic of Somalia, Data for a Better Tomorrow, PESS 2014, UNFPA (2014) Population Estimation Survey 2014 for the 18 Pre-War Regions of Somalia October 2014 <http://somalia.unfpa.org/sites/ArabStates/files/pub-pdf/Population-Estimation-Survey-of-Somalia-PESS-2013-2014.pdf>

²Gavi (2016) Joint Appraisal Report – Somalia 2016 [file:///C:/Users/user/Downloads/Somalia%20Joint%20Appraisal%202016%20\(1\).pdf](file:///C:/Users/user/Downloads/Somalia%20Joint%20Appraisal%202016%20(1).pdf)

³<http://data.worldbank.org/indicator/SH.STA.MMRT>

⁴Inter agency estimates http://www.childmortality.org/index.php?r=site/graph#ID=SOM_Somalia

Somalia is both a water scarce country and a country at war with collapsed infrastructure, limited sector governance and low availability of skilled individuals. Water is considered both an economic and social good due to the heavy reliance on water for livestock and agricultural production in Somalia and women face the major burden of fetching water, often walking up to 10 km to get water in the dry season.

Groundwater provides 80% of the domestic water supply, but the groundwater table is deep (100 to 300 m below the surface) which makes extraction expensive. Due to dissolved minerals the salinity is also very high. Despite the significance of the groundwater and the high costs of drilling, relatively little is known about the hydro-geology of the country (Balint Z. et al, 2011).

Access to safe water is low across the country. According to WHO-UNICEF Joint Monitoring Program (JMP) 2017- SDG launch report, access to piped water stands at 19% nationally; whereas, access to basic water supply stands at 40% nationally. Most striking is the trends in water access indicating that WASH interventions have failed over the years to translate into concrete and sustainable improvements in access to safe and improved water sources.

Surface water resources are dominated by the Shebelle and Juba River which are the source of the South's significant agricultural potential. Consequently control of the riverine areas has been at the heart of much of the conflict over the last 20 years. As the bulk of the water in the rivers originates in the Ethiopian highlands, trans-border agreements are required to effectively manage the water resources as well as develop a coordinated approach to flood warning.

Assessment and mapping of groundwater resources has been limited since the comprehensive surveys undertaken by Italian Hydro-geologists in the 1970s. Individual hydro-geological surveys have been carried out to guide borehole drilling but this has not been coordinated and very little of the data is consolidated. SWALIM recently undertook an assessment of groundwater potential in SL and PL and produced comprehensive maps and information to guide water development. However there is limited capacity within the WASH sector actors to absorb and utilize this data.

The aquifers in Somalia are a combination of shallow aquifers in the riverine areas that are recharged from surface water, and aquifers of often considerable depth elsewhere. Apart from the riverine areas, recharge of aquifers is relatively small, and a large proportion of groundwater draws from connected aquifer formations in neighboring Kenya and Ethiopia. Groundwater quality in Somalia is relatively poor, due to high levels of salinity. One of the major causes of this elevated mineral content is that the water is or has been in contact with easily dissolvable minerals. In addition, groundwater recharge is inadequate and confined to limited source areas; many aquifers receive no recharge at all and consist of old, highly mineralized fossil water.

The network of functioning pastoral water supply structures is highly inadequate and leads to environmental degradation through overgrazing around existing water points. In recent years, rural water projects have focused on infrastructure rehabilitation. There is some evidence that the same water supplies will be routinely "rehabilitated" every 2-3 years by different organizations. This is both a failure of the approach to water interventions which are often short term, relief orientated and do not consider sustainability and of the responsible water authorities which do not maintain records of water projects. Over the years, a large number of boreholes have been drilled by

contractors on the instructions of various Islamic governments under the umbrella of the Organization of Islamic Council (OIC). It appears that this drilling has been un-coordinated, un-mapped and had minimal community participation. There are reports that some of these boreholes are not equipped to pump water.

Water shortages are usually experienced during the long dry season (Jilaal) when the population can only rely on the two permanent rivers (the Juba and Shabelle) and ground water supplies (permanent springs, boreholes, permanent wells). The typical response from aid agencies to drought is to fund water trucking to areas with temporary water supplies. It is estimated that millions of dollars have been spent on these temporary responses over the last 27 years. If funding had been pooled and spent on more permanent water supply solutions the need for water trucking would be greatly reduced.

According to WHO-UNICEF Joint Monitoring Program (JMP) 2017- SDG launch report, urban water supply coverage is 70% and access to piped water in urban areas stands at 45%. However, many of the urban & peri-urban poor (including IDPs) rely on small-scale water vendors who provide low quality water at a high price so that poor people pay up to five times more for water; despite the fact the country is experiencing rapid urban growth, accelerated by internal displacement due to conflict and drought.

Most of the water points mapped and quality surveys conducted indicated high levels of contamination in water supplies at source, point of collection and point of use. There is no national reference public health laboratory to check and monitor the quality of water. There are weaknesses in regulating and assuring water quality compounded by relatively poor understanding of how the water supplies become contaminated and the risks associated with the use of this water. Improvements in water quality will therefore require combined efforts from several institutions. Water treatment with chlorine has fairly good awareness in southern regions of Somalia, whereas, in Somaliland the ceramic filter is popular. However, usage for either of the methods is very low and majority of the population don't use the recommended water treatment methods.

Hygiene and Sanitation

Sanitation is an important and critical development issue, which, like other pertinent development issues needs serious consideration for sustainable development of the country's economy and management of water resources. Hygiene and Sanitation improvement is an imperative intervention needed to improve living conditions leading to a full healthy and productive life among the population. Hygiene and Sanitation improvement needs to be addressed in the context of an integrated development strategy, especially with water development strategies as the two are inevitably linked.

The challenges related to hygiene and sanitation in Somalia involve various issues, from the low level of access to sanitation facilities and services as well as the low service coverage with poor quality of sanitation services to the lack of a legislative and institutional framework. The need for sanitation can be seen throughout the country.

As in the water sector there are a number of structures with marginal responsibility for sanitation. The confusion surrounding whether full sanitation responsibility should fall under Ministry of Health, Local Government or the Ministry responsible for water has not been fully addressed.

According to WHO-UNICEF Joint Monitoring Program (JMP) 2017- SDG launch report, access to basic sanitation stands at 16%, with 11% of population using shared facilities and 34% unimproved sanitation facilities. Open defecation rate stands at 39% nationally with 7% in urban areas and 60% in rural areas.

Majority of Somali people don't have hand washing facilities at home. According to WASH KAP Survey in 2015, less than half (44%) has a general hand washing facility. The region with the highest of this is South Central at 47%. The availability of this facility is lowest amongst IDPs and nomadic communities. According to UNICEF, an ideal hand washing facility must have a combination of water, soap and drainage. Although 44% of the households have a hand-washing facility only 10% of them have water and soap whilst 4% have a combination of water, soap and drainage. Access to hand-washing facility near the toilet area is very low and stands 12% nationally whereas access to water near the toilet area is as extremely low as 3% nationally.

According to the results of the WASH KAP Survey, 20% of the population is not aware of how to dispose their garbage. Higher mentions are recorded in South Central, in rural areas and amongst nomadic communities. Burning is the method commonly used to dispose garbage but it is as low as 19%.

Safe disposal of excreta, so that it does not contaminate the environment, water, food or hands, is essential for ensuring a healthy environment and for protecting personal health. In Somalia, the disposal of contents from a toilet/latrine is unsafe. 20% use it as fertilizer, 25% dump the contents in a forest, whilst 10% dump the content in a river. The community practices on management of latrines vary across the zones. Less than half (39%) empty the latrine when it is full and the same percentage don't know (39%) how to manage the latrine. 20% prefer to dig another latrine. A small portion stays without latrine (2%). More than two thirds of the population has never emptied their latrine.

For many years hygiene and sanitation promotion and prevention education and communication Programs in Somalia have tended to be ad hoc, uncoordinated, isolated and often fail to learn lessons from previous initiatives. In particular the approaches used have been characterized by the use of cascade training and an emphasis on education of Somali populations as opposed to participatory approaches building on local knowledge promoting existing positive traditional practices. Sector siloes also limit the impact of approaches to community sanitation and hygiene used by each sector.

The predominant form of sanitation investment of all types of aid in Somalia has been through programs subsidizing the construction of latrines. Despite this investment there is very little evidence of impact on the increased use of latrines or improved sanitation and hygiene. The current situation is also characterized by a high degree of un-sustainability and little sustained behavior change. New community based approaches for sanitation such as Community Led Total Sanitation, CLTS, have shown great promise globally and in Somalia. Communities are

encouraged to review their own defecation patterns and the impact it has on their community. Through this analysis they then develop their own action plan towards their community becoming open defecation free (ODF). Since piloting CLTS in 2012, a total of 144 villages have achieved self-acclaimed ODF status. An additional 232 have been triggered and are on course to achieving ODF status. However, because of weak government engagement, scaling up of CLTS is a challenge.

