



STATE OF AFRICA'S CHILDREN 2026

SPECIAL FOCUS ON
WATER & SANITATION

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Supported by United Nation's Children's Fund

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FOREWORD



H.E. Amb. Amma A. Twum-Amoah

AU Commissioner for Health,
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The African Union's designation of 2026 as the Year of Water and Sanitation under the theme "Assuring Sustainable Water Availability and Safe Sanitation Systems to Achieve the Goals of Agenda 2063" provides a timely opportunity to launch the inaugural *State of Africa's Children Report*, placing children firmly at the centre of the continental development agenda. Conceived as an annual flagship publication, aligned each year with the AU thematic priority, this Report will serve as a strategic accountability and evidence instrument to track progress, strengthen policy coherence and reinforcing collective responsibility for the rights, protection and wellbeing of Africa's children.

This first edition is deliberately anchored on Water, Sanitation and Hygiene (WASH), not as a standalone technical sector, but as an integrated multisectoral determinant of child survival, protection and development. WASH is a foundational enabler of child well-being; however, its full developmental impact can only be realised when it is intentionally linked to broader child protection systems and social norm transformation. In this regard, WASH interventions must be strategically embedded

within the continuum of child protection programming, including the prevention of and response to female genital mutilation, child marriage, risk affecting children in cross-border and mixed migration contexts, and the protection of children in humanitarian and fragile settings. Such an integrated approach recognises that weaknesses in water and sanitation systems often intersect with structural drivers of violence, exploitation, exclusion and vulnerability affecting children.

From a policy coherence perspective, safe water, dignified sanitation and hygiene are not merely service delivery outputs, they are critical determinants of rights realisation human security and inclusive development. Without adequate and resilient WASH systems, children's right to education is undermined through preventable illness and absenteeism, maternal and newborn outcomes are compromised in unsafe delivery environments, and household resilience is weakened by persistent cycles of water insecurity and preventable disease burden. These realities are clearly reflected in the evidence presented in this report and must be interpreted within the AU's broader

normative frameworks, namely Agenda 2063: The Africa We Want, Agenda 2040: Fostering an Africa fit for children and the African Charter on the Rights and Welfare of the Child, all of which emphasise an integrated, child centred development approach.

Placing children at the centre of WASH programming is, therefore, not merely aspirational, but structurally strategic. First, Africa's demographic trajectory, projecting nearly one billion children by 2063, requires anticipatory investment in human capital formation to translate population growth into a demographic dividend. Second, intergenerational equity considerations demand urgent investment in climate-resilient WASH systems that safeguard future wellbeing. Third, from a rights-based perspective, access to water and sanitation is legally anchored in international and continental human rights frameworks, while children themselves must be recognised as active agents in shaping hygiene behaviours, social norms, and community accountability mechanisms. Fourth, from a human capital standpoint, sustained exposure to inadequate WASH conditions undermines cognitive development, educational attainment, and future labour productivity, thereby constraining Africa's transformation agenda.

To ensure sustainable impact, WASH programming must be underpinned by strengthened local systems and community-led implementation models that enhance ownership, contextual relevance and long-term sustainability. This requires deliberate investment in institutional capacity at subnational levels as well as the integration of robust, disaggregated data systems to inform planning, resource allocation and performance monitoring. Equally important is the systematic

mainstreaming of child sensitive indicators that capture the intersection between WASH deficits and protection risks, particularly in fragile and displacement-affected settings.

Ultimately, advancing WASH outcomes for children is both a technical necessity and normative imperative. It demands a coordinated, multi-sectoral response that bridges infrastructure, health, education, protection, and social norms transformation. *The State of Africa's Children Report* is therefore intended to serve as a strategic policy instrument to guide decision-making, strengthen accountability, and align investments across sectors.

Our collective ambition must, therefore, be to build an Africa where every child, irrespective of geography, socio-economic status, displacement situation or vulnerability, has equitable access to safe water, dignified sanitation, and adequate hygiene services within a protective and enabling environment. Achieving this vision requires not only sustained investments in WASH systems, but also integrated action to address violence, harmful practices, exclusion, and the systemic risks that continue to undermine child wellbeing and development across the continent.



H.E. Amb. Amma A. Twum-Amoah

AU Commissioner for Health,
Humanitarian Affairs and Social Development.



PREFACE



Omar Abdi

Deputy Executive Director, Programmes
UNICEF

The publication of this inaugural *State of Africa's Children Report* marks a deliberate and, we believe, consequential departure from the customary rhythm of continental reporting on children. Issued in the context of the African Union's 2026 Theme of the Year, "Assuring Sustainable Water Availability and Safe Sanitation Systems to Achieve the Goals of Agenda 2063," it is the product of a partnership between the African Union Commission and UNICEF that is intended, from its very first edition, to be understood not as a single publication but as the founding instalment of an annual continental undertaking: a report that will return each year, aligned with the African Union's evolving thematic priorities, to hold the continent's collective attention on the condition of its children and the systems meant to serve them.

UNICEF is proud to stand alongside the African Union Commission in this endeavour, and prouder still of what that partnership signals for the future. The institutionalisation of

this Report, as a recurring, jointly produced instrument rather than an occasional or externally commissioned exercise, reflects a shared conviction that the evidence base guiding decisions about Africa's children should itself be African-led, continentally anchored, and sustained well beyond the tenure of any single administration or funding cycle. In placing this responsibility within the architecture of the African Union, and in committing UNICEF's technical and analytical support to its continuation, both institutions affirm that the wellbeing of the continent's children is a matter of permanent institutional priority, not of periodic attention.

This first edition, focused on water, sanitation and hygiene in the year the African Union has designated for that theme, illustrates precisely what we hope this Report will achieve in every edition to come: the translation of rigorous, disaggregated evidence into a clear-eyed account of where progress has been made, where children continue to be left behind, and what specific, evidence-informed action each finding demands. The data presented in the chapters that follow are not offered as a static record. They are offered as an instrument of accountability, one intended to inform the policies, budgets and programming choices of Member States, to sharpen the priorities of development partners, and to equip communities and civil society with the evidence they need to hold duty-bearers to account. A Report that is read but not acted upon would represent a failure of this partnership's essential purpose.

The ambition that animates this undertaking is, in the end, a simple one, however demanding its realisation: that no child on this continent should remain behind, whether measured by



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access to safe water and sanitation, protection from harmful practices, or any of the other dimensions of survival, development and dignity to which every African child is entitled. That ambition is not ours alone. It is the ambition already inscribed in Agenda 2063: The Africa We Want, in the African Charter on the Rights and Welfare of the Child, in its Agenda 2040: Fostering an Africa fit for children, and in the Sustainable Development Goals that Africa's own Member States have committed to achieve by 2030. This Report does not seek to introduce a new vision for Africa's children; it seeks to hold the continent, and its partners, honestly to account against the vision already agreed.

We commend this Report to Heads of State and Government, to ministries and technical departments across the continent, to our

development partners, and to the communities and children whose lives it ultimately concerns. The African Union Commission and UNICEF look forward to continuing this partnership in the editions to come, and to the day when the evidence gathered here is remembered not for the gaps it revealed, but for the action it inspired.

Omar Abdi

Deputy Executive Director, Programmes
UNICEF

EXECUTIVE SUMMARY

The evidence and analysis in this report highlight stark realities in Africa's efforts to protect the rights of every child to safe drinking water and sanitation. Since 2015, the beginning of the Sustainable Development Goal (SDG) era, countries in Africa have made extraordinary progress in reaching children with drinking water, sanitation and hygiene (WASH).

However, during that same period, the population in African countries has continued to grow and the continent is now home to 691 million people under the age of 18. This means that accelerated efforts are required to strengthen WASH systems, governance, finance, decision-making and services, to stay ahead of demographic and societal changes.

Against the backdrop of population growth and urbanisation, Africa also faces persistent challenges that continue to stand in the way of WASH for all children. Long-standing inequalities of access persist among women, girls, youth, the poorest of the poor, the elderly, ethnic minorities, displaced populations and those disproportionately impacted by crisis and climate change. Addressing these is an urgent priority. Further, many African countries are facing fragility, public health emergencies and significant climate change impacts that make children exceptionally vulnerable to lack of WASH services. The data suggest that rural communities and schools and primary health facilities are at risk of falling behind as attention is given to urban needs. Across the continent as a whole, data gaps make prioritization harder.

Despite this, there are countries across Africa that stand out for their progress in the face of challenges, for their commitment to strengthening systems and their innovative and holistic approaches to providing WASH services. Many of these countries are highlighted as peer leaders throughout this report.

Africa's Water Vision 2063 and Policy lays out a roadmap for reaching all Africans, including children, with WASH and this vision is achievable. It requires investments in climate and crisis resilience; targeted measures to address and monitor inequalities, particularly among women and children; and data-driven decision making. Most of all, it requires African leadership at all levels and collaboration and coordination across the continent, to learn from what works, test new ideas and hold each other accountable.





ACRONYMS

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
AMCOW	African Ministers' Council on Water
ARI	Acute respiratory infection
AU	African Union
AUC	African Union Commission
CDC (Africa)	Centres for Disease Control and Prevention (African)
GBV	Gender-based violence
GEWE	Gender equality and women's empowerment
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-water (UN-Water)
JMP	WHO/UNICEF Joint Monitoring Programme on Water Supply, Sanitation and Hygiene
MHH	Menstrual health and hygiene
OECD	Organization for Economic Co-operation and Development
PHE	Public health emergency
R-WASH	Resilient WASH Solutions for Refugees, IDPs and Host Communities in East Africa
SDG	Sustainable Development Goal
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WinHCF	WASH in health care facilities
WinS	WASH in schools
YoGI	Youth and gender inclusion

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CHAPTER 1



INTRODUCTION

Safe drinking water, sanitation and hygiene (WASH) are essential accelerators of Africa's vision¹ for 2063: a continent with a strong economy, a healthy population, empowered women, children and youth and a new generation with all the tools needed to secure Africa's future.

Accordingly, access to WASH is protected as human rights in the ***African Charter on the Rights and Welfare of the Child*** and enshrined in a wide range of African policies and strategies.

However, across Africa, especially in fragile states² and those affected by conflict, children still face challenges accessing safe drinking water and sanitation services and maintaining hygiene in their homes, communities, schools and health care facilities. Shared challenges across the continent, ranging from climate change to population growth, create additional barriers to reaching all of Africa's children with WASH. However, they also offer opportunities to accelerate, through improved targeting and innovative, holistic approaches.

Agenda 2063 aspires for Africa to put children first. Improving WASH advances multiple goals of this vision:

- Goal 1: High Standard of Living, Quality of Life and Well-Being for All
- Goal 3: Healthy and Well-Nourished Citizens
- Goal 7: Environmentally Sustainable Climate Resilient Economies and Communities
- Goal 18: Engaged and Empowered Youth and Children.

The ***Africa Water Vision 2063 And Policy***³ further emphasizes the economic power of water and sanitation and the importance of resilient WASH systems. It ties WASH to peace and security and highlights the importance of leaving no one behind. Together, Africa's 2063 goals and action areas remind us that water is essential to life, sanitation is essential to dignity and WASH demands that we put women, children and youth first.

¹ African Union Commission, Agenda 2063: The Africa we want, Addis Ababa, 2015. <<https://au.int/en/agenda2063/overview>>. Accessed 10 June 2026.

² According to OECD, fragility is where "the combination of exposure to risk and insufficient resilience of a state, system and/or community to manage, absorb and mitigate those risks." See OECD, States of Fragility 2025, OECD Publishing, Paris, 2025 <<https://doi.org/10.1787/81982370-en>>. Accessed 10 June 2026.

³ African Ministers' Council on Water (AMCOW), African Union Commission (AUC), Africa Water Vision 2063 and Policy, Addis Ababa, 2026. <https://au.int/sites/default/files/documents/46011-doc-EN-Africa_Water_Vision_2063_and_Policy.pdf>. Accessed 10 June 2026.

Box 1: Key takeaways

1. Achieving universal access to WASH for Africa's children is central to delivering Vision 2063 and other Africa-wide policies and strategies.
2. Since 2000, millions of children across Africa have gained access to WASH, as countries have strengthened governance, finance, systems and capacity to deliver sustainable access.
3. However, data from 2024 shows that millions of children still lack access and progress between and within regions and countries remains uneven. Fragility, climate change, population growth and urbanization are among Africa's biggest barriers to achieving universal access to WASH.
4. Experience shows that when countries invest in strengthening systems, target financing to decrease children's vulnerability and exert political leadership, all African countries can accelerate progress.
5. Strengthening national monitoring systems will improve the availability of data for decision-making and substantially boost investor confidence in the sector, leading to faster results for Africa's children.
6. Key opportunities to accelerate include increasing WASH jobs training for young women; advancing women's and girls' leadership, inclusion and meaningful participation in WASH; investments in urban hygiene; and accountability for improving water quality, faecal sludge management and wastewater treatment.

Between 2000 and 2024, millions of people in Africa gained access to WASH services. Throughout this report, examples of African countries making strong progress are highlighted, alongside potential peer leaders who are well positioned to partner with others seeking to accelerate. By focusing on accelerating WASH access through increased political will, data for decision-making and inclusive, people-focused improvements to governance and financing, huge progress can be made for the nearly 700 million children who live in Africa in 2026.

This report first discusses the importance of focusing on children when delivering WASH services and the benefits that can accrue for Africa. Next, it describes the data sources and

methodology used to provide evidence and analysis across the report. Chapter 3 goes into greater detail about children's access to WASH in their schools, health care facilities and homes and progress in moving from unsafe services or open defecation to safely managed water and sanitation. It also explores the status of Menstrual Health and Hygiene (MHH) for Africa's adolescent girls and women. Chapter 4 assesses the key trends that impact WASH access across Africa, which should inform duty bearers in their prioritization and decision-making. The report concludes with a call to action and recommendations of targeted evidence-based actions, aligned with specific aspects of the Africa Water Vision 2063 to improve accountability, which can help African governments reach all children with WASH by 2063.

Despite historical challenges, such as the legacy of colonialism, poverty, conflict and inadequate government leadership, Africa is taking charge of its own future. The region has made enormous progress in reaching children with accessible, affordable and high-quality WASH services. The declaration of 2026 as the AU Year of Water and Sanitation, coupled with the ambition of the Africa Water

Vision 2063, show enormous commitment to understanding key barriers and prioritising actions that will overcome them. With improved focus on reaching children in both stable and crisis contexts, additional political will, stronger systems, data and human resources and improved financing for equity, achieving universal WASH access by 2063 is still possible.



Why focus on children?

Box 2: Key messages

1. Access to WASH is key to realizing the African Charter on the Rights and Welfare of the Child. The population of Africans under age 18 continues to grow, making a focus on child health and development increasingly important to achieving Africa's Vision 2063.
2. WASH is essential for children to not only survive but thrive. Increasing access to WASH will reduce pre-term birth, diarrhoeal diseases and acute respiratory infections, the top three causes of preventable child mortality, furthering Africa's Agenda for Children and the Africa Health Strategy.
3. WASH in schools advances the African Union's Continental Education Strategy by creating a safe, protective and higher-quality environment for teachers and students alike. WASH in schools is believed to be a significant factor in girls' attendance and concentration, particularly while they are menstruating.
4. By safeguarding children's well-being and protection early in life, Africa is investing in its own human capital development and building more leaders. WASH is a linchpin for realizing these continent-wide goals.

Access to water and sanitation are core human rights of African children, as an element of Article 14, "Health and Health Services," of the African Charter on the Rights and Welfare of the Child.⁴ To realize these rights, discrimination must be eliminated in decision-making (Article 3) and other core human rights principles, such as participation, transparency and accountability, must be upheld. Despite significant progress in realizing the rights to water and sanitation for Africa's children and youth, population growth and other trends across the continent present challenges to realizing the Africa Water Vision 2063 and further protecting human rights. Children living in Fragile and Conflict-Affected States (FCS), particularly where water is used as a weapon



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of war, are especially at risk of losing access to WASH services they had prior to a crisis emerging and to stalled efforts to provide them with first-time access or service upgrades.

⁴ African Union Commission, African Charter on the Rights and Welfare of the Child, Addis Ababa, 1990. <<https://au.int/en/treaties/african-charter-rights-and-welfare-child>>. Accessed 10 June 2026.

The population of African children under the age of 18 increased from 413 million in 2000 to 691 million in 2024. Currently, nearly half of Africa's population is under 18 (45 per cent). By 2063, the under 18 population in Africa is expected to reach close to one billion (956 million) and Africa will be home to 42 per cent of the world's children.⁵

This rapid population growth creates challenges for African governments and duty bearers trying to keep pace with accelerating needs for services, because children are especially vulnerable. However, a focus on child development and protection also provides huge opportunities to change economic growth trends and subsequently the lives and rights of future generations.

- **Increased community and institutional WASH** underpin health, economic opportunity, climate resilience, education, protection from violence, equity and overall well-being and cut across the African Charter.
- **WASH access at or very near home can alleviate a major unpaid labour burden** and enable children to go to school, while also reducing diarrhoeal disease, improving nutrition and maternal health and strengthening early childhood development.
- **WASH access closer to home** increases girls' protection from sexual violence, exploitation and harm.
- **WASH in schools makes it more attractive for students and teachers to attend** and, particularly for girls and women, improves their educational enrolment and retention and supports their safety and dignity, including when they are menstruating.
- **WASH in health care facilities is essential** to infection prevention and control and dignity for patients and health care workers alike.
- **In turn, access to WASH strengthens gender equality** and creates opportunities for decent work that can change the trajectory of future generations.

This chapter provides key evidence to support the ongoing focus on WASH for Africa's children and highlights how WASH can help Africa achieve other goals as well. Aspiration 6 of Agenda 2063 is to be "an Africa whose development is people-driven, relying on the potential of African people, especially its women and youth and caring for children." WASH is fundamental to achieving that.

Child and maternal health

Alongside the African Charter, **Africa's Agenda for Children 2040⁶** and the **Africa Health Strategy (2016–2030)⁷** aspire to an Africa that protects children and supports them to thrive. They link WASH to universal health coverage, primary health care and nutrition and reinforce the policy goals of Vision 1 of the Africa Water Vision 2063.

⁵ Sourced from United Nations Children's Fund (UNICEF) database, based on United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2024, New York, 2024. <<https://population.un.org/wpp/>>. Accessed 24 April 2026.

⁶ African Committee of Experts on the Rights and Welfare of the Child (ACERWC), Africa's Agenda for Children 2040, African Union, Addis Ababa, 2015. <https://au.int/sites/default/files/newsevents/agendas/africas_agenda_for_children-english.pdf>. Accessed 10 June 2026.

⁷ Africa Union Commission, Africa Health Strategy (2016–2030), Addis Ababa, 2015. <https://au.int/sites/default/files/pages/32904-file-africa_health_strategy_2016-2030.pdf>. Accessed 10 June 2026.

Africa accounts for two thirds of under-five child deaths attributable to unsafe drinking water, sanitation and hygiene (WASH)

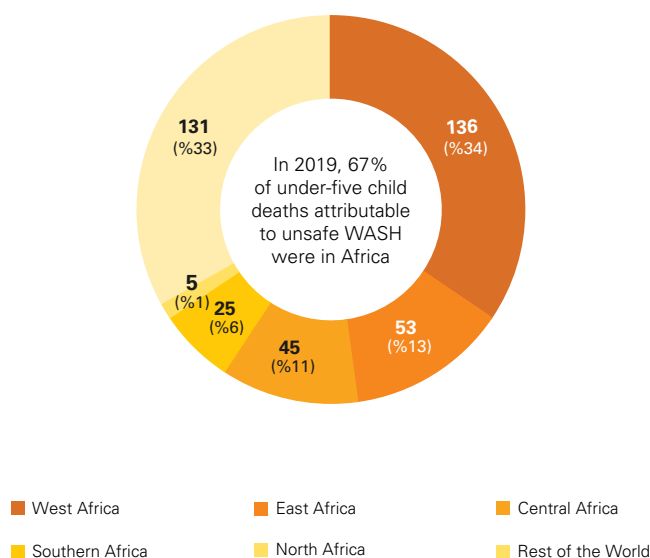


Figure 1: Number (thousands) and percentage (%) of under-five deaths attributable to unsafe WASH in African regions and the rest of the world in 2019

Source: World Health Organization (WHO), The Global Health Observatory. Water, sanitation and hygiene: burden of disease.

In 2019, 264,000 African children lost their lives to one of four WASH-related causes: diarrhoea, acute respiratory infections (ARI), under-nutrition and soil-transmitted helminths. The 25 countries with the highest burden of WASH-related mortality are all in Africa.⁸ Africa accounted for two out of every three WASH-attributable under 5 child deaths, with around half occurring in West Africa alone.

Diarrhoeal diseases were the leading cause of WASH-attributable deaths of children under 5 in the world (273,000) and in Africa (181,000). ARIs

account for fewer overall deaths than diarrhoea (75,000 in 2019) and between 2000 and 2019, rates of under-five mortality from these infections declined. Nonetheless, pneumonia remains the single largest infectious cause of death for children under five years old in low- and middle-income countries.⁹

Handwashing with soap can reduce diarrhoea by 30 per cent and ARIs by 17 per cent, making hand hygiene a top priority for child survival across Africa.¹⁰

⁸ World Health Organization, The Global Health Observatory, Burden of disease attributable to unsafe drinking-water, sanitation and hygiene, 2019 update, Geneva, 2023. <www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/burden-of-disease>. Accessed 24 April 2026.

⁹ World Health Organization and United Nations Children's Fund, Guidelines on hand hygiene in community settings, Geneva, 2025. <<https://www.who.int/publications/i/item/9789240116559>>. Accessed 10 June 2026.

¹⁰ Ibid.

Diarrhoea accounts for 7 out of 10 under-five deaths attributable to unsafe WASH in Africa

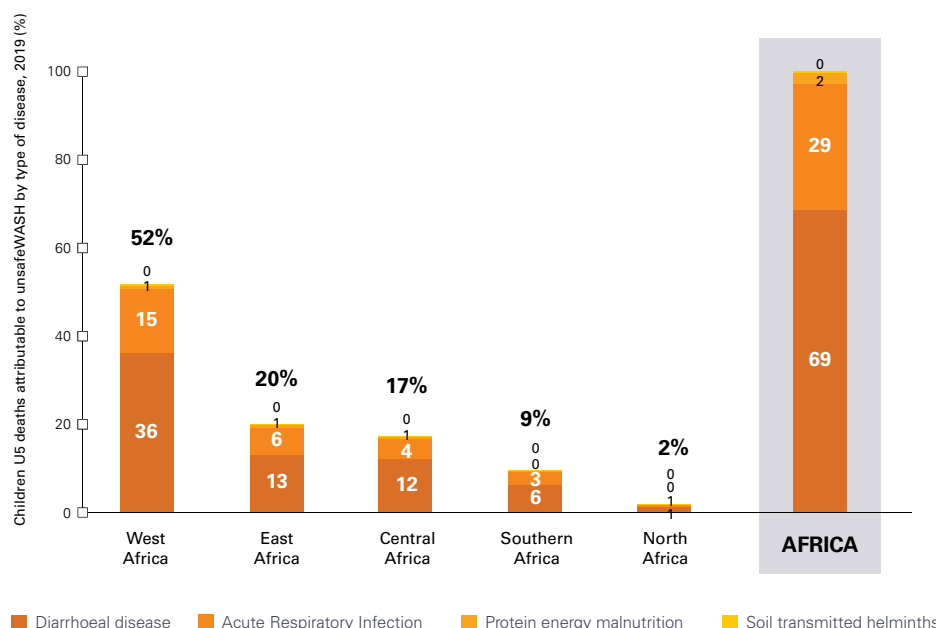


Figure 2: Under-five child deaths attributable to unsafe WASH by type of disease and by African region in 2019 (%)

Source: World Health Organization, The Global Health Observatory. Water, sanitation and hygiene: burden of disease.

Soil-transmitted helminthiases, which disproportionately impact children, are driven by poor sanitation, while undernutrition is worsened by diarrhoea and other enteric infections. Both helminthiases and undernutrition increase vulnerability to infection and physical and cognitive delays, lost education and transgenerational cycles of poverty.

Improved WASH access is also essential to reducing the disproportionate impacts of public health emergencies (PHEs), including cholera, on children under the age of five, especially children who are already undernourished or malnourished.

Low access to WASH also impacts mothers and other caregivers, creating additional indirect impacts on African children. Water collection and other unpaid labour and caregiving burdens compromise opportunities for nurturing care, which contributes to emotional, social and cognitive growth during early childhood and earning potential later in life.¹¹ Composite analysis of nurturing care indicates that 72 per cent of children in Central Africa are at risk of poor development; just over half of children in East Africa (57 per cent), Southern Africa (56 per cent) and West Africa (59 per cent) face the same threat. In North Africa, just 18 per cent of children are at risk.¹²

¹¹ World Health Organization, United Nations Children's Fund, World Bank Group. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization, 2018. <<https://iris.who.int/server/api/core/bitstreams/781de51d-4cef-482e-bb3b-c2b3becf3c9f/content>>. Accessed 10 June 2026.

¹² UNICEF and Countdown 2030, Country Profiles for Early Childhood Development in Africa, 2025. <<https://nurturing-care.org/wp-content/uploads/2025/10/country-profiles-africa.pdf>>. Accessed 10 June 2026.



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Agenda 2063 emphasizes that, for children to thrive, their mothers must thrive as well. Low WASH compromises the well-being of mothers beyond the burden on their time. For example, low access may increase mothers' and caregivers' exposure to gender-based violence (GBV) – particularly during water collection and sanitation use – undermining their physical and psychological safety and well-being and, in turn, their children's health, nutrition and nurturing care.

Low WASH access also impacts maternal health, with potentially dire consequences for maternal and newborn survival. Often arising from poor hygiene, maternal sepsis impacts an estimated

19.2 percent of pregnant women across Central, Southern and West Africa and approximately double that in East Africa.¹³ Sepsis is the third-leading cause of maternal mortality in the world.¹⁴ Maternal sepsis is associated with a four-fold higher risk of neonatal mortality compared to babies born to mothers without sepsis,¹⁵ and is a strong predictor of pre-term birth. Pre-term birth, in turn, is the leading cause of child mortality and for those who survive, can cause a lifetime of challenges.¹⁶ Low maternal nutrition, which can be exacerbated by enteric infections from poor WASH, can lead to low birthweight, wasting, developmental delays and even stillbirth.¹⁷

¹³ Traoré FB, et al. "Prevalence and factors associated with maternal and neonatal sepsis in sub-Saharan Africa: a systematic review and meta-analysis, *Frontiers in Public Health*, Volume 12, 2024. <www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1272193>. Accessed 10 June 2026.

¹⁴ Lale Say, et al, "Global causes of maternal death: a WHO systematic analysis," *The Lancet Global Health*, Volume 2, Issue 6, 2014. <[https://doi.org/10.1016/S2214-109X\(14\)70227-X](https://doi.org/10.1016/S2214-109X(14)70227-X)>. Accessed 10 June 2026.

¹⁵ Campbell OM, et al. "Getting the basic rights - the role of water, sanitation and hygiene in maternal and reproductive health: a conceptual framework," *Tropical Medicine and International Health*, Volume 20, No 3, pp 252–267, March 2015 <<https://onlinelibrary.wiley.com/doi/epdf/10.1111/tmi.12439>>. Accessed 10 June 2026.

¹⁶ World Health Organization, *Born too soon: decade of action on preterm birth*, Geneva, 2023. <www.who.int/publications/i/item/9789240073890>. Accessed 10 June 2026.

¹⁷ UNICEF. Maternal Nutrition website. www.unicef.org/nutrition/maternal#:~:text=UNICEF%20estimates%20that%20low%20birthweight,mother%20and%20babies. Accessed 9 February 2026.