The sanitation sector and operational sewerage system never recovered from the challenges of the last 26 years and have received far less attention and funding from various stakeholders and investors. In the absence of a public sector provider, or enabling environment, individual waste collectors have assumed the role and recovered costs by charging households directly. Waste from the few functioning sanitation facilities and the waste gathered by the collectors are commonly deposited in dry river beds and landfills without consideration of public health or environmental degradation.

Community latrines, since sewer systems servicing individual households are limited or non-existent, are used by the majority of people who have access to sanitation. Migrations and displacement have considerably stressed the few existing systems found in peri-urban and temporary facilities have become permanent.

Overall peri-urban sanitation & hygiene is at crisis levels. Acute watery diarrhea outbreaks are common and efforts to engage government to manage sanitation services have been unsuccessful. There are no national statistics on waste generation levels in Somalia. No national figures could be found for all wastes including hazardous wastes. The complexity of waste generated is increasing due to changing production patterns, increased urbanization, industrial and service activities.

Nationally, it is estimated that less than 40% of the generated waste is collected for disposal. Waste collection and transportation is limited by inadequate equipment, personnel and financial resources facing all local authorities in Somalia. To bridge this gap, private sector involvement in waste management is growing in major cities across the country.

Hazardous waste and healthcare waste is rarely incinerated. They indiscriminately disposed into the dumpsites where they get mixed with other wastes. Very few in urban centers operate a landfill. Most of the waste generated ends up in dumpsites where no waste compaction and capping take place. There are no recycling and composting technologies available in the country. The absence of adequate biohazard and biological waste management procedures in health institutions in both public and private sectors allows for uncontrolled outbreaks of contagious diseases and pose a serious public health problem.

Hospital waste, like bio hazardous and biological waste, including disposable medical supplies (i.e., used needles, syringes and vials, gloves, surgical dressings and unused expired medicines) are scattered around at hospital premises. Owing to the lack of proper planning or control of bio hazardous waste management, the public is left unprotected from these hazardous and contentious wastes.

The management and control of solid and liquid waste, as in many developing countries, remain a major problem in every town in Somalia. Empty plastic bags, items of domestic waste and rubbish bags filled with human feces and food products are hanging in trees or scattered around in empty buildings or are left behind at plots of land. Urine-filled plastic bottles, chemical waste, used engine and motor oil, oil and petrol spills from petrol stations, and abandoned vehicles are signs that hazardous waste is not properly managed.

WASH in Health Facilities

Primary health care facilities are frequently the first point of care, especially for those in rural areas. They also are critical in responding to disease outbreaks, such as cholera. Yet, without WASH services, the ability of health care workers to carry out proper infection prevention and control measures and demonstrate to communities safe WASH practices, both of which are especially important in controlling and stopping outbreaks, is greatly compromised. However, there are no clear policy and plan of action for water and sanitation in healthcare facilities. There is no reliable data on the status of WASH in health facilities. In Somalia, there is no approach tested or recognized as the best practice; therefore, there is a need to develop an approach that works in this area. Resource constraints and a lack of clarity on what would be the best approaches have resulted in a very poor coverage of programs ensuring that health facilities have a minimum water and sanitation infrastructure and appropriate WASH behavior change elements of the services offered.

Healthcare wastes, like bio hazardous and biological waste, including disposable medical supplies (i.e., used needles, syringes and vials, gloves, surgical dressings and unused expired medicines) are scattered around at health facility premises. Owing to the lack of proper planning or control of bio hazardous waste management, the public is left unprotected from these hazardous and contentious wastes. The absence of adequate biohazard and biological waste management procedures in health institutions in both public and private sectors allows for uncontrolled outbreaks of contagious diseases and is a threat to public health. In particular, there is no adequate incineration system in place in any of the health facilities.

WASH in Schools

WASH in Schools has been a component of many WASH programs over the years. However there are few examples of these resulting in sustainable services at schools or in sustained behavior change. The most recent model for a more holistic approach to facility based WASH (supported by USAID) has potential for better results. Furthermore the inclusion of WASH facilities within the child-friendly schools component of the 'Back to School' campaign may generate more interest and support to WASH in schools.

Governance

The governance of WASH sector goes beyond MoEWR to broader institutions and stakeholders. The institutional set up of the WASH sector institutions largely remain under-resourced leading to widespread institutional inertia. There are serious capacity gaps in human resources and management systems. Roles are not clear and often overlapping among different government institutions. Functions and structures are inconsistent and over-stretched giving additional burden to already meagre and minute resources available to the sector.

In addition, management of WASH programs are highly centralized. With the prevailing poor resource base, the Ministries at the Federal level are unable to develop or enforce operational or technical guidelines and standards at sub-national levels.

Management structures, procedures and tools for technical support at all levels of the organizational system are either inadequate or absent. There is a lack of appropriate information on the WASH sector operations to enable objective decision making for the management and for policy makers. It is difficult to have proper record of the technical and professional staff available in the WASH sector.

There are no harmonized and coordinated legal, regulatory and policy frameworks. The policies and acts in place remain draft for long in all institutions and are inconsistent with no monitoring and evaluation frameworks to measure the progress on the implementation of the policies.

Almost all of the government institutions consulted have a unit or a focal person in charge of WASH. They all belong to IMWSC and regularly attend the IMWSC meetings under the chairmanship of the Ministry of Energy and Water Resources.

The responsibility for water resource management is not clearly defined in the Somalia context. Somali regions have an extremely varied approach to structures for institutional water management and responsibility. Water Codes, Laws and institutional structures have mainly been implemented in SL and PL. The Federal Government of Somalia (FGS) has a new water act approved by the Senate in November and awaiting the official signature by the President. There is however a general consensus that water resources and management should be prioritized.

Hygiene and sanitation issues are not well represented at institutional level. The Ministry of Health have public health department which is often the designated government counterpart but have little means to lead the sector. Urban sanitation is seen to be the mandate of local municipal authorities but in practice these authorities believe that this responsibility is limited to mainly sewerage (which doesn't exist) and solid waste management. Leaving a gap in responsibility for on-site sanitation which is the norm for around 99% of urban residents

Sector coordination is often ensured through the "cluster". Up until recently there was no Government committee appointed to ensure inter-ministerial coordination and this role was often ensured by the inter-cluster coordination mechanism. An inter-sectoral committee has now been established in Mogadishu, chaired by the Ministry of Energy and Water Resources with membership by Ministry of Health, Ministry of Water and Energy Resources, Ministry of Education, Ministry of Public Works, Ministry of Planning and UNICEF which has potential to strengthen the oversight and coordination of the fragmented planning and implementation of WASH sector activities. Coordination at state, regional and district level is still managed by WASH cluster. The clusters structures at regional level are dominated by NGOs closely linked to the Cluster through their funding from Common Humanitarian Fund (CHF). Other WASH actors remain un-coordinated and private sector, Diaspora and Arab government instigated water projects often implement without adherence to standards or even good practice.

New Technologies and Innovations

There appear to be few examples of technical innovation in WASH sector but notable successes include among others small-scale water treatment systems - the three tank system introduced by IOM has potentiality of improving access to safe drinking water in riverine areas of SCZ.

Solar pumping equipment installed on shallow wells and boreholes - the use of high quality components has resulted in systems which are low on maintenance costs and reliably provide water, even in remote areas of the country.

Ceramic water filters – Locally manufactured have been distributed in a number of communities in Gedo, Bay, Galgadud and SL with good acceptance. Lined and covered 'Baleys' – a pilot project constructed by Terre Solidari in PL improved the reliability of rainwater harvesting and provided fresh water which could be combined with saline borehole water to provide drinking water.

Private Sector Involvement

Publicly managed up to 1991, urban Water Supply Systems (WSS) and Sanitation Facilities and Services were already financially stressed and inadequate. Damaged and poorly maintained they rapidly became non-functional during the following 2 decades. WSS and Sanitation infrastructure did not received public funding as well as substantial bilateral and private funding.

The local private sector has developed, during that period, to fill the void created by the lack of public leadership in providing Water and Sanitation services. Entrepreneurs throughout the country have built berkads, drilled private boreholes, provided services throughout the main cities and to some extent improved WSS operation.

PPPs were developed in 12 towns between 2000 and 2009 with the biggest being in Bosaso, Galkayo, Baidoa and Borama. Many of the urban water companies are now owned by a local investor who operates with local business people as shareholders. In general these have had good results particularly in large cities like Boroma, Bosasso and Garowe. The notable success is the continued provision of water to users in Jowhar, Merka and Baidoa after the takeover of these towns by ICU and then AS. Despite the absence of any external support these companies (established between 2000 and 2005) managed to negotiate to bring in necessary inputs to keep the WSS operational.

A public-private partnership is an ideal and sustainable solution for water supply and waste management in urban cities. It can further be explored sustainable waste management and control as well as for funding of market development to promote waste recycling and sanitation and hygiene services of both solid and liquid waste management.