Table 1: Leading WASH-related causes of childhood morbidity and mortality in Africa

Cause of child morbidity or mortality	Link to WASH	Impact
Diarrhoeal diseases (DD)	Handwashing with soap can reduce diarrhoea by 30 per cent	Diarrhoeal diseases are the third highest cause of preventable child deaths globally
Acute respiratory infections (ARI)	Handwashing with soap can reduce ARIs by 17 per cent	Pneumonia is the second largest cause of death for children under five in low- and middle-income countries
Soil-transmitted helminthiases (intestinal worms)	Open defecation, poor segregation of human and animal waste and inadequate hygiene increase transmission risk	Estimated to impact one-third of school-going children in Africa, ¹⁸ with potential for stunting, wasting, iron deficiency, developmental delays and undernutrition
Undernutrition	An estimated 50 per cent of undernutrition is linked to poor WASH	Potential for stunting, wasting, lower lifetime earning potential and more
Pre-term birth	Risk increases with maternal sepsis, which is often a result of poor hygiene	The leading cause of preventable child mortality; contributes to weakened immune systems, development delays and higher risk of non-communicable diseases
Low birthweight	Risk increases with WASH-associated undernutrition in pregnant women	Potential for developmental delays, difficulty learning, higher risk of infections and death
Delayed cognitive, social and/or physical development	Undernutrition and intestinal worms from low WASH access; inadequate nurturing care because of water collection burdens; pre-term birth and low birthweight arising from maternal infections or undernutrition	In Central, East, Southern and West Africa, between 56 per cent and 72 per cent of children are at risk, with impacts that can last a lifetime

¹⁸ Agrawal R et al. "Prevalence and correlates of soil-transmitted helminths in schoolchildren aged 5 to 18 years in low- and middle-income countries: a systematic review and meta-analysis," *Frontiers in Public Health*, 21 March 2024. <<https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1283054/full>>.

Education and human capital development

The African Union Continental Education Strategy (2026-2035) depends on good WASH services in schools (WinS) to meet its strategic aims around school infrastructure and the learning environment (SA1), increasing the attractiveness of the teaching profession (SA2), gender, equity and inclusion (SA6) and monitoring and evaluation (cross-cutting). WinS can be a significant factor in school attendance, success and completion rates. By helping more children stay in school, WinS also advances the Africa Water Vision's seventh priority on human capital development by supporting the WASH workforce pipeline and helps advance the Vision of universal access to WASH.

Africa has made significant progress in participation in early childhood education for children under age three, although enrolment rates still lag behind most of the world. This positive trajectory is essential for school readiness and learning as well as social and emotional development. Additionally, gender parity in primary school completion rates have also improved and since 2015 African girls are increasingly progressing from one grade to the next.¹⁹

However, 51 per cent of all out-of-school children worldwide live in Africa and the number of out-of-school adolescents and youth of secondary school age is growing, with consequences for the future of the WASH workforce.²⁰

While Madagascar and Nigeria are global leaders among low- and middle-income countries in terms of adult (25 years and older) education and training

rates, proportions are still below 10 per cent. Men participate in adult learning, particularly technical and vocational training, more often than women, although gender parity is improving overall.²¹

These participation rates are important in the context of Africa's aspirations to invest in building capacity, particularly in the WASH workforce.

Global data on the links between WinS, educational enrolment and completion and learning outcomes are not widely available, but current research suggests there are important connections. For example, one study found that 1.3 million school-going girls in Ethiopia, or approximately one in ten, miss school during their period.²² In Rwanda, research indicates that 20 per cent of schoolgirls miss approximately a quarter of the school year due to a variety of factors, including poor menstrual health and hygiene.²³ These absences represent a potential GDP loss of \$115 million each year in Rwanda alone.²⁴ School dropout, in turn, increases risks of child marriage, sexual violence and exploitation, particularly for girls.

More broadly, WASH in schools is key to creating a quality work environment for teachers and school staff and a quality learning environment for students, enabling safe and dignified menstruation and safeguarding nutrition and public health. For girls in particular, adequate WASH reduces GBV risks, supports menstrual health and hygiene and removes a key barrier to attendance, concentration and retention, without which educational gains and human capital development cannot be sustained.

¹⁹ UNESCO, *Global Education Monitoring Report 2024/5: Leadership in education – Lead for learning*, Paris, 2024. <<https://www.unesco.org/reports/gem-report/en/2024>>. Accessed 10 June 2026.

²⁰ Ibid.

²¹ Ibid.

²² UNICEF, *Menstrual Hygiene Management in Ethiopia: National Baseline Report from Six Regions of Ethiopia*, 2017. <www.unicef.org/ethiopia/media/3096/file/MenstrualHygieneManagementinEthiopia.pdf>. Accessed 10 June 2026.

²³ Ndanyuzwe Aime, Dr. T. Pugalenthi. "Knowledge on Menstruation Problem in High School Adolescent Girls of Rwanda, Kayonza District," *Psychology and Education*, 2021, Volume 58, Number 3, pp:2233-2236. <<https://doi.org/10.17762/pae.v58i3.4225>>. Accessed 10 June 2026.

²⁴ Akaliza, 2019, cited in UNFPA, *Menstrual health & hygiene: Why there is still more to be done*, 2022. <<https://rwanda.unfpa.org/en/news/menstrual-health-hygiene-why-there-still-more-be-done>>. Accessed 10 March 2026.

Box 3: Opportunity to accelerate: Cholera hotspots

Cholera and low access to basic water and sanitation go hand in hand and both create disproportionate risk to children. Most cholera cases between 2015 and 2023 occurred in countries with less than 75 per cent coverage of basic drinking water services and less than 60 per cent coverage of basic sanitation services.

As of February 2026, Africa CDC reported active cholera outbreaks in 14 African countries, primarily in Central and Southern Africa.²⁵ Deaths from cholera during the first half of 2025 represented a 115 per cent increase over the same period in 2024.²⁶

Most cholera cases occur in countries with low water and sanitation coverage

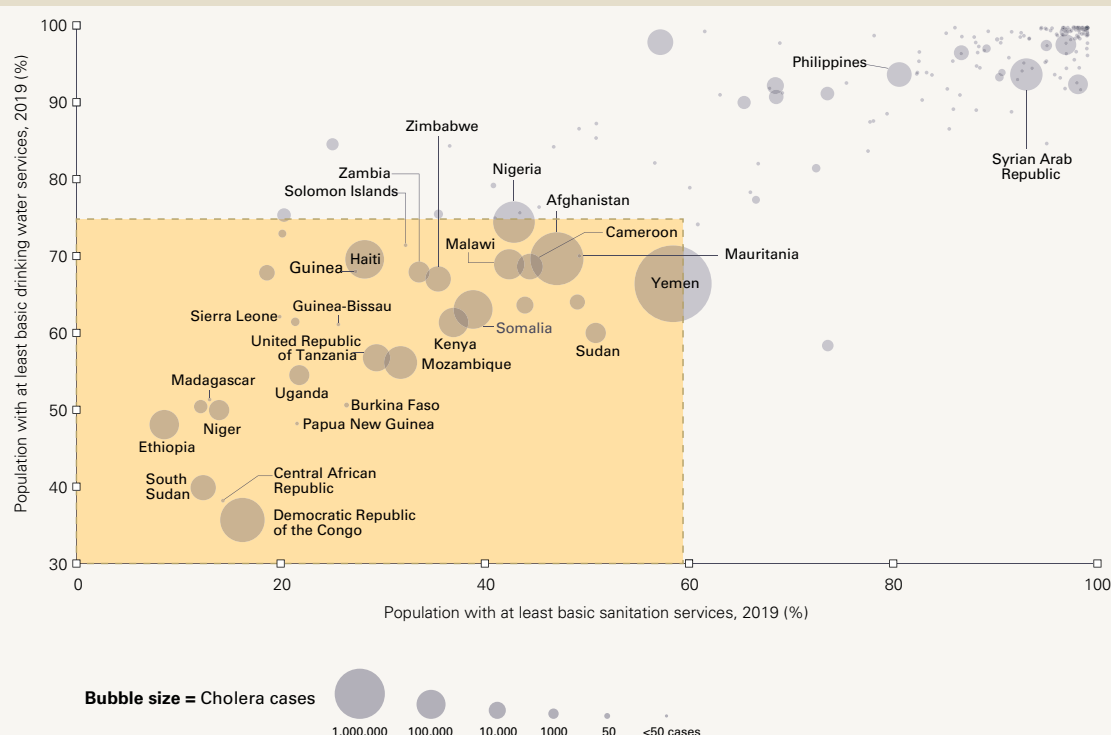


Figure 3: Reported cholera cases (2015-2023) and at least basic drinking water and sanitation services in 2019 (%)

Source: WHO Global Task Force on Cholera Control (2025)- Weekly Epidemiological Reports WER

Recent extreme weather has worsened the situation in countries like Mozambique and Zambia, which had the highest number of deaths from cholera in 2024. Conflict and displacement are creating threats of major outbreaks in Burundi, Democratic Republic of the Congo, South Sudan and Sudan.

In addition to oral vaccines for cholera, increasing access to WASH and improving climate resilience of WASH systems are among the most important tools for stopping preventable child deaths from cholera. By prioritizing external and peer support on climate-resilient WASH (particularly sanitation) for cholera endemic countries in Africa, effectively engaging communities to support healthy sanitation and hygiene behaviors and dedicating funds to safeguard water quality, the risk of cholera outbreaks can be reduced.

²⁵ WHO Global Task Force on Cholera Control (2025) - Weekly Epidemiological Reports WER <<https://www.who.int/emergencies/surveillance/cholera-cases-and-deaths>>.

²⁶ Africa Centres for Disease Control and Prevention (Africa CDC), Mid-Year Brief: Multi-Country Cholera Outbreak in Africa (1 January – 31 July 2025), 1 September 2025. <<https://africacdc.org/document-tag/africa-against-cholera/>>. Accessed 20 June 2026.

CHAPTER 2



DATA SOURCES AND METHODOLOGY

This report uses two primary data sources:

- the WHO/UNICEF Joint Monitoring Programme on Water Supply, Sanitation and Hygiene (JMP)
- the UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS).

The JMP²⁷ uses a standard methodology²⁸ to produce internationally comparable estimates of progress on WASH and is responsible for global monitoring of the Sustainable Development Goal (SDG) targets related to the topic. It releases updated national, regional and global estimates for WASH in households, schools and health care facilities every two years.²⁹ It has also published guidance on core questions and indicators for monitoring WASH in each setting.

The JMP continuously compiles official data on WASH drawn from censuses, relevant surveys (including surveys on households, schools and assessments of health care facilities) and administrative data sources (including data coming from Education and Health Management Systems). The compiled data are shared by countries for validation while countries voluntarily provide feedback

and available additional data to the JMP. It also maintains country files which list the data sources available and show how individual data inputs have been used to generate internationally comparable estimates. Before publication, draft estimates are circulated via WHO and UNICEF country offices for a two-month period of technical consultation and feedback from relevant national authorities.³⁰

The JMP defines 'service ladders' for access to drinking water, sanitation and hygiene as a tool for benchmarking across countries and monitoring progress toward universal access to safely managed services. This enables a better understanding of where acceleration is needed to ensure that all African children have access to the highest quality services.

For this report, UNICEF has conducted further analysis of JMP global data to estimate trends in the number of children under 18 with access to WASH services for each of the countries and regions of Africa. This involved combining the latest JMP estimates of trends in WASH services levels in households, schools and health care facilities with the latest UNICEF estimates of current and future trends in the distribution of children under five in Africa.

²⁷ For additional information see JMP website <<https://washdata.org/>>. Accessed 9 February 2026.

²⁸ For additional information on how JMP compiles data, see the Methods section of the JMP website <<https://washdata.org/data>>. Accessed 9 February 2026.

²⁹ View the latest estimates on examples on the JMP website <<https://washdata.org/reports>>. Accessed 9 February 2026.

³⁰ Read additional information on the JMP consultation process <<https://washdata.org/how-we-work/country-consultation>>. Accessed 9 February 2026.

Unless otherwise cited, all people- and institutional-level WASH access data in this report are sourced from UNICEF/WHO data and JMP analysis thereof, including:

- [WHO/UNICEF Joint Monitoring Programme \(2025\)](#) Progress on household drinking water, sanitation and hygiene 2000– 2024: special focus on inequalities;³¹
- [WHO/UNICEF Joint Monitoring Programme \(2024.a\)](#) Progress on drinking water, sanitation and hygiene in schools 2015-2023: special focus on menstrual health;³²
- [WHO/UNICEF Joint Monitoring Programme \(2024.b\)](#) Water, sanitation, hygiene, environmental cleaning and waste management in health care facilities: 2023 data update and special focus on primary health care;³³ and
- [AU Children Statistical Compendium \(2026\)](#), which presents the JMP estimates for Africa.³⁴

GLAAS monitors WASH system building blocks, the enabling environment and implementation challenges. It also includes findings related to international cooperation and capacity-building support and local participation, development partner support, leaving no one behind and WASH and climate. This makes GLAAS a valuable counterpart to the access and inequalities data compiled by JMP.



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GLAAS collects data through voluntary country and external support agency surveys and since 2008 has published reports summarizing WASH systems data every two to three years. Data in this report are drawn from the January 2026 update, which included reporting from 40 African countries.³⁵ For this report, the authors selected GLAAS indicators that illustrate trends and challenges across Africa and featured these data alongside WASH access data to highlight the importance of a joined-up approach to systems, financing, human resources and infrastructure improvements. Specific GLAAS indicators cited in this report, along with their definitions, are provided in the Annex.

³¹ JMP, *Progress on household drinking water, sanitation and hygiene 2000– 2024: special focus on inequalities*, Geneva, 2025. <<https://washdata.org/reports/jmp-2025-wash-households>> (WHO/UNICEF Joint Monitoring Programme (2025)). Accessed 10 June 2026.

³² JMP, *Progress on drinking water, sanitation and hygiene in schools 2015-2023: special focus on menstrual health*, Geneva, 2024. <<https://washdata.org/reports/jmp-2024-wash-schools>> (WHO/UNICEF Joint Monitoring Programme (2024.a)). Accessed 10 June 2026.

³³ JMP, *Water, sanitation, hygiene, environmental cleaning and waste management in health care facilities: 2023 data update and special focus on primary health care*, Geneva, 2024. <<https://washdata.org/reports/jmp-2024-wash-hcf>> (WHO/UNICEF Joint Monitoring Programme (2024.b)). Accessed 10 June 2026.

³⁴ UNICEF Africa's Children 2026 Statistical Compendium <<https://data.unicef.org/resources/afsc-2026/>>. Accessed 10 June 2026.