Role of the Civil Society Organization in the WASH Sector

Non-Governmental and Civil Society Organizations play an important role in the provision of basic services to the people in the absence of strong central government. It is the fourth sector existing alongside and interacting with the state, development partners and private industry. However, the Government did not take broad view on the importance of Civil Society Organizations (CSOs). Over the past decades, there has been a considerable increase both in the number of CSOs and

in the scope of their activities. They are playing an influential role in dealing with emergencies and humanitarian situations across the country.

However, since the collapse of the former government and the emergence of the community-based organizations; CSOs have had no defined space for their individual and collective participation. As a result, their influence on policies and service delivery has been limited. Most of the CSO focus on small scale WASH projects with little or no collaboration with the Government Institutions. Similarly, their interactions with the communities largely focused on stimulating community participation and little on voice strengthening.

CSOs involved in WASH sector have no common voice or forum to exchange information and ideas. It is necessary to build a coalition and networking in order to accumulate CSO voices and be able to effectively advocate for 2030 SDGs, especially goal number 6. Like other CSO movements in the developing world; CSO's engaged in WASH Sector of Somalia doesn't have an advocacy plan or strategy to lobby for a shift in strategic approaches moving from emergency-based ad-hoc intervention to a more holistic development of the sector towards Universal WASH Coverage.

WASH Sector Financing

It is difficult to understand how the WASH sector of Somalia is financed. However, there are mainly four sources in financing the WASH sector such as tariffs, external aid, private sector and taxes. External finance plays a vital role in capacity development and provision of water and sanitation services. However, there is no statistics or information on the trends of external aid to water and sanitation sector of Somalia; but the trend has grown globally from 2007. Over the period 2003-08 bilateral aid to water increased at an average annual rate of 15%. Multilateral aid also rose over the period 2003-08 (4% annually). However, in Somalia the trend remains unknown.

There has been no attention given to focus on providing adequate financing to support more sustainable WASH service delivery in Somalia. The current financing arrangements failed to achieve any real progress in improving sustainable access to water or sanitation services. There have been no sufficient capital funds made available for the preventive maintenance and rehabilitation of the assets. The WASH budget must address both capital and operational as well as sources of income to determine any gaps.

WASH Sector Monitoring and Early Warning System

Government data collection network is non-existent and the sector relies on information management program run by SWALIM. Somalia is lacking academic and research initiatives on the management of water and sanitation sector. The sector also lacks real understanding of its ground water potential. There is a hydro-meteorological monitoring network that combines manual rainfall, river monitoring stations and automatic weather stations with satellite based data transmission. There have also been some attempts to introduce drought mitigation and management approaches using a Combined Drought Index (CDI). The Somalia Water Sources Information Management System (SWALIM) has over 2,250 detailed records of strategic point water sources; this system has recently been upgraded. However, government institutions don't have the capacity and staff capable enough to manage the system as well as a vision to use the tool for sector planning and coordination.

Gender and Social Inclusion

Women face the major burden of fetching water, often walking up to 10 km to get water in the dry season. The burden of fetching drinking water from outdoor sources falls disproportionately on girls and women. Throughout Somalia women and girls are the main providers of household water supply and sanitation, and also have the primary responsibility for maintaining a clean home environment. The lack of access to safe water and sanitation facilities therefore affects women and girls most acutely. This considerably reduces the time women and girls have available for other activities such as childcare, income generation and school attendance. Girls often have to walk long distances to fetch water in the early morning. After such an arduous chore, they may arrive late and tired at school. Being 'needed at home' is a major reason why children, especially girls from poor families, drop out of school. Providing water closer to homes increases girls' free time and boosts their school attendance.

In addition, low access to quality WASH services negatively affects girls and women. When girls enter puberty, they are often forced to skip classes or drop out of school, because there have no separate toilets for them which guarantee a minimum of privacy. Lack of separate and decent sanitation and washing facilities discourages girls who are menstruating from attending full time, often adding up to a considerable proportion of school days missed.

There is evidence to show that water and sanitation services are generally more effective if women take an active role in the various stages involved in setting them up, from design to planning, through to the ongoing operations and maintenance procedures required to make any initiative sustainable. A World Bank evaluation of 122 water projects found that the effectiveness of a project was six to seven times higher where women were involved than where they were not.

SECTION II POLICY FRAMEWORK

RATIONALE

Somalia faces increasing challenges for managing the water, hygiene and sanitation sector, as a consequence of the lack of a national policy, organized and coordinated legal, regulatory and institutional frameworks and deficiency in the provision of both urban and rural water supply and sanitation facilities and services.

The Federal Government of Somalia has therefore given high priority to the development of a National Water, Hygiene and Sanitation Policy (National WASH Policy) to provide overall direction for addressing the challenges the sector faces currently and in the future.

VISION

Adequate and safe water, hygiene and sanitation for all

MISSION

Improve access to safe, affordable, equitable, sustainable and quality water and sanitation services, and increased adoption of hygienic practices at the personal, household and community levels, resulting in (i) reduced morbidity and mortality rates and (ii) enhanced people's health, productivity and quality of life (Well-being)

GOAL

Ensure provision of safe, affordable, equitable, quality and sustainable management of water, hygiene and sanitation for all.

POLICY OBJECTIVES

- i. To increase access to safe water supply in urban and rural areas through a coordinated approach and achieve high coverage of piped water in line with the national and international goals and targets (SDG);
- ii. To increase equitable access to sustainable sanitation services, promote hygiene behavior change at scale and end open defecation in line with the national and international goals and targets (SDG);
- iii. To provide efficient, environmentally friendly and culturally appropriate sewerage management system and improve the management of solid, liquid and hazardous wastes;
- iv. To establish and strengthen the institutional, management and legal framework for the proper management of water resources as well as hygiene and sanitation services;

- v. To promote community participation, private sector engagement, in-sectoral coordination and donor partnerships for the holistic and sustainable development of the sector;
- vi. To establish a robust and vibrant information management and early warning system to use for proper planning of the sector, track the progress, improve accountability and properly manage water resources, hygiene and sanitation services;

CORE VALUES AND PRINCIPLES

The following values and principles provide the basis for the Somalia WASH Sector Policy:

- 1) Universal and equitable access to safe, affordable, cost-effective, and quality WASH services accessible to all people in Somalia.
- 2) Effective, transparent and accountable governance and leadership in managing the different components of the WASH system with decentralized management for the delivery of WASH services.
- 3) Building effective collaborative partnerships and coordination mechanisms engaging local community, national and international stakeholders and pursuing the aid effectiveness approaches.
- 4) Good quality services - well managed, sensibly integrated, available, accessible, accountable, affordable and sustainable (with a corresponding reduction in vertically-driven, standalone programs and projects).
- 5) Emphasis on prevention and control of priority WASH related diseases and health conditions.
- 6) Addressing the special needs of vulnerable groups, rural and pastoral communities.
- 7) Evidence-based interventions based on considered use of reliable WASH information.
- 8) Meaningful engagement and participation of citizens in the management and financing of the WASH services.
- 9) Increased and more diverse public-private partnerships.
- 10) Implementation of WASH financing systems that promotes equitable access to priority WASH services.

CHAPTER I WATER SERVICE DELIVERY

Somalia is experiencing rapid urban growth, accelerated by internal displacement due to conflict and drought. Urban water supply is relatively low and access to piped water stands at 19%. However, many of the urban & peri-urban poor (including IDPs) rely on small-scale water vendors who provide low quality water at a high price so that poor people pay up to five times more for water. Typically, people in cities and towns in conflict areas in the south are supplied by small neighborhood networks or through private vendors with water carts. Most of the urban water facilities are in poor environmental and sanitary conditions.

Moreover, majority of Somalis live in rural areas (60%, JMP 2017); they are pastoralists and semi-sedentary agro-pastoralists with some permanent village dwellers. Water needs for rural communities are met by rivers (seasonal and permanent), springs, rainwater harvesting facilities (surface reservoirs or “balleys”, cement lined tanks or “berkeds”), shallow wells and deep boreholes. The network of functioning pastoral water supply structures is highly inadequate and leads to environmental degradation through overgrazing around existing water points.

In recent years rural water projects have focused on infrastructure rehabilitation. There is some evidence that the same water supplies will be routinely “rehabilitated” every 2-3 years by different organizations. This is both a failure of the approach to water interventions which are often short term, relief orientated and do not consider sustainability and of the responsible water authorities which do not maintain records of water projects.

Drought and internal displacement severely constrains access to water, with supply needs often met through costly water trucking to water storage facilities in permanent settlements or directly to grazing areas.

The major challenges facing the water supply include:

- ✓ Operationalizing the non-functioning water supply schemes and developing new water supply facilities.
- ✓ Increasing the water supply coverage from 40% to 70% through revival of the existing nonfunctioning water supply schemes and developing new water supply facilities.
- ✓ The pressing need for improved management in operations and maintenance of water supply systems.
- ✓ Increasing the quality of water supply services.
- ✓ Difficulty in setting tariffs to recover costs in managing operations and maintenance of water supply and ensuring equity for the poor and the marginalized communities.
- ✓ Inadequate revenue and investment in water supply facilities.

The Government is determined to stop the falling trends in water supply coverage and quality through programs of rehabilitation, expansion and improvement. This requires consistent high levels of investment from the Government and support from development partners. The major objective is to achieve sustainable development and management of water supply system in both urban and rural areas.

1.1 Specific policy objectives are:

- i. To improve water supply coverage for the urban and rural population from the current average level of 40% to 70% by year 2023.
- ii. To develop human resources for carrying out sustainable water supply services.
- iii. To improve capacity on research on appropriate technology for local condition, durable uses of sustainable materials for water supply such as good quality PVC or CPVC water supply pipes and promote appropriate technology for rural water supply schemes.
- iv. To develop other water supply technologies such as rainwater harvesting.
- v. To gradually increase communities' obligations paying for operations and maintenance costs and ensure their participation in the planning, construction, operation and maintenance of their water supply schemes.
- vi. To encourage fair representation of women in planning, decision making and management of water supply schemes.

1.2 Policy Statement Urban Water Supply

Government will ensure provision of adequate and safe water supply to all urban households integrated with hygiene promotion and on-site sanitation. These basic services are the provision of adequate safe water (25 liters/person/day), and on-site sanitation systems.

1.2.1 Policy Measures:

- i. All urban water and sewerage systems will be rehabilitated to their pre-war condition by commencing a national urban water supply rehabilitation and expansion project.
- ii. Service providers will deliver 25 liters per person per day of safe water of WHO Guidelines for Drinking-water Quality or the country drinking water quality standards as and when they are framed.
- iii. The quality of water supplied from all water supply systems in Somalia shall be monitored on a regular basis in accordance with the procedures established by a regulatory board.
- iv. The sewerage systems in urban centers will be restored as quickly as possible and thereafter expanded gradually.

1.2 Policy Statement Rural Water Supply

Government will ensure provision of adequate and safe water supply to all rural households integrated with hygiene promotion. These basic services are the provision of adequate safe water

(25 liters/person/day) and hygiene promotion (a clear understanding of the good hygiene practices).

1.2.1 Policy Measures:

- i. All rural water supply systems will be assessed and rehabilitated and rural water supply rationalization and expansion project developed and implemented.
- ii. The provision of rural water supply needs to be community based with the communities in the driving seat from the project inception up to the management of completed schemes.
- iii. Rural water supply infrastructure development needs to involve cost sharing arrangement between the federal, state, region, district authorities and communities in a coordinated and effective manner.
- iv. Development and delivery of water supply services will be based on user demand, which will be demonstrated by a willingness and ability to pay for all operation & maintenance costs.
- v. Intensive hygiene promotion will be implemented to accelerate and maximize health benefit through hygiene behavior change.
- vi. Wherever possible community mobilization, development of water supply facilities, and hygiene promotion will be facilitated/promoted as part of a water and sanitation basic services package.

1.3 Policy Statement Adoption of Pro-Poor Approaches

Pro-poor approaches to water supply service provision will be adopted. Poverty is a principal impediment to increasing access to water supply, from the household to the national level. Within communities some households simply cannot afford the costs of improved water supply systems without assistance from other families or from the state. Many poor households pay a much higher proportion of their incomes towards their daily needs for water supply and sanitation services from informal private providers.

1.3.1 Policy Measures:

- i. Water supply to the poor shall be guaranteed through special arrangements especially when designing tariff policies;
- ii. Lifeline (social) tariffs should be adopted to ensure that every person has access a basic level of water supply service. The tariff should cover only the operation and maintenance costs. It is neither possible nor wise to set such a minimum tariff at national level - that would be equivalent to the setting of a uniform tariff rate. Such rates need to be set at local or regional level with the full participation of all interested parties;

1.4 Policy Statement - community well-being through social and environmental considerations

Investments in the water and sanitation sector will be socially and environmentally responsible. Environmental considerations should be integrated into the water and sanitation strategic and investment plans prepared by service providers and government authorities. Community participation is essential for the sustainability of urban water and sanitation projects. Communities living in cities will be encouraged and supported to participate in planning and decision making. Gender analysis will be used to assess levels of participation of men and women in the planning process.

1.4.1 Policy Measures:

- i. Each project proponent should assess the environmental and social impacts on the wellbeing of the community and the environment. This will enable the proponent to design and implement appropriate mitigation measures and environmental management plans.
- ii. Effective environmental conservation and hygiene promotion programs for consumers, educational institutions and other internal and external stakeholders will be developed and implemented.
- iii. Women and children will be centre-stage in promoting better sanitation and hygiene practices.

1.5 Policy Statement on Water Quality

While the ultimate goal is to have a water quality testing network in the country, given the resource constraints, a staged approach is being proposed.

1.5.1 Policy Measures:

- i. First establish water quality (WQ) testing facilities at the federal and state level authorities, equipped gradually with all advanced analytical equipment.
- ii. Establish WQ labs with trained staff and necessary equipment one in each region, initially with basic water testing equipment.
- iii. Establish and strengthen the quality testing equipment in each district to be able to do a range of parameters – physical, microbiological and chemical for the most common parameters.
- iv. All new water points should have their water quality tested before the communities use the water supply for domestic use and the results provided to the local authority.
- v. As soon as resources will allow, seasonal spot tests of randomly selected water points should be undertaken and records kept at local authority level.

- vi. Field test-kits (presence/absence tests) may be distributed to remote communities for occasional spot checks of household treatment of water supplies [but remembering that presence/absence tests do not necessarily indicate fecal contamination are present as they also indicate the presence of naturally available bacteria with no risk to health].

1.6 Policy Statement - Service sustainability through community ownership

Government will ensure sustainability of services through community participation in all aspects of service delivery. Communities that have demonstrated a willingness and ability to participate in the provision of services will be empowered through participation in all aspects of delivery including planning and construction of facilities. The community will be the owner and manager of completed facilities and responsible for the operation, maintenance and management of the facilities.

1.6.1 Policy Measures:

- i. A management framework will be developed that includes the establishment of viable management systems for operation and maintenance of facilities by the community;
- ii. Proven, locally appropriate, community maintainable technologies, that provide safe drinking water on a continuous basis and that are best suited for local conditions will be promoted. These include dug wells and bore wells with hand pumps, protected springs, gravity pipe schemes, rainwater harvesting, and household water treatment technologies such as chlorination, bio-sand filters, and solar disinfection.
- iii. Water supply systems that cannot be operated or maintained by the local community, (e.g. motorized pumps or generator-driven pumps) shall not be undertaken.
- iv. Local technicians will be trained in the maintenance of and supply chain for spare parts, which will be facilitated in partnership with the private sector.
- v. Private sector development in service delivery and maintenance will be facilitated.
- vi. Only pumps of proven quality that have spare parts that could be readily made available in partnership with the private sector will be used in water supply schemes.

1.7 Policy Statement on promoting household water treatment and safe storage

Government encourages household water treatment (HWT) options that reduce waterborne pathogens sufficiently, that could have substantial, positive impact on public health and that suits local conditions.

1.7.1 Policy Measures

- i. Establish HWTS options for household use and develop guidance on the use and operation of the various HWTS options and their positive and negative aspects for consumer information and choice;
- ii. Establish supply chains for the promotion and supply of HWTS equipment and consumables for sustaining use over the longer term;
- iii. Undertake training for households on the use of the HWTS methods, follow up to help encourage consistent use over the longer term and monitoring of correct and consistent use;

CHAPTER II HYGIENE AND SANITATION

Sanitation is an important and critical development issue, which, like other pertinent development issues needs serious consideration for sustainable development of the country's economy and management of water resources. The challenges related to sanitation in Somalia involve various issues, from the low level of access to sanitation facilities and services as well as the low service coverage with poor quality of sanitation services to the lack of a legislative and institutional framework. The need for sanitation can be seen throughout the country. Lack of access to safe water, sanitation and hygiene education are the root causes of poverty as it is the poor, especially women and children, who suffer most due to poor living conditions and diseases.

The term **Adequate Sanitation** refers to the provision and maintenance of systems or facilities of disposing of human excreta, waste water and household refuse, which is acceptable and affordable to the Somali communities. These include toilet facilities and accessories, pipes and treatment works. The facilities must meet construction set standards, should be hygienic and easily accessible, with no adverse elements on the environment.

The main objective is to improve the health of both urban and rural communities through increased access to sanitation services and improved hygiene practices. In order to achieve this, access to adequate sanitation service levels need to be increased to at least 70% of the population by 2023.