³⁵ GLAAS, *State of systems for drinking-water, sanitation and hygiene: Global update 2025*, Geneva, 2025. <<https://iris.who.int/server/api/core/bitstreams/83d75861-6c96-4083-b163-8acbb9c711cc/content>>. Accessed 10 June 2026.

Unless otherwise cited, all indicators in this report of WASH governance, finance, human resources, participation and decision-making frameworks and processes are sourced from the UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS) Data Portal ³⁶ and the GLAAS 2025 report – GLAAS (2025).

Limitations

Since the start of the SDG period, the number of African countries with high quality accessible data to generate comparable national estimates for WASH in households, schools and health care facilities has increased steadily but data gaps remain.³⁷ For example, by 2024 almost all countries in Africa had sufficient data to produce national estimates for coverage of basic water, sanitation and hygiene services but not all countries had sufficient data to generate estimates for higher levels of service. By 2024, 29 countries in Africa had estimates for safely managed drinking water (data coverage is lowest for drinking water quality) (Figure 4), 34 countries had estimates for safely managed sanitation (data coverage is lowest for offsite treatment of faecal sludge) (Figure 5) and 40 countries had

basic hygiene estimates (Figure 6). The number of countries with nationally representative data on menstrual health has steadily increased lately and Africa had the largest number of countries with data (26) in 2024 (Figure 7).

The availability of disaggregated data, for rural and urban populations, for different types of schools and health care facilities, for subnational geographies and for population subgroups (e.g. wealth quintiles, ethnicity) varies widely across African countries.

Finally, most WASH indicators are collected at the level of the household, school or health care facility which makes it challenging to assess inequalities in WASH service levels between individuals (e.g. between women and men, girls and boys and between adults and children).



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³⁶ GLAAS Data Portal <<https://glaas.who.int>>. Accessed 10 June 2026

³⁷ Available data for each country and data gaps can be assessed in detail by going through the JMP country files for each setting. The JMP country files for households, schools and health care facilities are available here: <<https://washdata.org/data/downloads>>. Accessed 10 June 2026.

In 2024 national estimates for safely managed drinking water were available for 29 countries in Africa

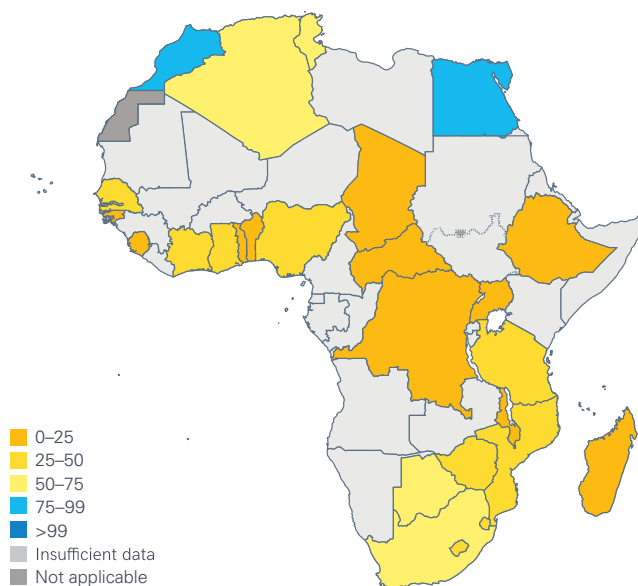


Figure 4: Proportion of population using safely managed drinking water services in Africa in 2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

In 2024 national estimates for safely managed sanitation were available for 34 countries in Africa

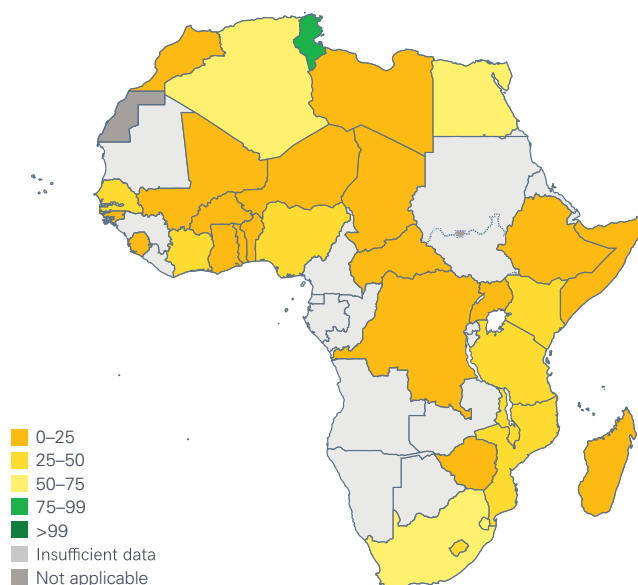


Figure 5: Proportion of population using safely managed sanitation services in Africa in 2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

In 2024 national estimates for basic hygiene were available for 40 countries in Africa

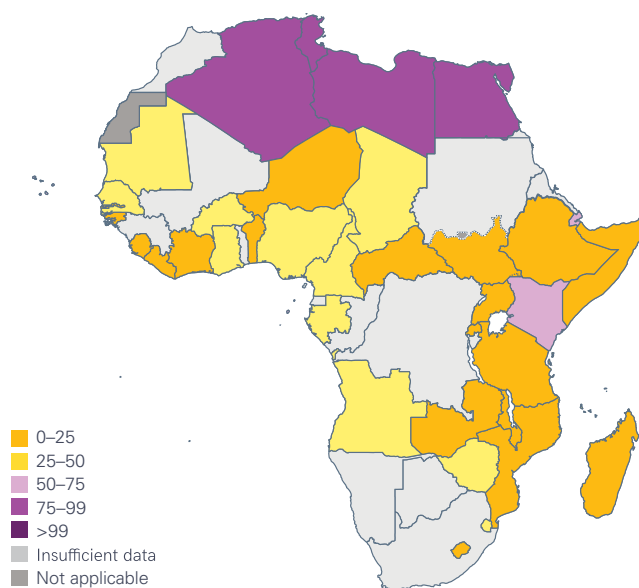


Figure 6: Proportion of population using basic hygiene services in Africa in 2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

29 countries in Africa had estimates for at least one menstrual health indicator in the last five years

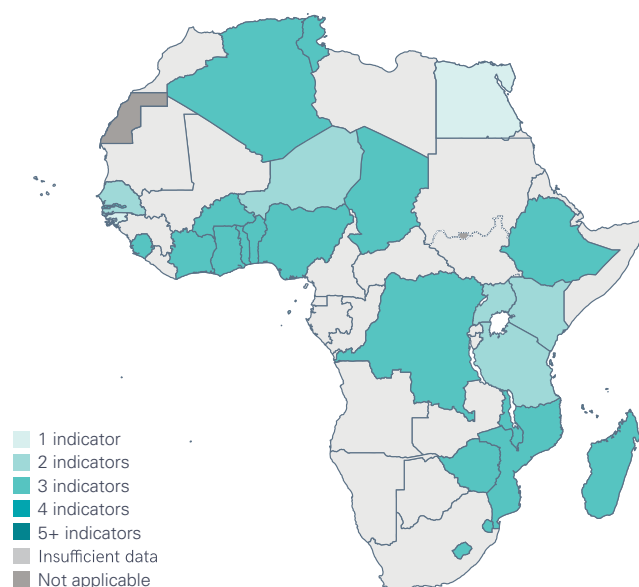


Figure 7: Number of menstrual health indicators with national data available, by country in Africa, 2019-2024

Source: WHO/UNICEF Joint Monitoring Programme (2025).

GLAAS data represent reporting from a total of 40 African countries; 27 per cent of countries in Africa do not report to GLAAS at all. Not all reporting countries respond to all questions in the GLAAS questionnaire. As a result, the data cited in this report are not as comparable across African countries as the JMP access data. GLAAS data are used to illustrate opportunities for systems strengthening that would accelerate progress toward universal WASH access for Africa's children.

To mitigate these limitations, the JMP has provided support at various levels. Since 2000, the JMP has conducted numerous country

missions and regional workshops that have resulted in progressive harmonization of indicator definitions and survey questions and improved comparability among national data sources and between national and international estimates. A key future challenge will be to support countries to adapt and apply the SDG targets and indicators in national development plans with dedicated budget for monitoring and to provide guidance on how information from household surveys, administrative systems and other sources can be integrated to monitor progress targeting those populations most in need.



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Box 4: Opportunity to accelerate: Increased monitoring and statistical capacity

Data gaps continue to stand in the way of effective decision-making and targeted finance in Africa, mitigating against progress in leaving no one behind.

Despite the leadership of African Ministers' Council on Water (AMCOW) on data, in collaboration with JMP, several countries still lack sufficient data to generate national estimates for the SDG global indicators. African governments have shown strong leadership in monitoring basic hygiene; as of 2024 nearly two-thirds of African countries had data, compared to 40 per cent of countries in Latin America and the Caribbean and no country in Europe or North America.

However, only around half of African countries had national estimates for safely managed drinking water and approximately 61 per cent had estimates for safely managed sanitation. Without comparable data for rural, urban and total population and for subnational regions and population subgroups, prioritizing resources and identifying locally prioritized approaches is even more difficult, creating a barrier to universal access.

There is also a lack of data on subnational inequalities in household access. For example, 31 countries have data about bathing facilities, a key metric of both health and dignity, but 24 countries lack comparable information.

Only 25 African countries have tracked one or more indicators of menstrual health as of 2024 and only one African country has tracked whether girls knew about menstruation prior to menarche. Data on menstrual hygiene facilities in schools and health care facilities are also lacking. Poor understanding of menstrual health needs and opportunities will continue to create barriers to Africa's vision of gender equality.

As of 2023, monitoring of WASH in health care facilities and WASH in schools was also an opportunity for acceleration through cooperation with the health and education systems. Many countries in Africa still lack nationally representative data on the proportion of health care facilities with basic WASH services. In 2023, 21 countries had estimates for water, 16 for sanitation, 13 for hygiene, 26 for health care waste management and 10 for environmental cleaning.

Closing these data gaps will significantly improve Africa's ability to meet Vision 1 of the Africa Water Vision 2063 by providing the information needed to target those children most likely to be left behind.

CHAPTER 3



WASH ACCESS FOR AFRICAN CHILDREN

Box 5: Key messages

1. Despite progress, significant efforts are needed to realize the rights to water and sanitation for all African children by 2063, particularly in fragile and conflict-affected states and those facing heightened climate risk.
2. African countries have made progress on WASH in schools, but more is needed, particularly to reach primary schools and rural schools and to accelerate access to basic hygiene in schools in general. Increased monitoring will aid in decision-making.
3. Many African countries are making progress in reaching health care facilities with basic water, sanitation and hygiene. However, there are insufficient data available to JMP make comparisons, particularly for environmental cleaning and there is significant variation among individual countries.
4. Accelerated efforts are needed to provide basic water, particularly in rural areas, as a first step in realizing universal access to safe drinking water for all children.
5. Overall, access to basic sanitation in Africa is trending in the right direction, but efforts should accelerate in East Africa and across rural Africa to keep up with population growth.
6. Depending on the type of water service and sanitation service used most, opportunities to accelerate include increased investments in water quality, preventing water interruptions, faecal sludge management and wastewater treatment.
7. While important strides are being made in Africa, greater political prioritization of hygiene is needed to protect all children, particularly in urban areas and displaced persons settings, where crowded conditions drive infectious diseases.
8. Ensuring safe, dignified, inclusive and accessible WASH for every child, including by reducing exposure to gender-based violence, safeguarding the dignity and rights of women and girls and empowering them as leaders and decision-makers, is essential to realize the rights to water and sanitation and advance Africa's development and resilience under Agenda 2063.

Since 2000, progress toward universal access to WASH for Africa's children has been significant. Between 2000 and 2024, 161 million children under 18 years old in Africa gained access to safely managed drinking water and 129 million children in Africa gained access to safely managed sanitation. Since 2015, 65 million children in Africa have gained access to basic hygiene services.³⁸

This means that by 2024:

- two out of five children in Africa (40 per cent) used safely managed drinking water (59 per cent in urban vs 25 per cent in rural);
- nearly one-third (30 per cent) used safely managed sanitation (38 per cent in urban vs 24 per cent in rural); and
- 38 per cent used basic hygiene (48 per cent urban vs 30 per cent rural).

WASH service coverage has improved steadily since 2000 but millions of children in Africa still lacked access to basic WASH services in 2024

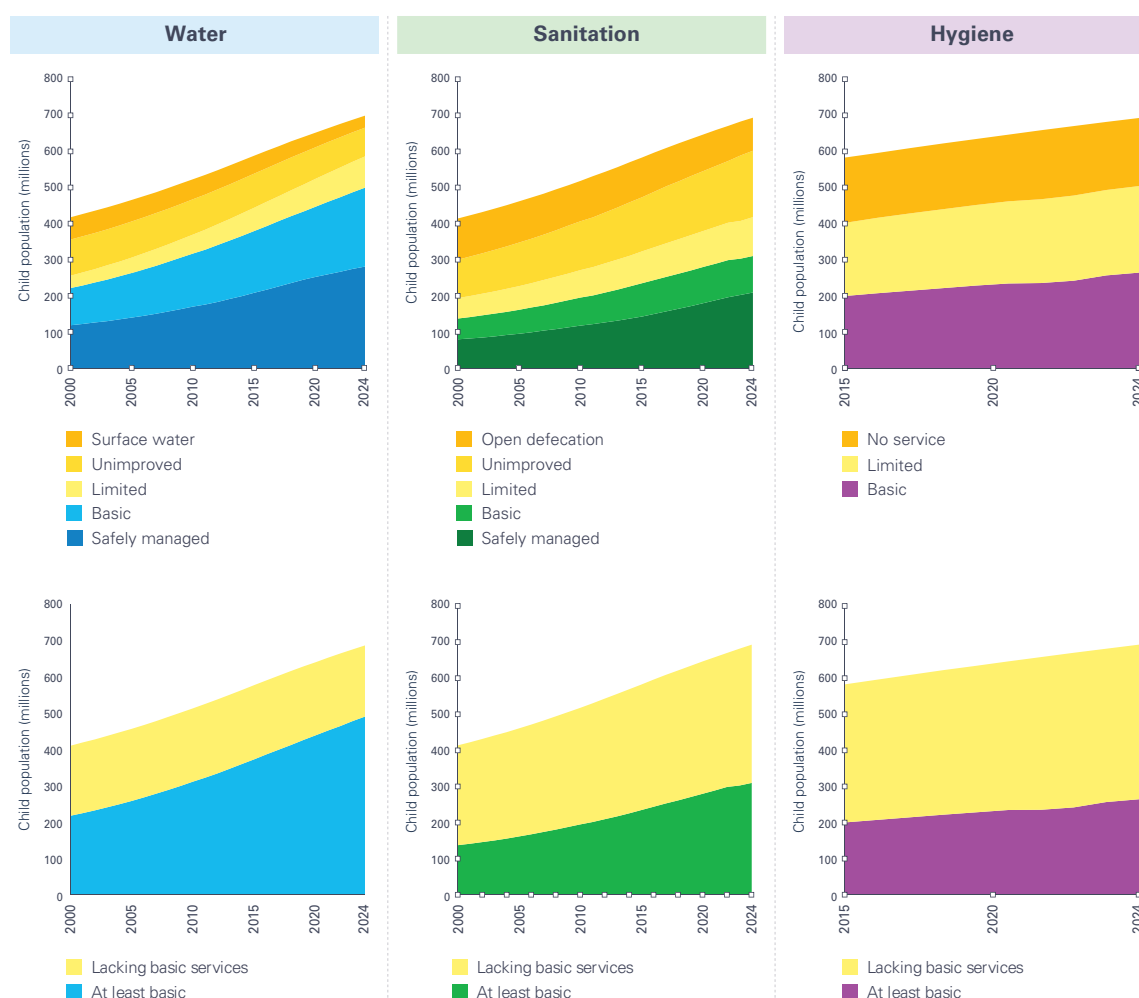


Figure 8: Number of children by level of drinking water, sanitation and hygiene service in Africa, 2000-2024 (millions)

Source: UNICEF Africa's Children Statistical Compendium (2026).