3.1 Specific objectives include:

- i. To support and provide sanitation and hygiene education that will improve peoples' health and quality of life through acceptable hygienic practices;
- ii. To develop and improve the capacity of communities and the involvement of people in community project decision making;
- iii. To ensure an open defecation free environment and promote community lead total sanitation (CLTS);
- iv. To ensure the safe disposal of liquid, solid, industrial and bio-medical wastes;
- v. To improve safe handling and use of drinking water by making sure the vessels for collecting and storing water are washed daily with water and disinfectants at least twice a week;
- vi. To enhance all infant excreta is safely disposed in sanitary latrines, followed by hand washing with water and soap;

- vii. To promote hand washing with soap is practiced by everybody at critical times: before cooking and eating, after defecation, and post defecation cleaning of infants and children.
- viii. To ensure all schools and health facilities have proper hand washing facilities with water and soap available at all times;
- ix. To ensure gender specific requirements in ensuring safe sanitation and hygiene practices, especially sanitary requirements of girls and women and train women and girls in hygiene practice and safe use and disposal of sanitary materials;

3.2 Policy Statement on Garbage Collection

The current waste management experience demonstrates that formal organizations alone cannot deal adequately with the increasing volumes and complexity and diversity of urban wastes. To address the waste management challenges of the cities through sustained waste management, a partnership approach will be introduced which clearly lays out responsibilities of each party for effective waste management. This is calling for the development of Integrated Waste Management Systems in urban centers.

3.2.1 Policy Measures

- i. A system with reliable national data must be created to capture waste generation rates and waste data with characterization on types, sources and composition to support planning for sustainable waste management generation levels and composition.
- ii. Adequate qualified and competent staff should be trained and deployed to effectively manage and operate various waste management systems and equipments.
- iii. Private-Public Partnerships (PPPs) should be encouraged so that the private sector can set up garbage collection, recycling centers, landfills and incinerators designed in such a way to bring in participation of the poor people as an income generation opportunity.
- iv. Segregation of waste components from the point of generation should be done with the establishment of transfer stations with suitable capacity and stockpiles of all crushed materials in separate and secured designated storage areas to avoid contamination or deterioration by weathering.
- v. A master plan should be developed towards increasing the collection efficiency of all types of wastes and their collection and transportation services with strict control of the handling of special or hazardous wastes (e.g. chemicals, medical wastes) and prohibiting its recycling or reuse.
- vi. An efficient transportation system shall be established to transport various waste streams from rural and urban areas to suitable disposal and treatment facilities.

- vii. Local authorities should use Geographic Information Systems (GIS) and Remote Sensing (RS) to improve waste mapping and assist effective collection and transportation.
- viii. Integrated waste management policies and plan must be designed to support the poor and enable them to participate in waste management as a source of employment and income generation.

3.3 Policy Statement on Solid Waste Disposal and Land-filling

The government will develop sustainable waste disposal strategy to improve the overall capacity of waste collection and disposal through conducting emergency city-clean-up campaigns; involvement of the political, administrative and city/municipal authorities, private sector in solid waste disposal and promoting recycling, reuse and composting.

3.3.1 Policy Measures:

- i. Disposing of wastes should be carried out in controlled landfills to prevent any contamination to water and soil.
- ii. Selection, design, construction and operation of landfill sites should take place within proper environmental management systems in order to protect the environment during the whole lifespan of the landfill.
- iii. Ensuring continual rehabilitation of the controlled dumping sites and methane capture should be put in place.
- iv. Studying, promoting and replicating various options of safe low-cost household and communal excreta disposal.
- v. Solid waste disposal will be managed by all municipal authorities in accordance with national solid waste management policies, strategies and regulations to be framed.

3.4 Policy Statement on Solid Waste Management (Bio-Medical and Hazardous Wastes)

Healthcare waste, like bio hazardous and biological waste, including disposable medical supplies pose serious public health problems. These include infectious waste among which are sharps waste, body part waste, chemical or pharmaceutical waste, and radioactive and cyto-toxic waste. These wastes are highly infectious and deadly. Government will provide clear policy and guidance to the healthcare facilities to manage their medical waste appropriately in line with Government Regulations, which will be framed to minimize the risk of the healthcare wastes to the staff, patients, visitors, handlers and the environment.

3.4.1 Policy Measures

- i. All healthcare wastes produced by both public and private healthcare facilities must be disposed in properly equipped incinerator or autoclave/shredding system which can handle such waste in an environmentally sound manner.

- ii. There should be strict control of the handling of medical and other hazardous waste and prohibit its recycling or reuse.
- iii. Government shall develop healthcare waste management policies and guidelines to support integrated management of bio-medical wastes including collection, treatment, disposal, etc in line with the WHO guidelines.
- iv. Government shall prepare strong public awareness campaign on the impact of different types of wastes on human health so as to increase community participation and positive attitude and knowledge on the quantity, type and toxicity of hazardous waste and their environmentally sound management.
- v. Government shall create special bodies for monitoring, reporting and following up the quality and quantity of waste and their fate. The body shall undertake regular audits of the quality of emissions of incinerators and other hazardous waste treatment units.

3.5 Policy Statement on Vector Control:

Vectors use a wide range of confined habitats, both man-made and natural. Consequently, control efforts should target the habitats that are most productive and hence epidemiologically more important rather than all types of habitats, especially in Somalia where there is major resource constraint. Such targeted strategies require a thorough understanding of the local vector ecology and the attitudes and habits of residents pertaining to the habitats.

3.5.1 Policy Measures:

- i. Advocacy & social mobilization and legislation – the promotion of these principles in development policies of all relevant agencies, organizations and civil society; the establishment or strengthening of regulatory and legislative controls for public health; and the empowerment of communities.
- ii. Strengthening collaboration within the health sector and with other sectors – the consideration of all options for collaboration within and between public and private sectors; planning and decision-making delegated to the lowest possible administrative level; and strengthening communication among policy-makers, managers of programs for the control of vector-borne diseases, and other key partners;
- iii. Integrated vector management as strategic approach to vector control-ensuring the rational use of available resources through the application of a multi-disease control approach; integration of non-chemical and chemical vector control methods; and integration with other disease control measures.
- iv. Evidence-based decision-making – adaptation of strategies and interventions to local vector ecology, epidemiology and resources, guided by operational research and subject to routine monitoring and evaluation.

- v. Capacity-building – the development of essential infrastructure, financial resources and adequate human resources at national and local levels including public health entomologists, vector control and environmental management personnel to manage IVM programs, based on a situation analysis.
- vi. Strengthening the collaboration with industry, the private sector and architects to advance the manufacture and utilization of vector-proof designs of water-storage containers as well as healthy houses and workplaces.
- vii. Safe use of insecticides – ensuring safety precautions for their use including care in the handling of pesticides, safe work practices for those who apply them, and appropriate field application – should be followed in line with WHO published specific guidelines on use of insecticides and safety procedures.

3.6. Policy Statement - Promotion of household latrines through Community-Led Total Sanitation

The government will introduce CLTS is an innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Earlier approaches to sanitation prescribed high initial standards and offered subsidies as an incentive. But this often led to uneven adoption, problems with long-term sustainability and only partial use. It also created a culture of dependence on subsidies. In contrast, CLTS focuses on the behavioral change needed to ensure real and sustainable improvements. The government will be investing in community mobilization instead of hardware, and shifting the focus from toilet construction for individual households to the creation of open defecation-free villages.

3.5.1 Policy Measures:

- i. Develop comprehensive national CLTS strategy and costed plan of action to support the pilot and the rollout of the CLTS in all districts.
- ii. Set up a proper institutional framework giving local governments a central role in piloting, scaling up and sustainability of CLTS strategy.
- iii. Support the community to explore and promote the availability of sanitary materials and encouraging private suppliers to respond to the demand.
- iv. Encourage communities to construct their own latrines or toilets with their own resources. There should be no standardized top-down designs: People shall decide for themselves.
- v. Assist community and the traditional leaders to provide support to the communities in the effective operation and maintenance of their latrines.
- vi. Encourage people to conduct celebrations in all communities who gain opened defecation free status.

- vii. Carryout regular monitoring, review and evaluation to measure the progress and the realization of the ODF status over time.

3.7 Policy Statement on enhancing hygiene and sanitation through school lead total sanitation:

The government is committed to promote learning and equity through WASH in schools and raise the profile of WASH in schools with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management and hand washing, soap and water available at all times.

3.6.1 Policy Measures

- i. Provide sufficient quantities of safe water for drinking and hand washing after defecation and before eating, for cooking and personal hygiene.
- ii. Provide sufficient water for cleaning school premises, cleaning/flushing toilets, cleaning food vessels (used for school feeding programs).
- iii. Provide toilet facilities that are gender-specific (i.e. separate for boys and girls), sufficient, child-friendly, adequate, well-equipped, well-maintained and culturally appropriate.
- iv. Establish child to child clubs or cabinets in schools to act as a change of agents linking the schools with the community and provide relevant materials and events such as posters, wall-painting, messaging, sports events and competitions.
- v. Promote personal hygiene and school hygiene especially individual and group hand washing.
- vi. Implement measures to prevent and/ or control WASH-related diseases such as regular health check-ups, de-worming campaigns, nutritional supplements, etc.

CHAPTER III LINKING WASH WITH OTHER SECTORS

There are no clear policy and plan of action for water and sanitation in healthcare facilities and in primary schools. There is no reliable data on the status of WASH in health facilities and in Schools. In Somalia, there is no approach tested or recognized as the best practice; therefore, there is a need to develop an approach that works in this area. The inclusion of WASH facilities within the child-friendly schools component of the 'Back to School' campaign may generate more interest and support to school WASH.

There is global overwhelming evidence prior to the link between sanitation, hygiene, health and nutrition. Not only does good sanitation and hygiene significantly reduce the risk of morbidity and mortality from major killers like diarrhea, malaria and pneumonia it has also been shown to reduce stunting and the risk of wasting. Good sanitation and hygiene practices are therefore also connected to lifelong and intergenerational impacts on cognitive abilities, earnings, and poverty reduction. Key barriers to WASH, Health and Nutrition integration include insufficient funding, staff capacity and interest, knowledge of the sectors, coordination and insufficient leadership at all levels.

4.1 Specific Policy Objectives:

- i. To improve access to gender-sensitive, child friendly and safe water, sanitation and hygiene facilities in public institutions for better health and wellbeing for school children, patients, and communities by 2023
- ii. To build human resource capacity for improved school water, sanitation and hygiene service delivery which is gender sensitive and child friendly.
- iii. To influence communities to participate in planning, construction, use and maintenance of user friendly water and sanitation facilities for public institutions.

6.2 Policy Statement: Linking WASH with other sectors.

Government is pursuing the realization of the SDGs related to WAHS (Goal 6). This will require better collaboration and cooperation with WASH related sectors such as health, nutrition, resilience, education, environment, gender and human rights among other sectors.

6.2.1 Policy Measures

- i. Provide a platform for learning and sharing - including dialogue on establishing links between emergency and development WASH actions through interventions that build resilience in the affected communities.
- ii. Ensure that WASH responses are in line with existing water and sanitation policy guidelines, technical standards, and relevant Government human rights legal obligations.

- iii. Ensure linking WASH with essential package of healthcare services, community-based healthcare strategy and training of community-based health workers (female community health workers).
- iv. Ensure the integration of hygiene promotion into the infant and young child feeding interventions at health facility and community levels.
- v. Ensure safely managed water supply and sanitation services are available in formal and non-formal education facilities including Madarasa.
- vi. Ensure WASH services are readily available in prisons, police stations and other custodian places.

CHAPTER IV FINANCING WASH SECTOR

It is difficult to understand how the WASH sector of Somalia is financed. However, there are mainly four sources such as tariffs, external aid, private sector and taxes. External finance plays an important role in capacity development and provision of water and sanitation services. However, there is no statistics or information on the trends of external aid to water and sanitation sector of Somalia.

There has been no attention given to focus on providing adequate financing to support more sustainable WASH service delivery in Somalia. The current financing arrangements failed to achieve any real progress in improving sustainable access to water or sanitation services.

Provision of WASH services and facilities requires substantial investments and contributions from individuals, households, communities and governments. A major constraint in the provision of sustainable WASH services continues to be the low levels of funds allocated to the sector, and non-economic tariffs charged for services.

This policy along with its implementation plan will lay the basis for developing clear strategies to attract more funding to the sector using Sector-Wide-approach.

4.1 Specific policy objectives are:

- i. To introduce sector-wide approach for the WASH sector and move from emergency-based adhoc interventions to common basket funding;
- ii. To develop a sustainable approach for financing urban water supply and sanitation services including capital and recurrent costs and improve the financial viability of urban water and sanitation service providers;
- iii. To mobilize adequate financing in a sustainable manner for increasing rural water supply and sanitation services;
- iv. To develop a financing strategy based on sound financial management principles based on the principle of cost sharing on proportion of spending on hardware (water points/toilets) and software (training, capacity building, M&E, etc).
- v. To mobilize and allocate adequate funds directed to financing soft-ware activities including various aspects of hygiene education, awareness and community mobilization
- vi. To introduce strategies for substantial resource allocation to the most vulnerable regions, districts using indicators for poverty, likelihood of natural disasters, insecurity, morbidity and mortality patterns, particularly under-5 mortality;

4.2 Policy Statements on Financing 1: Service sustainability through cost sharing

All urban water supply and sanitation systems must work on cost sharing principles while ensuring effective efficient and sustainable service delivery. Consumers are willing to pay for water if a reliable level of service is provided - this is demonstrated by the fact that many consumers purchase their water from private providers.

4.2.1 Policy Measures:

- i. Government shall develop Tariff Policy that standardize water pricing based on socio-economic status of the population.
- ii. In setting tariffs the political pricing of water should be avoided.
- iii. Consumers should pay costs required to achieve long-term sustainability.
- iv. Government shall introduce public-private-partnership and social marketing approaches to enable private sector engagement in water and sanitation sector financing.
- v. Government shall gradually disengage from funding the operation and maintenance of systems to enable it concentrate on water supply and sanitation capital development projects.
- vi. Water distribution system will be rehabilitated (including leak detection and repairs), house connections will be restored, and billing, commercial activities and customer management will be improved to ensure financial viability of services delivered.
- vii. Staff will be trained in water production, distribution (leak detection and repairs), metering consumers, computerized billing system, and commercial activities and general management.
- viii. Water and sanitation service providers will use benchmarking indicators of the International Benchmarking Network for Water and Sanitation Utilities (IBNET) for effective monitoring and evaluation of water supply services.

CHAPTER V PRIVATE SECTOR ENGAGEMENT

Publicly managed up to 1991, urban Water Supply Systems (WSS) and Sanitation Facilities and Services were already financially stressed, inadequate, damaged and poorly maintained. They rapidly became non-functional during the following 2 decades. WSS and Sanitation infrastructure did not receive public funding as well as substantial bilateral and private funding.

The local private sector has developed, during that period, to fill the void created by the lack of public leadership in providing Water and Sanitation services. Entrepreneurs throughout the country have built berkads, drilled private boreholes, provided services throughout the main cities and to some extent improved WSS operation.

PPPs were developed in 12 major towns between 2000 and 2009. Many of the urban water companies are now owned by a local investor who operates with local business people as shareholders. Systems operated by the private sector provide water with relatively better hygienic quality, unlike the case with rural systems operated by communities themselves. PS operated systems provide water that is sold at US\$ 5 and US\$ 15 per cu. m during the wet and dry seasons, respectively. Comparatively, private operators in most developing countries sell water between US\$ 0.4 and US\$ 4.5 per cu. m on the average, which questions around equity by the poor and marginalized communities

5.1 Specific policy objectives:

- i. To encourage private sector participation in provision of water and sanitation related services through public-private-partnership.
- ii. To encourage the private sector to contribute to the procurement of goods and services with quality assurance such as construction materials and spare parts, water pumps pipes and taps, etc.
- iii. To strengthen the private sector through dialogue, advice and appropriate norms and procedures for partnering on WASH projects;

5.2 Policy Statement on Private Sector: Development of the private sector in service provision

Somalia Federal Government believes that private sector can bring technical and managerial expertise and new technology and can improve economic efficiency in the sector in both operating performance and the use of capital investment. The private sector can inject large-scale investment capital into the sector or gain access to private capital markets. The development of private sector in service provision can reduce public subsidies to the sector or redirect them from the groups now served, to the poor and un served. It can also insulate the sector from short-term political intervention in utility operations and limit opportunities for intervention by powerful interest groups, while making the utilities more responsive to consumers' needs and preferences.

5.2.1 Policy Measures:

- i. Privatization of services shall be encouraged through appropriate regulatory reforms that will separate service provision, policy and regulation and encourage private investment.
- ii. Public-Private Partnerships (PPPs) will be encouraged to allow each actor to leverage any gaps in their skills, abilities or mandates.
- iii. PPPs will be encouraged for revenue collection, metering, WSS services and high cost capital investment in waste management. A contractual and regulatory framework will be developed accordingly to ensure private sector participation.
- iv. Private sector should better tackle the challenges of providing water and sanitation services to the poor and accelerate the rate of expansion of under-served areas, improving financial viability and affordability and designing services to meet the specific needs of poor customers. Such arrangements require close cooperation between regulatory bodies, municipalities, private sector providers, poor communities and the NGOs that work with them.
- v. Where the interests of the poor are at stake, Government shall step in with subsidies for water and sanitation service provision.

CHAPTER VI WASH SECTOR INFORMATION MANAGEMENT SYSTEM

Non-availability of reliable data makes it difficult to undertake proper sector analysis and presents a major gap in informed decision-making. There is currently no consolidated and consistent countrywide database on water, sanitation and hygiene. As a result, there are multiple data sources, including sample surveys and evaluation reports from organizations and Country Program Document from UNICEF, FAO, AfDB, etc. The only countrywide database currently available is dependent on sample surveys and has obvious limitations in depicting the ground situation accurately, particularly in terms of WASH. A comprehensive countrywide survey needs to be undertaken covering all regions. This will establish a base line in the sector, mapping out the real status of people's access to safe water and improved sanitation, the condition of existing assets and quality, such as of water points, water quality, sanitary latrines and per capita yields, especially during lean periods. A reliable sector baseline will also include qualitative data generated through periodic knowledge, attitude and practice (KAP) studies, indicative of local contexts in different parts of the country, particularly vulnerable areas.