³⁸ Additional data is available in UNICEF's 2026 Statistical Compendium on The State of African Children. <https://data.unicef.org/resources/afsc-2026/?utm_campaign=Africa%27s%20Children%20Statistical%20Compendium%20%28AfCSC%29%202026.&utm_medium=email&utm_source=Mailjet>. Accessed 10 June 2026.

Across Africa, progress towards eliminating open defecation is particularly notable and eight African countries are on track for full elimination by 2030, including Cabo Verde, Guinea, Malawi and Rwanda.

Open defecation remains a challenge, primarily in rural areas. However, across Africa, rural

open defecation decreased from 28 per cent to 20 per cent between 2015 and 2024. Population growth over this period means that there were still 92 million African children practicing open defecation in 2024.

Large numbers of African children still defecate in the open

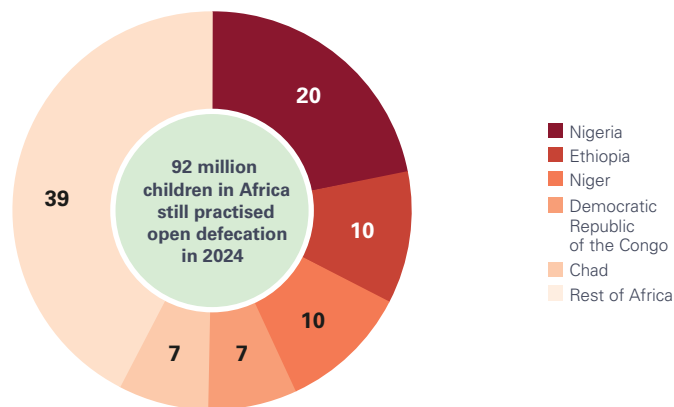
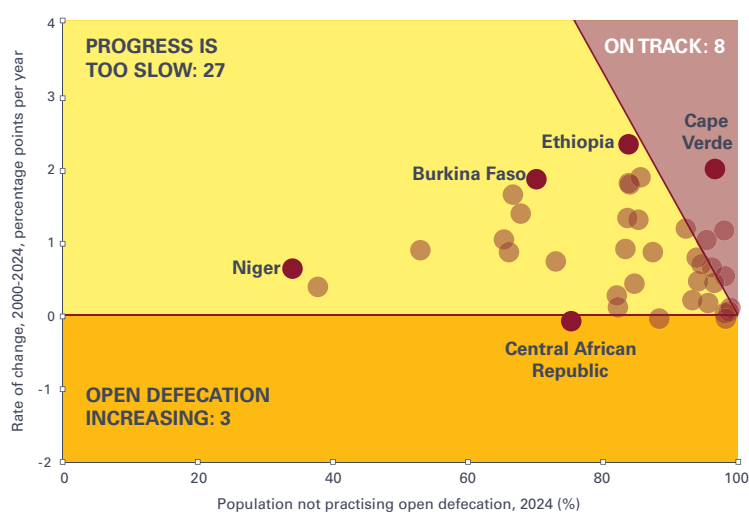


Figure 9: Number of children practising open defecation in Africa by top five countries in 2024 (millions)

Source: UNICEF Africa's Children Statistical Compendium (2026).

Many countries in Africa have made progress towards eliminating open defecation since 2015



Note: Does not include countries (1) that already had no (<1%) coverage in 2024, (2) with no estimates for rates of change, i.e. missing data for at least one of the years and (3) with zero or no trend.

Figure 10: Progress towards elimination of open defecation (2000-2024) among countries with >1% open defecation in 2024

Source: WHO/UNICEF Joint Monitoring Programme (2025).

Across Africa, population growth is combining with rapid urbanization and making it more difficult to increase WASH coverage in urban areas. As a result, between 2015 and 2024, while urban coverage of safely managed sanitation has increased from 32 per cent to 38 per cent, coverage of safely managed drinking water and basic hygiene has remained largely unchanged. The impact of population growth means that, during this period, the urban population without safely managed drinking water has increased by 70 million (from 213 million to 283 million), the population without safely managed sanitation has increased by 88 million (from 341 million to 428 million) and the population without basic hygiene has increased by 97 million (from 263 million to 359 million).³⁹



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³⁹ As described in the Limitations section of Chapter 2, not all data are disaggregated by age and therefore cannot be provided specifically for African children. Population-level data are provided to give context.

In Africa, WASH coverage is higher in urban areas but increasing faster in rural areas

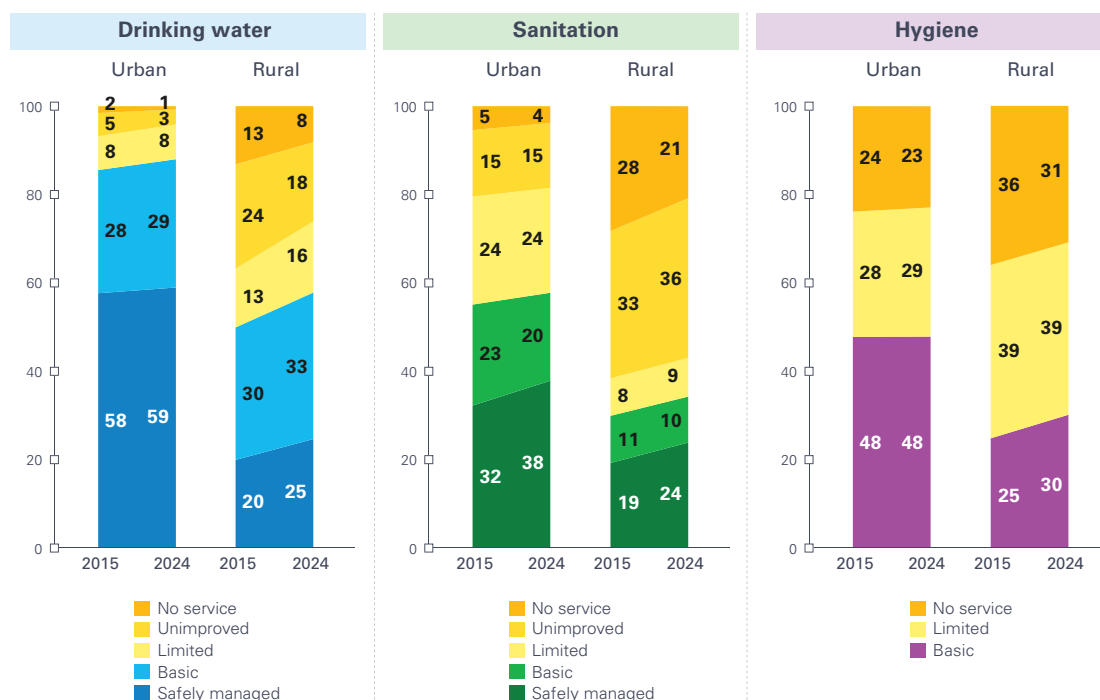


Figure 11: Coverage of drinking water, sanitation and hygiene services in urban and rural areas in Africa 2015-2024 (%)

Source: UNICEF Africa's Children Statistical Compendium (2026).

Despite concerns about urban WASH access, the majority of those without WASH in Africa still live in rural areas. Four out of five rural people are without basic drinking water, two-thirds are without basic sanitation and most of those still practice open defecation and three out of five rural Africans are without basic hygiene.

Lower access to roads, geographic remoteness, a higher likelihood of difficult terrain, dispersed populations and longer distances contribute to higher costs for rural WASH access and lead to slower progress. In many contexts, rural WASH access also receives less political pressure or visibility than urban access does.

To accelerate progress, infrastructure must be increasingly paired with efforts to strengthen holistic and targeted national plans, financing strategies, human resources plans, equity, participation and monitoring. Such efforts at the population level will directly benefit African children.

In FCS, protection of civilian water infrastructure and increased peer support on WASH systems strengthening are particularly critical to the well-being of children

Overall, African countries that reported to GLAAS for its 2025 cycle are making good progress in establishing governance

⁴⁰ Governance, finance and human resources data in this section drawn from: UN-Water Global Analysis and Assessment of Sanitation and Drinking-water Data Portal 2025. Indicators cited in this section are: FIN12, HRS07, HRS19, HRS24 and HRS62. Available at <<https://glaas.who.int/>>. Accessed 16 February 2026.

mechanisms to guide quality drinking water, sanitation and hygiene services and related behaviours. However, progress on actions that support sustainable and equitable WASH access in communities and institutions are varied across the continent, creating barriers to achieving the Africa Water Vision 2063.⁴⁰

According to GLAAS self-reports, 17 African countries in Central, East, Southern and West Africa report having less than 50 per cent of the financing needed to reach their rural and urban national targets for WASH access. This risks leaving millions of African children behind, due to an inability to provide services where they live.

Many countries, though, are making progress with at least 50 per cent of their financing needs met and Burundi, Senegal and Tunisia report the lowest gaps between the financing they have and the financing they need.

Human resources for WASH are another key element of strong WASH systems capable of withstanding crisis and fulfilling children's rights to water and sanitation and are at the heart of Africa Water Vision 7. According to GLAAS, Central and West Africa report the greatest challenges achieving sufficient human resources for WASH and promoting and monitoring service affordability, while no reporting country in Africa has more than half the human resources needed to regulate both faecal sludge management and wastewater treatment. Weak or insufficient regulatory enforcement of sanitation often results in environmental contamination to which children are especially exposed, leading to ill-health such as via soil transmitted helminthiases.

Twenty-one countries, largely in Central and West Africa, have less than half the human resources they need for drinking water services. These countries are mostly

experiencing political, security, economic or climate-related fragility and children in these countries will be increasingly impacted by the lack of improvements in capacity to manage and maintain water systems. Nine countries, largely in West Africa, report severe limitations on human resources for drinking water due to financial constraints.

Twenty-four countries have less than half the human resources they need for sanitation services. Fourteen countries, largely in Central and West Africa, report severe limitations on human resources for sanitation due to financial constraints. Twelve countries, mostly in Southern Africa, report severe restrictions on financing for hygiene staff. Insufficient sanitation and hygiene staff could lead to reduced infection and prevention control, in turn increasing children's exposure to preventable illness. This risk is even higher during public health emergencies or the early phases of a communicable disease outbreak.



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Box 6: Opportunity to accelerate: Young women in the WASH workforce

Vision 7 of the Africa Water Vision 2063 focuses on the “express need to invest in human capital,” particularly among youth, to achieve the continent’s aspirations.

However, progress in reaching gender parity in the WASH workforce is lagging significantly across Africa. As of 2024, only Cabo Verde, Morocco, Namibia and Tunisia reported that at least half of WASH trainees or graduates were women. In twelve countries, less than 10 per cent of trainees and graduates were female; these countries are largely fragile and span all regions except North Africa.

Increasing opportunities for young women to receive WASH training or formal education will not only help close human resources gaps in the sector and advance Africa Water Vision 7 but will also help Africa make progress on its vision of empowering Africa’s youth and maximizing both human and economic potential on the continent.

Countries such as Benin, Cabo Verde, Cameroon, Ethiopia, Namibia and Zambia are making noteworthy progress in at least one area of human resources and may provide support to other countries seeking to do the same.



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WASH in schools and health care facilities

African countries have invested enormous time, resources and political and social capital in improving access to WASH, strengthening water and sanitation governance and systems and securing diversified financing, leading to more sustainable water and sanitation sectors. As a sign of this commitment, as of 2024, 31 countries in Africa included WASH in health care facilities in their national plans and 28 included WASH in schools. This is an important foundation for strong education and health systems that include high-quality WASH services: progress in access to WASH in these institutions stands as evidence.

Progress on WASH in schools

Between 2015 and 2023, coverage of basic sanitation services in African schools increased from 49 per cent to 57 per cent and coverage of basic hygiene services increased from 33 per cent to 42 per cent. Despite this, across Africa millions of children attend schools without holistic WASH services and between 2015 and 2023 coverage of basic drinking water services in schools remained largely unchanged. Primary and rural schools and hygiene in all schools are at greatest risk of being left behind.⁴¹

Many schools in Africa still lacked basic WASH services in 2023

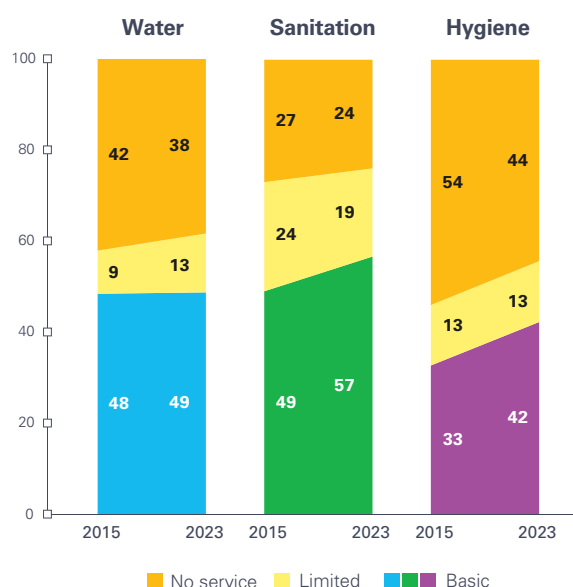


Figure 12: Coverage of drinking water, sanitation and hygiene services in schools in Africa 2015-2023 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2024.a).

⁴¹ Unless otherwise cited, all data in this section is from WHO/UNICEF Joint Monitoring Programme (2024). Progress on drinking water, sanitation and hygiene in schools 2015-2023: special focus on menstrual health.

Service ladders for WASH in schools

The JMP uses service ladders to benchmark and compare progress on WASH in schools across countries.

Service level	Drinking water	Sanitation	Hygiene
Basic Service	Drinking water from an improved source and water is available at the school at the time of the survey	Improved sanitation facilities at the school that are single-sex and usable (available, functional and private) at the time of the survey	Handwashing facilities with water and soap available at the school at the time of the survey
Limited Service	Drinking water from an improved source but water is unavailable at the school at the time of the survey	Improved sanitation facilities at the school that are either not single-sex or not usable at the time of the survey	Handwashing facilities with water but no soap available at the school at the time of the survey
No service	Drinking water from an unimproved source or no water source at the school	Unimproved sanitation facilities or no sanitation facilities at the school	No handwashing facilities or no water available at the school

Figure 13: Service ladders for WASH in schools

Source: WHO/UNICEF Joint Monitoring Programme (2024.a).

The service ladders for schools are slightly different from those for households and are designed to track progress towards a basic level of service, which is the indicator used for global monitoring of SDG targets for WASH in schools. While the basic service indicators are universally relevant, they do not capture all

aspects of WASH services that are important for a safe and inclusive learning environment.

The service ladders do not include advanced services. These are defined by national governments according to their aspirations and commitments.

Access to WASH in schools

As of 2023 data, 51 per cent of schools in Africa did not have basic drinking water. Most of these schools are in fragile contexts. Central Africa had the lowest access in Africa, while Democratic Republic of the Congo, Ethiopia and Nigeria had the largest absolute numbers of students without drinking water at school.

Over half of schools Africa (57 per cent) had basic sanitation, with the greatest need in West and Central Africa, particularly the Sahel.

North Africa had nearly reached universal basic sanitation in schools and, as of 2023, Mauritius and Seychelles had achieved full coverage.

Ethiopia, Niger and Togo were furthest off track, with more than half of schools lacking any sanitation service at all. Further, even among schools reporting the presence of toilets, not all are single-sex toilets or well maintained, making them less appealing to use and, in some cases, exposing students, teachers and school staff to violence.

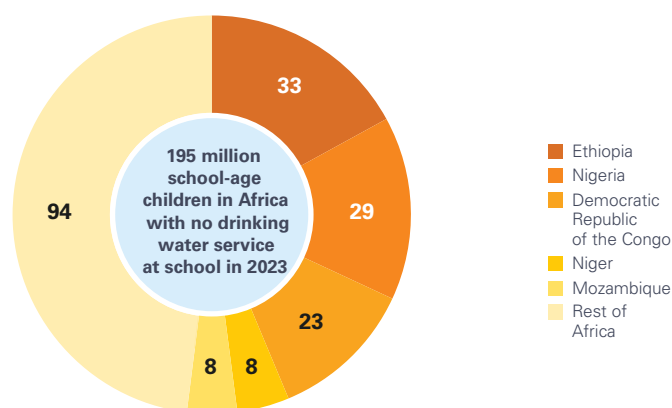


Figure 14: Number of school-age children in Africa with no drinking water service at their school, by top five countries in 2023 (millions)

Source: WHO/UNICEF Joint Monitoring Programme (2024a).

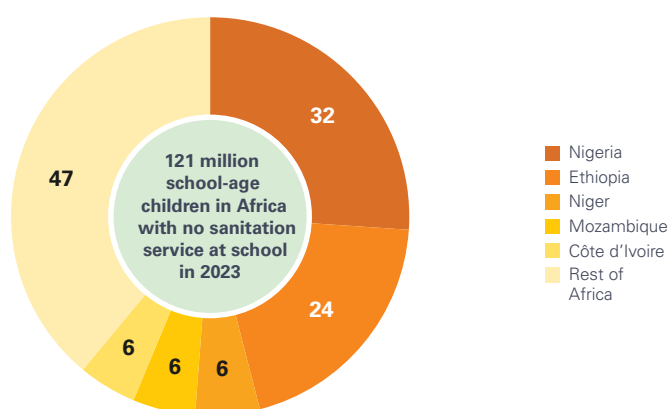


Figure 15: Number of school-age children in Africa with no sanitation service at their school, by top five countries in 2023 (millions)

Source: WHO/UNICEF Joint Monitoring Programme (2024a).

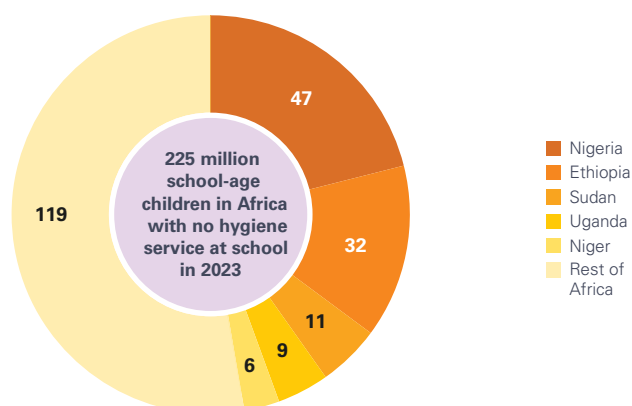


Figure 16: Number of school-age children in Africa with no hygiene service at their school, by top five countries in 2023 (millions)

Source: WHO/UNICEF Joint Monitoring Programme (2024a).

Hygiene in rural and urban schools remains the largest gap for the WinS agenda, with 225 million African children lacking the facilities required to wash their hands at school. Again, Central Africa particularly requires acceleration in school hygiene, but in 2023 Eritrea had the lowest access in Africa at only five per cent. Liberia and Guinea-Bissau were the only countries where more than two-thirds of schools had a basic hygiene service, while Chad and Togo were furthest off track in having both water and soap for handwashing.

Inadequate water and sanitation systems are only part of the challenge holding back progress on WinS, but countries are making strides in strengthening their WinS governance frameworks. For example, most countries in Africa have a WASH in schools policy or plan that addresses hand hygiene behaviour. Slightly fewer countries include menstrual hygiene management in their WinS plans. Nearly one-third of African countries, most of which are in Southern and West Africa, have a WASH in schools policy or plan that addresses climate risk.⁴²

However, just 17 countries (Angola, Burkina Faso, Burundi, Cabo Verde, Chad, Côte d'Ivoire, Egypt, Guinea, Guinea-Bissau, Liberia, Mauritania, Namibia, Senegal, Sierra Leone, Tunisia, Uganda and Zambia) reported having a WinS policy or plan that addresses WASH resilience to climate change, which is essential to move from acknowledging risk to mitigating it. In many communities, water in schools is a source for the entire village, meaning that if it is impacted by a climate-related event an entire area might suffer.

Only five countries reported having at least 75 per cent of the human resources needed to implement their WinS plans (Benin, Morocco, Namibia, Tunisia and the United Republic of Tanzania). Countries are steadily increasing their comparable data to better track progress on water and sanitation in schools, but more is needed to understand the status of hygiene and menstrual hygiene in schools.

Progress on WASH in health care facilities

WASH in health care facilities (WinHCF) is essential for maternal, newborn and child health, including promoting hygiene and sanitation behaviours that people can take home. Yet as of 2023, only 62 per cent of health care facilities in Africa had basic water, 25 per cent had basic sanitation, 37 per cent had basic hygiene and 25 per cent had basic health care waste management.⁴³



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⁴² Governance and finance data in this section drawn from: UN-Water Global Analysis and Assessment of Sanitation and Drinking-water Data Portal 2025. Indicators cited in this section are: PLN05, POL12, POL12B, POL18D, POL19. Available at <<https://glaas.who.int/>>. Accessed 16 February 2026.

⁴³ Unless otherwise cited, all data in this section is from WHO/UNICEF Joint Monitoring Programme (2024). Water, sanitation, hygiene, environmental cleaning and waste management in health care facilities: 2023 data update and special focus on primary health care.

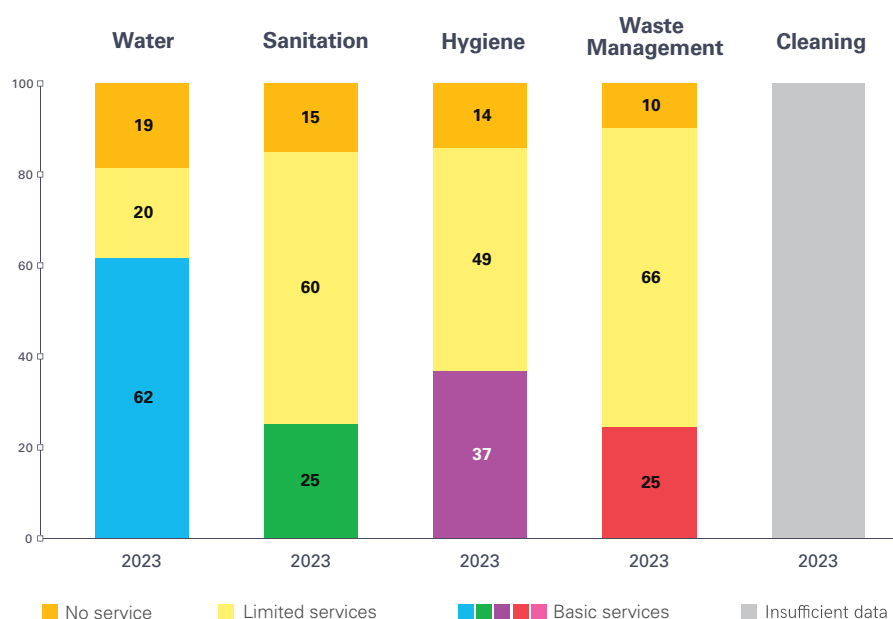


Figure 17: Coverage of WASH services in health care facilities in Africa (%)⁴⁴

Source: WHO/UNICEF Joint Monitoring Programme (2024b).

As of 2024, systemic limitations in data availability and retrieval across the five core WASH in health care facilities domains (water, sanitation, hygiene, waste management, and environmental cleaning) prevent broad regional comparisons, with the most pronounced gaps occurring in Central and Southern Africa. Five countries (Morocco, Rwanda, Somalia, Sudan⁴⁵ and Uganda) did have estimates for all five elements, making them important peer leaders on WinHCF.

The largest gaps are in data on environmental cleaning in African health care facilities and UNICEF had insufficient data from three of five African regions to make comparisons. East Africa was the only region with sufficient data provided to the JMP for inclusion in this report. In this region, 18 per cent of health care facilities had basic environmental cleaning services, 34 per cent had limited cleaning services

and nearly half (48 per cent) had no cleaning services at all as of 2024.

Progress on basic water access in health care facilities is relatively even across East Africa (56 per cent) and West Africa (57 per cent). In Chad, Malawi, Rwanda and Senegal, health systems have made particularly good progress, reaching at least three-quarters of facilities with basic water access.

However, in Guinea, 68 per cent of health care facilities had no water service at all and in Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Liberia and Mauritania, at least one-third of health care facilities had no water. Overall, hospitals have higher rates of basic water access than other types of health facilities, which creates particular risk for those using or working at primary health facilities.

⁴⁴ Sufficient data for environmental cleaning in health care facilities in Africa were either unavailable or inaccessible at the time of analysis, preventing regional representation of service ladders in this graphic.

⁴⁵ All data for Sudan reflects the situation prior to the war that is ongoing as of May 2026. The situation for children in Sudan is increasingly dire because of this conflict and access to WASH for Sudanese children is likely to have declined since 2023 data cited throughout this report.

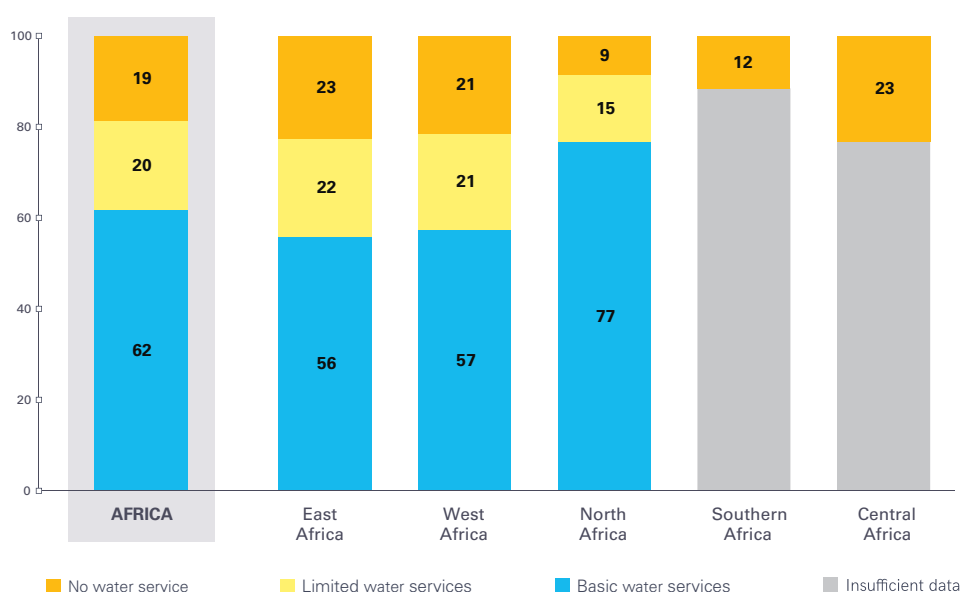


Figure 18: Coverage of water services in health care facilities in Africa, 2023 (%)⁴⁶

Source: WHO/UNICEF Joint Monitoring Programme (2024b).