6.1 Policy Objectives:

- i. To develop a robust WASH Information Management System to process and provide reliable sector data to all the stakeholders including policy makers, program managers, partners, and donors.
- ii. To establish data collection mechanisms (institutional arrangement including personnel/staff capacity development), procedures, and processes within concerned government institutions.
- iii. To produce periodic analytical reports that include gender reporting so that partners share the gender disaggregated data and reports.

6.2 Policy Statement: Information Management System and Early Warning

The Government will establish an information management system that is robust, comprehensive, fully integrated, harmonized and well coordinated to guide monitoring of the implementation of the WASH Policy and evaluate impact. It will be mandatory for all WASH programs, projects, and partners to provide information and data to the sector. Non-compliance will result in an emergency review of the concerned agency's work and terms of reference by the concerned authority on behalf of the federal government of Somalia.

6.2.1 Policy Measures

- I. Develop a costed WASH management information system strategic plan and share it with stakeholders and donors for funding;
- II. Use WASH information and evidence for policy development, planning, monitoring and evaluation of the sector;

- III. Develop WASH sector information policy and strengthen the capacity of the national and sub-national water and sanitation information units to effectively implement the water and sanitation information policy and strategic plan and establish district WASH information units;
- IV. The capacity of the WASH sector information system will be strengthened in terms of data collection and analytical capacity by introducing standard data tools and soft-wares including WASH information portal for dissemination of all available data and meta-data resources;
- V. WASH sector information systems will be strengthened by integrating vertical data collection and reporting systems while ensuring disaggregation of data by sex, location and other factors.
- VI. The capacity of the technical and management teams at Federal, State, Regions and Districts will be strengthened for appropriate data collection, analysis and reporting as well as in data demand and information use;
- VII. Appropriate information communication technologies (ICT) will provided to increase access and use of WASH information;
- VIII. Adequate resources will be mobilized and allocated to WASH sector information development. Minimum 5% of WASH programs' budgets will be allocated to data collection, compilation, analysis, performance monitoring, review, evaluations and operational studies;

CHAPTER VII COORDINATION AND PARTNERSHIP DEVELOPMENT

WASH interventions are by definition cross-sectoral. They concern at the very least, the Ministry of Energy and Water Resources, Ministry of Education, Culture and Higher Education, who is responsible for ensuring hand washing facilities and toilets are available in schools, Ministry of Health and Human Services, responsible for hygiene promotion and sanitation and ensuring that there is access to water and proper sanitation in health facilities, Ministry of Public Works responsible for ensuring that water pipes and sewerage systems are in place and functioning. This leads to complicated institutional arrangements as the responsible public agencies and relevant policies are often separate for water, sanitation and hygiene, making collaboration across Ministries difficult.

Challenges around the ownership and sustainability of resources and facilities and the definition of responsibilities and budgets across sectors are common. Who for example should bear the usually high level of capital expenditure required to set up urban sewerage infrastructure? Which Ministry should support the high costs associated with increasing water supply? Lack of clarity around these questions may lead to a lack of coherence between programmes and duplication.

Various factors, including cultural norms also lead to weak consumer demand for sanitation services. Indeed, encouraging demand for WASH services – whether this is investing in and using a latrine, or washing hands after defecation and before eating or safe storage of water in the household – remains a major challenge. Low demand for WASH services in turn may lead to low political priority, hence little pressure to bridge gaps between ministries. Finally, cross sectoral collaboration can be challenging even at the best of times.

The need for close collaboration among the Ministry of Water and Energy Resources, the Ministry of Health and Human Services, and relevant Government Ministries and institutions, Donor and Non-Government Organizations, Civil society organizations and the private sector is a prerequisite for the achievement of the policy objectives. Whereas it would be the responsibility of the Ministry of Water and Energy Resources and the Ministry of Health and Human Services, for assuring essential functions related to WASH respectively, where structures or relevant agencies are unable to do so, this will be done in such a way as to support the agencies with an objective that at appropriate time they would continue with their obligations under their legal establishments.

7.1 Specific policy Objectives

- i. To create enabling environment through provision of appropriate legal framework and provide the necessary capacities for implementation.
- ii. To provide a viable oversight, sector planning, monitoring and supervision system from national to district levels.
- iii. To enhance coordination, alignment and harmonization of development and humanitarian assistance with development partners, implementing agencies, civil society and private sector.

7.2 Policy Statements: WASH Sector Coordination and Partnership Development

New coordination structures will be constituted, which will replace all existing coordination structures and frameworks including the Cluster System. Consensus on these new arrangements needs to be facilitated. Terms of Reference and membership for each level need to be written and endorsed.

9.2.1 Policy Measures:

- i. Ministry of Energy and Water Resources will take a leading and liaison role between the Government and water sector stakeholders while the Ministry of Health and Human Services, will perform similar responsibility for health, hygiene and sanitation.
- ii. WASH sector financier forum will be formed of senior representatives of all donors investing more than \$5m annually in the WASH sector, including the UN Office for the Coordination of Humanitarian Affairs, UNICEF, plus Line Ministers from Federal. Ministries in-charge for Planning and Budgeting will be represented in this forum. Representatives from major financiers must be individuals who are able to make funding commitments. It will meet in Mogadishu twice a year.
- iii. Inter-Ministerial WASH Steering Committee (IMWSC) will be constituted to lead the sector coordination under the leadership of Ministry of Energy and Water Resources. The IMWSC will lead the sector coordination, accountability, harmonization of financial inputs, and transitioning cluster approach to Sector-Wide-Approach. Membership will include Senior Government Officials, Donors, and programme Head of Agencies contributing to the WASH Sector. The IMWSC will meet four times a year in Mogadishu.
- iv. IMWSC will create a technical forum and thematic working groups who will be in charge of key technical and thematic areas such as urban water supply and sewerage, rural water supply, waste management, hygiene promotion, early warning and response, etc.
- v. The technical forum will focus on technical issues, not financing. It will comprise representatives of agencies that are providing advice on the design of WASH programs, rather than their funding. The WASH Cluster should be included in this Committee. The main task of the Committee is coordination – harmonizing programs that are being supported by all actors, avoiding duplication, preventing geographic imbalances in inputs, avoiding conflicting activities and flagrant inefficiencies. The other work of this committee will be to plan in detail the overall planning, review and evaluation of the WASH Sector. The technical forum will not make any funding decisions. It will meet every month in Mogadishu.

SECTION III LEGAL, REGULATORY AND INSTITUTIONAL FRAMEWORK

The governance of WASH sector goes beyond MoEWR to broader institutions and stakeholders. The institutional set up of the WASH sector institutions largely remain under-resourced leading to widespread institutional inertia. There are serious capacity gaps in human resources and management systems. Roles are not clear and often overlapping among different government institutions. There are no harmonized and coordinated legal, regulatory and policy frameworks. The policies and acts in place remain draft for long in all institutions and are inconsistent with no monitoring and evaluation frameworks to measure the progress on the implementation of these policies.

Sustainable water resources management, urban and rural water supply services and improvement of sanitation and hygiene require an effective institutional setup and legal framework which addresses the growing challenges in the sector. The main objective is to create an enabling environment for dealing with the challenges facing the water and sanitation sector and for meeting the objectives set out in this Policy document.

Specific objectives are:

- i. To establish institutional roles and responsibilities of the various institutions involved in implementation of the Water and Sanitation Policy.
- ii. To establish regulatory authorities in water resource management and environmental health ensuring coordination, equitable resource allocation, conflict prevention.

Policy Statement on Institutional Roles and Responsibilities:

The Government is endeavored to strengthen and reform the WASH sector and make it more vibrant, competent, strong, accountable and responsive through policy and legal reform, institutional development and advancement of management capacities and systems.

Institutional Roles and Responsibilities

Ministry of Energy and Water Resources At Federal and State Levels

Mandate and Responsibilities

- i. The Ministry of Energy and Water Resources (MoEWR) is the lead Government institution responsible for water at Federal and State levels. Its main functions focus on ensuring that all citizens have access to adequate water services. Notwithstanding the gradual changing role of the Government from a major service provider to that of a coordinator and regulator, the Ministry shall continue to be responsible for overseeing the nation's water resources.
- ii. The Ministry shall determine and develop sub policies, laws and from time to time review the policies and legislations.

- iii. The Ministry shall be responsible for sector coordination and integration, cross-sectoral planning, evaluation of programs for water supply and sourcing adequate funds for water projects.
- iv. The Ministry shall be the custodian and implementer of the water policies and laws. It shall be the overall authority on all water and water related issues.

Restructuring the Ministry

The Ministry of Energy and Water Resources will be restructured into two main directorates that will deal with Energy and Water Resources.

The Directorate for Water Resources/State Levels

Water resources management requires an effective institutional setup to perform the following core functions:

- i. A fully-fledged Water Directorate with four (4) high level departments should be established in the Ministry and these should be namely:
 1. Policy, Research and Planning.
 2. Urban Water Supply.
 3. Rural Water Supply.
 4. Water Resources Management.
 5. Flood Forecasting Center
- ii. The Water Directorate shall be responsible for monitoring the implementation of Water Policy and ensure that the policy objectives are achieved within the established time frame.
- iii. Upon the establishment of the Water Directorate, all water related duties and responsibilities will be performed by the Directorate.
- iv. In carrying out these responsibilities, the Ministry through its Water Directorate will closely work with institutions involved in water related activities.
- v. Specifically, the directorate of water resources will be responsible
 - Water resources exploration,
 - Water resources assessment both in quantity and quality, monitoring and evaluation,
 - Seek financial resources to meet the costs for water resources management.
 - Pollution control and other cross-sector activities such as catchments management, planning and development.
 - Permits for all activities related to provision of water supply facilities including extraction, sales, etc.
 - Inventory of water experts, human resource needs assessment and develop training programs to ensure that the sector has adequate number of experts for the implementation of different water sector activities.
 - Need assessments and strategies for utilization of trans-boundary water resources in collaboration with trans-boundary water bodies.

Flood Forecasting Centre (FFC)

The main task of the FFC will be the issuance of daily and sometimes sub-daily (during the course of a flood event) flood forecast advisories and bulletins for forecast service sites. The forecast service points should be created along the two rivers and make more points with stage/discharge rating relationships.

Ministry of Health and Human Services (MOH&HS) at Federal/State levels

- i. The Ministry of Health and Human Services, shall continue to be responsible for Sanitation and Hygiene Policy formulation through its Environmental Health Section. It will also be responsible for developing sanitation strategies.
- ii. Due to the strong linkage between water and sanitation services as well as public health, the MOH&HS will play a leading role in monitoring aspects of sanitation and hygiene.
- iii. It will closely work with the Ministry of Internal Affairs together with the Ministry responsible for water to ensure that integrated water, sanitation and hygiene education/promotion programs are implemented by Local Government in both urban and rural communities in accordance with the policy objectives.
- iv. MOH&HS will be responsibilities for the overall coordination of sanitation activities at federal and state levels.
- v. MOH&HS through its Section of Environmental Health shall take the lead in the promotion of sanitation and hygiene programs, in close co-operation with the Ministries responsible for Water, Local Governments, Education, and other key stakeholders, including Donor organizations, NGOs and Civil Society Organizations.
- vi. MOH&HS will be responsible for the provision of technical advisory service on setting basic minimum standards and levels of service.
- vii. MOH&HS will seek and solicit funds for sanitation projects and develop criteria for allocation of national funds, which will ensure optimal utilization of funds obtained in the form of grants or loans for sanitation improvement programs.
- viii. MOH&HS will advocate and promote sanitation improvements programs at national level.
- ix. MOH&HS shall be responsible for the monitoring and evaluation of hygiene and sanitation activities across the country.

Ministry of Internal Affairs

Ministry lacks clear roles and responsibilities related to urban, peri-urban and rural water supply and hygiene and sanitation services. The Local Governments are the focal entities of the Ministry at the district level and are the statutory implementers of broad and specific policy objectives within their jurisdictions. Local Government's capacities vary and are often weak. Majority of them

are unable to adequately perform their functions and responsibilities for both water supply and sanitation services. Efforts to build up the capacity of the Local Governments are underway through the JPLG program, which will enable Local Governments to take over their responsibilities in the long-run.

Roles and Responsibilities

- i. The Ministry of Internal Affairs shall be responsible in establishing units specific for water resource management and hygiene and sanitation services within the social affairs department (SAD) of the Local Governments. Local Government responsibilities in respect of hygiene and sanitation shall include:
 - Provision of communal infrastructure involving planning, programming, and financing.
 - Operation and maintenance of infrastructure (excluding those operated by autonomous organizations).
 - Tariff setting, collection of revenues of unregulated sanitation services.
 - Maintenance of public health through education, pollution prevention and control mechanisms.
 - Facilitation of community involvement in sanitation programs.
 - Facilitation of the establishment of and capacity building of District and Community Water and Sanitation (WASH) committees.
 - Monitoring progress of the sanitation programs and the related activities of local councils.

Ministry of Public Works

There will be a close collaboration among the Ministry of Energy and Water Resources, Ministry of Health and Human Services, and Ministry of Public Works in water and sanitation infrastructure development. Ministry of Public Works is responsible for the construction and maintenance of the water and sanitation infrastructure including urban water supply systems, drainages, sewerage systems and dumping sites.

Ministry of Planning, Investment and Economic Development

There will be close cooperation among the Ministry of Planning, Ministry of Energy and Water Resources and the Ministry of Health and Human Services, to facilitate the Government obligation of soliciting and securing adequate funds of various types from donor organizations and development partners for capital investments, rehabilitation, training and capacity building in the WASH Sector. Further, Ministry of Planning will spearhead the coordination of international development assistance and introduction of SWAp for the systematic development of the WASH Sector.

Ministry of Education, Culture and Higher Education at Federal/State Levels

Ministry of Education, Culture and Higher Education will spearhead the development of school lead total sanitation strategy, implementation of the WASH in schools as well as the creating WASH champions from child to child through community education committees.

Ministries of Agriculture and Livestock at Federal and State Levels

Ministries of Agriculture and Livestock will work closely with the Directorate of Water Resource Management for determining water needs for irrigation, farming and livestock consumption.

Environment Agency (or Ministry of Environment at Federal and State Level)

The Environment Agency will be responsible for the mapping of catchments areas, watersheds, rivers and water reservoirs in collaboration with the Directorate of Water Resource Management.

City Councils/Municipalities

- i. Local Councils shall be responsible for implementing water resources plans, protection and conservation of natural resources at district level, establishment of bye-laws on the management of water resources, and conflict resolution in accordance with established laws and regulations.
- ii. District WASH Committee will be statutorily established, comprising water and sanitation sector stakeholders to carry out the above-mentioned tasks at district level.

Community WASH Committees

- i. Communities play a major role in the water and sanitation sector because they are the primary users, guardians and managers of water sources.
- ii. Participation of both men and women in decision-making, planning, management and implementation of water resources management and development will be enhanced through statutory establishing village/community water and sanitation committees.

Donors and Development Partners

- i. Development of water supply and sanitation needs substantial financial investments. In the short term, such investments could only be available to the Government from Donor Organizations and Developing Partners;
- ii. The Government shall collaborate with international development partners and ensure availability of the needed funds for water and sanitation sector. Special attention shall be given to the National Development Plan;
- iii. The Government shall ensure coordination and synergies are obtained from the various developments initiatives;

Non-Governmental and Civil Society Organizations

- i. Non-governmental organizations (NGOs) have over many years played an important role in Somalia WASH Sector. Their contribution to the WASH Sector is more pronounced in rural areas where many NGOs have been working, providing different types of water and sanitation services.

- ii. The Government will closely collaborate with NGOs through the IMWSC for WASH Sector Development to enhance the role of NGOs and Civil society organizations in the water and sanitation activities.
- iii. Specifically, the Government will seek the assistance of NGOs in Somalia to effectively carry out various water supply, sanitation and hygiene activities, including;
 - Training and capacity building
 - Assisting communities with the planning and implementation of water and sanitation projects
 - Providing health, hygiene and sanitation education promotion, and
 - Financing of water and sanitation projects.

Households

- i. Primary responsibility for household water and sanitation provision rests with the household itself, and all levels of government interventions are basically in the role of facilitating this, or of carrying out those functions which are more efficiently executed at a community level, district or national level.
- ii. Households will be required to observe this responsibility.

Private Sector

- i. The intention of this Policy is wherever possible to increase the role of the private sector in the development and provision of water supply and waste disposal services and sanitation activities.
- ii. The improvement of water and sanitation services cannot be seen as a Government obligation by itself. While many of the water supply and sanitation improvements may require significant support from Government and its agencies, it is intended that in carrying out such activities there will be partnerships between public and private sector organizations.
- iii. The Private Sector contribution could include, but is not limited to:
 - Project design and contract supervision
 - Drilling of boreholes and construction of water dumps, berkets, etc
 - Construction, operation and maintenance of facilities such as sewage works and public toilets.
 - Training and capacity building
 - Supply of materials and equipment
 - Research on improvement of water and sanitation facilities and approaches
 - Provision of consultancy services (technical assistance)
 - Monitoring and evaluation
 - Project financing
 - Distribution and collection of water and garbage collection bills
 - Management of stand pipes;

SECTION 4 POLICY REVIEW

This policy will be reviewed as time goes in order to assess the progress made and to address new challenges. In this manner, suitable changes can be made to the policy if required, and strategies and investments can be modified accordingly.