At the regional level, only North Africa is exceeding continental rates of access to basic sanitation in health care facilities, with 47 per cent access compared to an African rate of 25 per cent. Of the individual African countries with data, those in the Sahel and Central Africa had the lowest rates of access to basic sanitation in health care facilities, often with less than 25 per cent coverage.

Sierra Leone had achieved the highest coverage rates for both improved sanitation with menstrual hygiene management facilities (49 per cent) and improved sanitation accessible to persons with disabilities (45 per cent) in health care facilities.

⁴⁶ Sufficient data for Central and Southern Africa were either unavailable or inaccessible at the time of analysis, preventing regional representation of service ladders in this graphic.

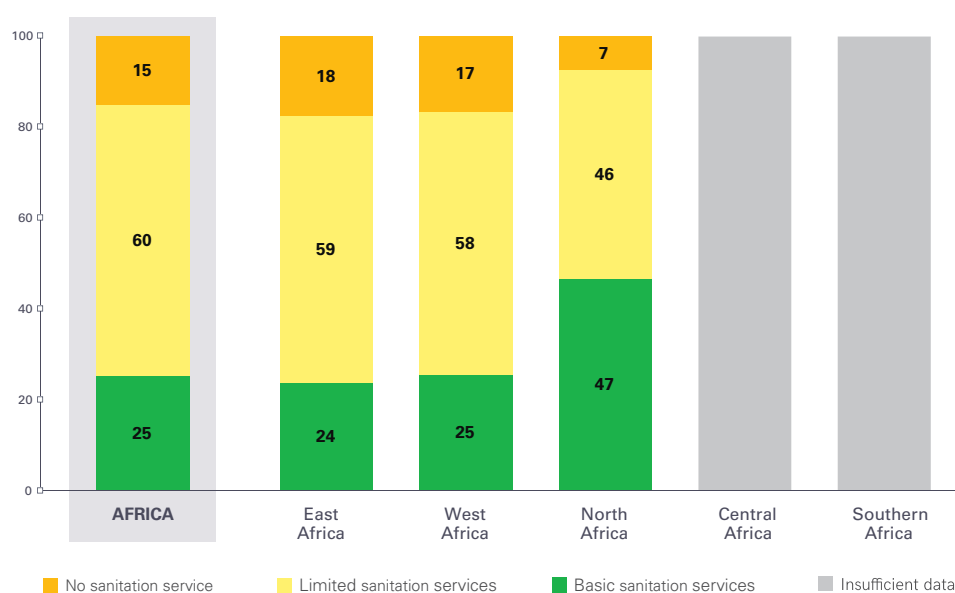


Figure 19: Coverage of sanitation services in health care facilities in Africa, 2023 (%)⁴⁷

Source: WHO/UNICEF Joint Monitoring Programme (2024b).

North Africa has also made the greatest progress on basic hygiene in health care facilities, reaching 54 per cent of facilities, compared to 21 per cent in West Africa and 35 per cent in East Africa. Hygiene service ladder estimates in Central and Southern Africa are unavailable since nationally representative data remain very limited for the countries in those regions particularly.

Among individual African countries with data available for analysis, Egypt, Ghana, Rwanda and Tunisia have the highest rates of basic hygiene in health care facilities. At the other end of the spectrum, only around one quarter of health care facilities in both Nigeria and Uganda had hand hygiene facilities at toilets, while in Sudan, 68 per cent of health care facilities had no hygiene service at all.

⁴⁷ Sufficient data for Central and Southern Africa were either unavailable or inaccessible at the time of analysis, preventing regional representation of service ladders in this graphic.

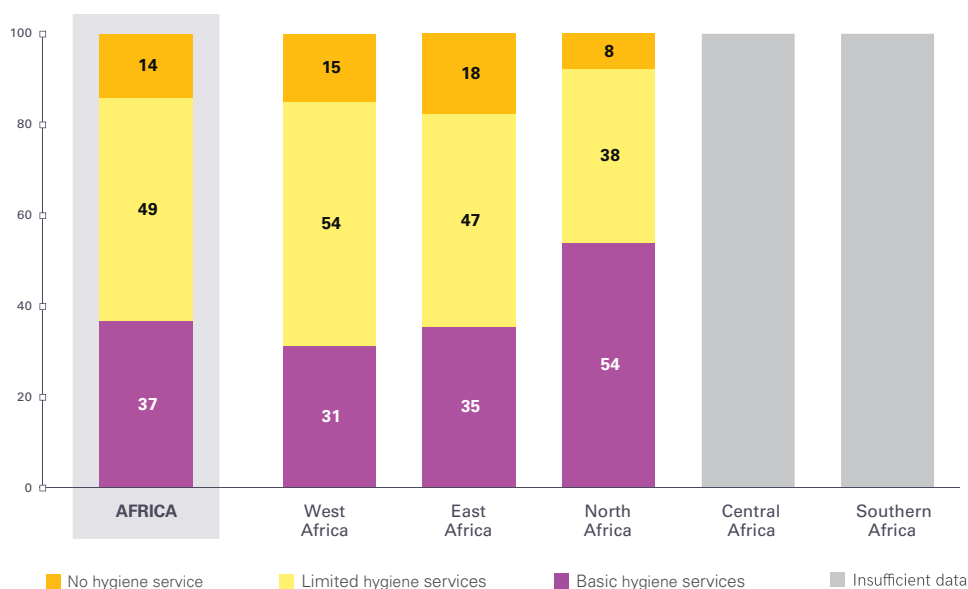


Figure 20: Coverage of hygiene services in health care facilities in Africa, 2023 (%)⁴⁸

Source: WHO/UNICEF Joint Monitoring Programme (2024b).

The regional picture of waste management services in health care facilities is quite different to those for basic water, sanitation or hygiene. In this case, North Africa provided insufficient data for UNICEF to make estimates, although

data may exist at the national level. Southern Africa is making the most progress, having reached 47 per cent of its health care facilities with waste management services. Central Africa is the furthest off track.

⁴⁸ Sufficient data for Central and Southern Africa were either unavailable or inaccessible at the time of analysis, preventing regional representation of service ladders in this graphic.

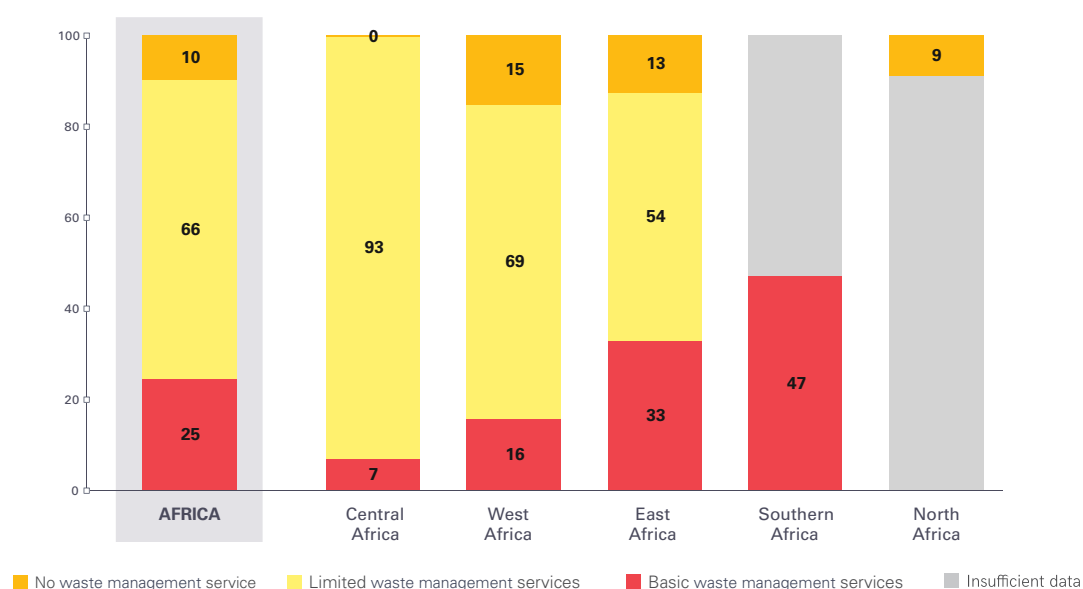


Figure 21: Coverage of waste management services in health care facilities in Africa, 2023 (%)⁴⁹

Source: WHO/UNICEF Joint Monitoring Programme (2024b).

Only one-quarter of countries in Africa have a WASH in health care facilities policy or plan that addresses climate risk. This makes it more difficult to build resilience to infections that take the lives of pregnant women and their children or that can result in public health emergencies, particularly following natural disasters.⁵⁰

Twenty-five of the 34 countries reporting to GLAAS in 2024 indicated that they use the WHO Guidelines on Sanitation and Health for national planning. This is especially important in countries with recurrent PHEs, including cholera outbreaks, and in the triple threat countries described in Chapter 4.

⁴⁹ Sufficient data for North and Southern Africa were either unavailable or inaccessible at the time of analysis, preventing regional representation of service ladders in this graphic.

⁵⁰ Governance and finance data in this section drawn from: UN-Water Global Analysis and Assessment of Sanitation and Drinking-water Data Portal 2025. Indicators cited in this section are: POL03, POL12 and STD12. Available at <<https://glaas.who.int/>>. Accessed 16 February 2026.

Progress on menstrual health and hygiene

Menstrual health and hygiene (MHH) is a key equity and human rights issue in Africa and around the world and a core input to Africa Water Vision 7. Safe, dignified menstrual health and hygiene is also a protection imperative, as inadequate MHH exposes girls to heightened risks of harassment and exploitation, particularly where menstrual hygiene supplies are unaffordable or stigma results in violence.

Further poor MHH remains a critical barrier to education, agency and empowerment; menstruation-related stigma and taboos are barriers to girls' ability to develop their full potential and women's ability to lift themselves out of poverty and provide opportunities for their children. They also drive other violations of their rights, ranging from gender-based violence to lost education and compromised reproductive health.

Menstrual health and hygiene require more than WASH, but the WASH sector provides leadership over the issue around the world. Safe menstrual hygiene is currently monitored by WHO and UNICEF using seven different indicators, measuring (1) use of menstrual materials; (2) access to sufficient menstrual materials; (3) access to a private place to change menstrual materials; (4) impact of menstruation on participation in activities; (5) awareness of menstruation prior to menarche; (6) ability to reduce menstrual pain; and (7) comfort seeking medical help.⁵¹

No African country⁵² measures all seven elements and 26 countries had no data on menstrual hygiene in 2025. Countries with

data are measuring only two or three of the indicators; use of menstrual materials and access to a private place to change them at home are the most tracked.

Use of any absorptive menstrual material across the continent is high, with many countries nearing 100 per cent. However, use alone does not reflect the type or quality of the materials being used, nor whether they are regulated to ensure safety; use indicators alone also do not capture whether women and girls are able to access, afford and use the menstrual material of their choosing.



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⁵¹ All data in this section is drawn from WHO/UNICEF Joint Monitoring Programme (2025) Progress on household drinking water, sanitation and hygiene 2000–2024: special focus on inequalities.

⁵² Other elements of MHH, such as improvements in gender equality or access to education, are monitored through other SDGs or sectors.

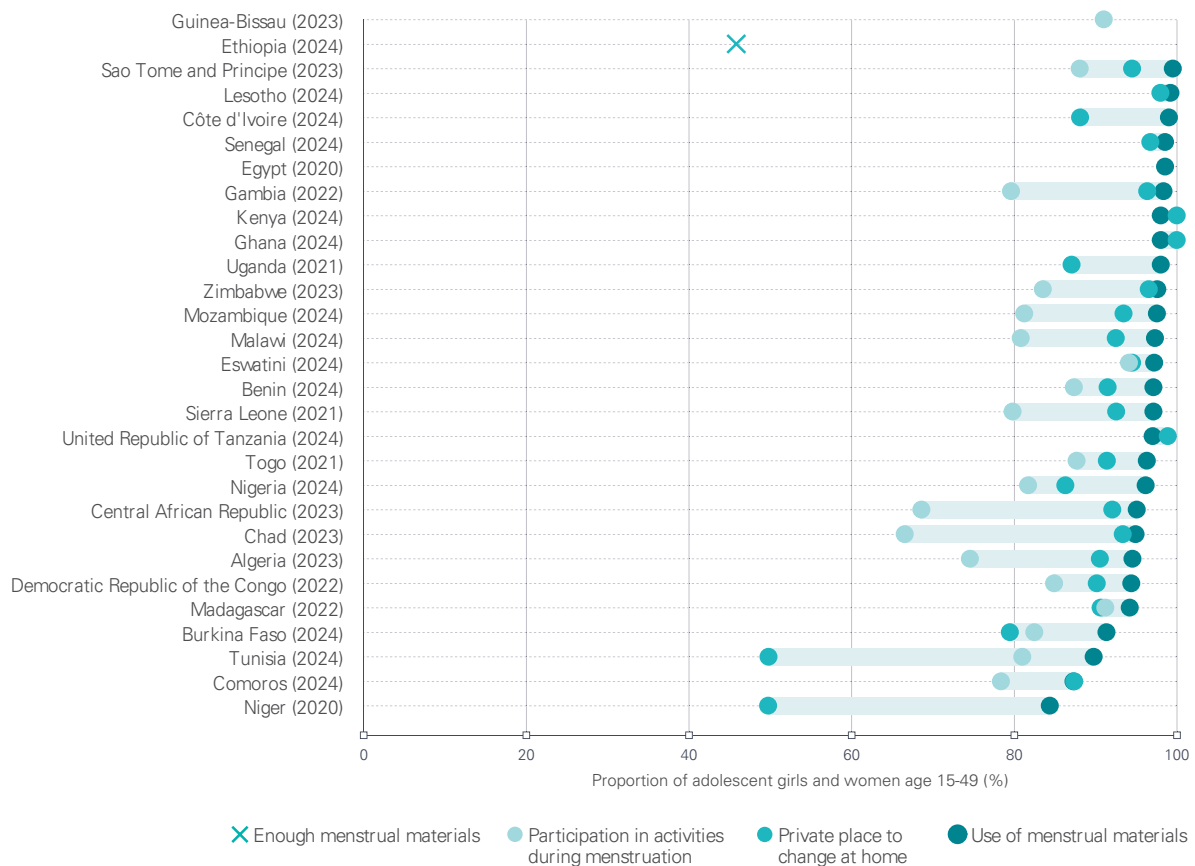


Figure 22: Proportion of adolescent girls and woman age 15-49 by menstrual health indicator, most recent surveys 2019-2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

In Niger and Tunisia, only about half of girls have a private place to change their menstrual materials at home and participation in activities during menstruation ranges from approximately 65 per cent in Central African Republic to around 80 per cent in Guinea-Bissau. These data point to gaps in private household latrines with doors and locks, menstruation-related stigma, taboos, shame and social norms that influence behaviour and inability to manage menstrual pain or access menstrual materials every time they are needed.

Across Africa, only one country measures whether girls know about menstruation prior to menarche. Similarly, only one country monitors whether women and girls have enough menstrual materials. Available data does not yet confirm whether any African country actively monitors whether women and girls can manage pain or whether they are comfortable asking a health care provider for help.

Few African countries have addressed safe menstrual hygiene management in national plans and strategies and only ten countries,

mostly in West Africa, report that they have addressed menstrual hygiene in both rural and urban drinking water and sanitation plans and in WASH in schools and WASH in health care facilities plans.

The AMCOW Youth and Gender Inclusion (YoGI) Strategy for the Water and Sanitation Sector in Africa (2023-2030) addresses social and gender norms, power dynamics and discrimination. These are cross-cutting challenges that impact a wide range of socio-economic and political

opportunities and relate directly to the ability to accelerate menstrual health and hygiene and reduce water collection burdens. In the YoGI Strategy, AMCOW calls for advocacy to push the agenda and build accountability.

Systemic and intentional efforts to prevent and respond to gender-based violence and gender-based discrimination and harmful beliefs or norms around menstruation will accelerate the Africa Water Vision as well.



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Children's access to drinking water in Africa

Progress in improving drinking water service levels is uneven across regions in Africa, with income level and fragility playing a clear role across individual countries. East Africa has the highest proportion of people who rely on surface water or unimproved sources, while in Central Africa, access to basic drinking water services stalled between 2015 and 2024. West Africa and Southern Africa continue to show good progress, while North Africa is nearly on pace with the global aggregate.⁵³

Strong performing countries, such as Angola, Algeria, Botswana, Cabo Verde, Cameroon, Eswatini, Ethiopia, Mauritius, Morocco, Mozambique, Nigeria, Seychelles, Somalia, South Africa, Tunisia and Uganda, are well positioned to provide peer support on water access to other African countries, particularly those experiencing fragility.

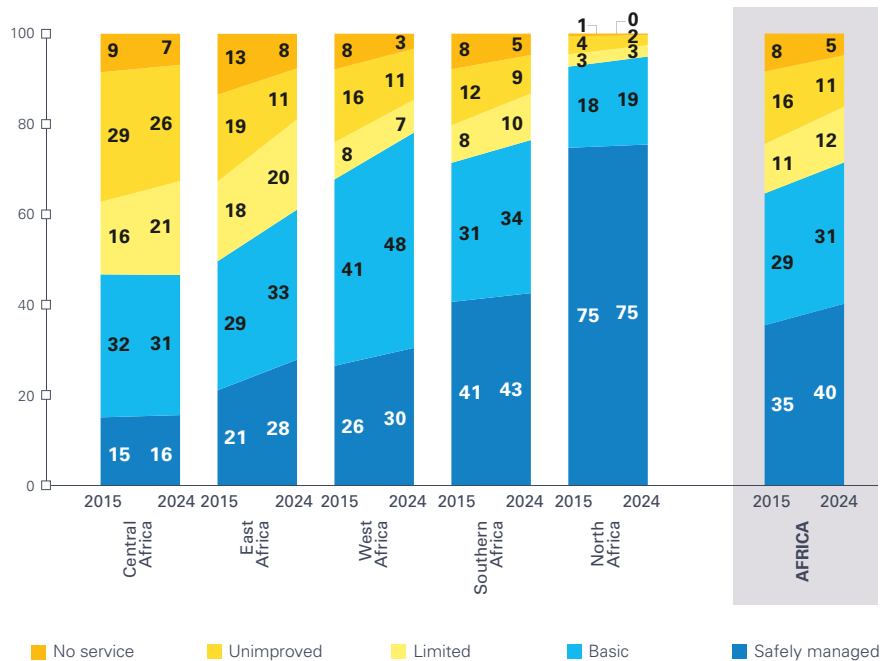


Figure 23: Coverage of drinking water services in Africa 2015-2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

⁵³ All data in this section is drawn from WHO/UNICEF Joint Monitoring Programme (2025) Progress on household drinking water, sanitation and hygiene 2000–2024: special focus on inequalities.

There are also signs of progress in drinking water governance and financing. Of countries that reported to GLAAS, 87 per cent indicated that they have a policy or plan that addresses safe drinking water in both rural and urban areas, an important marker of good governance.⁵⁴ Though national plans and strategies are vital, they are insufficient on their own to drive sustained and accelerated access to WASH in communities and institutions and to achieve universal access by 2063. Plans and policies should be supported by and updated according to, assessments of enabling or disabling factors, such as climate change or

public health risks, insufficient financing or targeting of resources to populations being left behind.

Ten countries reporting to GLAAS in 2025 indicated that they have rural and urban water financing plans that are consistently used for decision-making. Gambia, Malawi, Sao Tome and Principe and Somalia have no water financing plans, while Côte d'Ivoire, Madagascar and Mali indicated that their plans are in development. The remaining countries report having rural and urban water financing plans but using them inconsistently for decision making.

Box 7: Opportunity to accelerate: Focus on limiting factors

Each African region faces its own challenges in increasing access, based upon the dominant type of water point in use.

According to analysis conducted in 2026 by the JMP, the primary limiting factor to reaching people with safe drinking water in Central, East and Southern Africa is on-premises access, making financing and capacity to reach rural areas of particular importance.

In West Africa, the primary limiting factor is water quality; countries in this region should focus on financing and implementing their national plans to address water quality, including decentralizing lab capacity.

In North Africa, the major barrier is availability of water when it is needed, indicating a need to emphasize climate resilience, water planning, non-revenue water and service delivery efficiencies to counteract stressors on water resources that are more limited than anywhere else in Africa.

To accelerate progress towards the Africa Water Vision 2063, greater focus is needed on planning and budgeting for these limiting factors, regulation around them and incentivizing performance.

⁵⁴ Governance and finance data in this section drawn from: UN-Water Global Analysis and Assessment of Sanitation and Drinking-water Data Portal 2025. Indicators cited in this section are: POL03 and FIN01. Available at <https://glaas.who.int/>. Accessed 16 February 2026.

Quality and accessibility

The presence of a water point is not in itself sufficient to guarantee that people are able to access water, or that the water is safe. Only six countries (Cabo Verde, Egypt, Morocco, Seychelles, South Africa and Tunisia) have achieved access to water sources that are both improved and accessible on premises for at least 80 per cent of the population and only one, Mauritius, has achieved 100 per cent. Four countries (Algeria, Morocco, Sao Tome and Principe and South Africa) have reached at least 80 per cent of their populations with water sources that are both improved and free from contamination, while only one African country is approaching 100 per cent.

Water services that are improved, accessible on premises and free from contamination are essential to closing gaps in equity and reaching more children with water that supports them to thrive, potentially freeing them from the lasting consequences of diarrheal diseases and undernutrition.

Progress toward safely managed water

At the start of the SDG period, many African countries had very low access to drinking water services of any kind, with large numbers of people relying on surface water, unimproved sources such as an unprotected well, or improved sources that were a long distance from home. Since 2015, many countries have made notable progress in reducing the number of people reliant on surface water or unimproved sources, as well as in providing improved sources of water in or very near homes, schools and health care facilities.

To accelerate progress, reaching more people with basic water, especially in rural Africa, will be critical. Fragility, climate change and population growth have added to the challenges Africa already faces in reaching universal access to safely managed drinking water, putting many countries at risk of stagnation or backsliding. However, across settings and contexts, there are many successes that can serve as models for other countries and regions.



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Drinking water service ladders

Drinking water services refers to the accessibility, availability and quality of the main source used by households for drinking, cooking, personal hygiene and other domestic uses. Service levels are defined in the JMP service ladder for household drinking water (Figure 24).

Service level	Definition
Safely managed	Drinking water from an improved source that is accessible on premises, available when needed and free from faecal and priority chemical contamination
Basic	Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing
Limited	Drinking water from an improved source, for which collection time exceeds 30 minutes for a round trip, including queuing
Unimproved	Drinking water from an unprotected dug well or unprotected spring
Surface water	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal

Note: Improved sources include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

Figure 24: Service ladder for household drinking water

Source: WHO/UNICEF Joint Monitoring Programme (2025).

Basic drinking water

As of 2024, 205 million African children under age 18 were without basic drinking water. Forty countries across Africa, or nearly three quarters, are off track to achieve universal access to basic drinking water at the national level by 2030. In 2015, at the start of the SDG period, most countries had less than 75 per cent coverage and seven countries were below 50 per cent coverage. Only Morocco and Tunisia are on track to achieve universal access to basic drinking water at the national level.

Access to basic drinking water is increasing faster in urban areas than rural, with 25 countries showing progress and 30 countries off track. One country in North Africa (Egypt), three countries in Central Africa (Cameroon, Central

African Republic and Democratic Republic of the Congo), three in Southern Africa (Namibia, South Africa and Zimbabwe) and five in West Africa (Benin, Côte d'Ivoire, Guinea-Bissau, Niger and Togo) are seeing declining progress in urban areas. Eswatini and Morocco are closest to 100 per cent urban access to basic drinking water.

Forty-two countries are off track to achieve universal basic water access in rural areas and in five countries (Burkina Faso, Central African Republic, Comoros, Democratic Republic of the Congo and Egypt) access is decreasing. No African country is on track but 13 are making progress. Of these, Algeria (61 per cent), Morocco (71 per cent), South Africa (57 per cent) and Tunisia (58 per cent) are making the most progress.

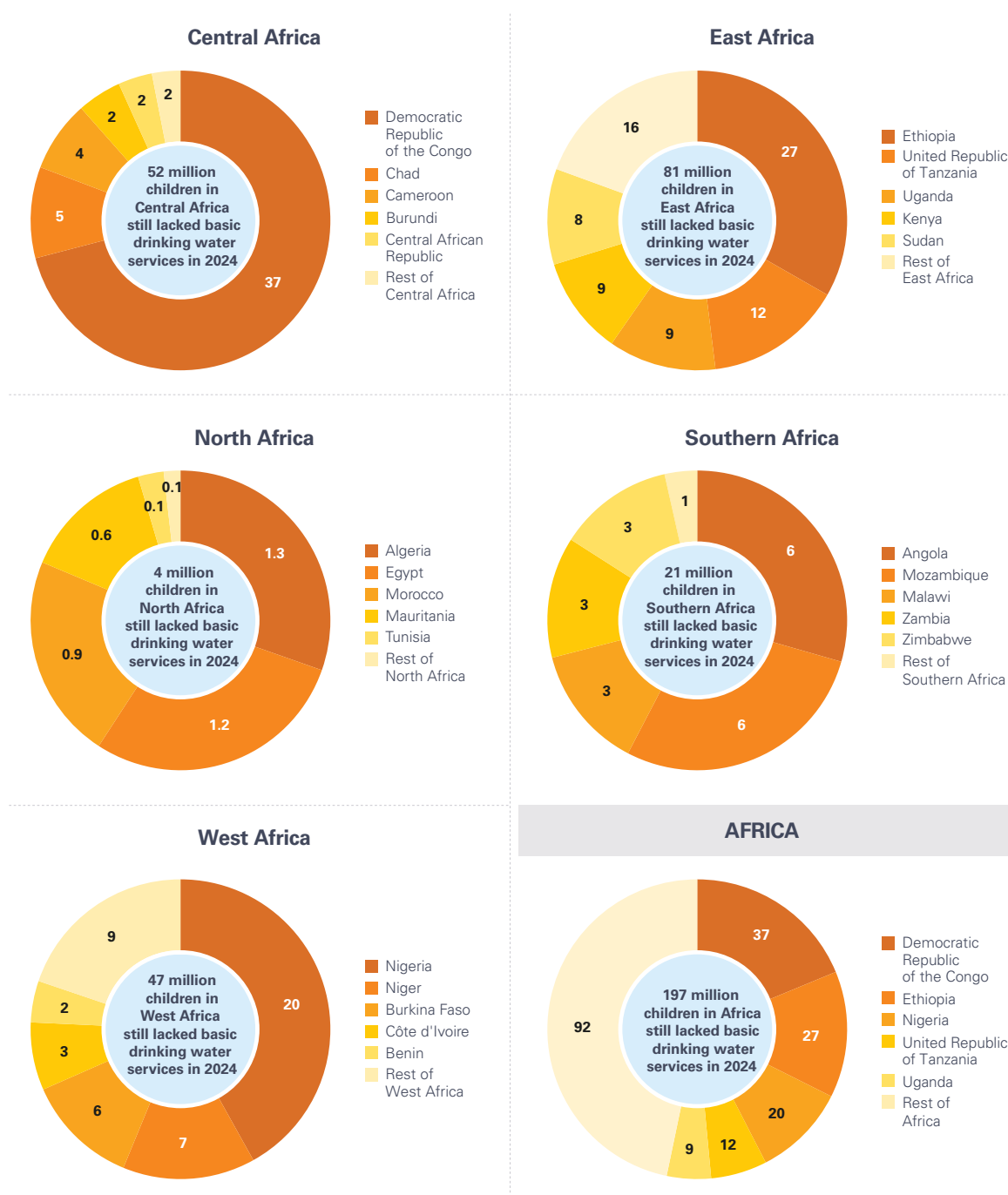


Figure 25: Number of children in Africa lacking basic drinking water service, by top five countries and by region in 2024 (millions)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

In 2024 national estimates for safely managed drinking water were available for 29 countries in Africa

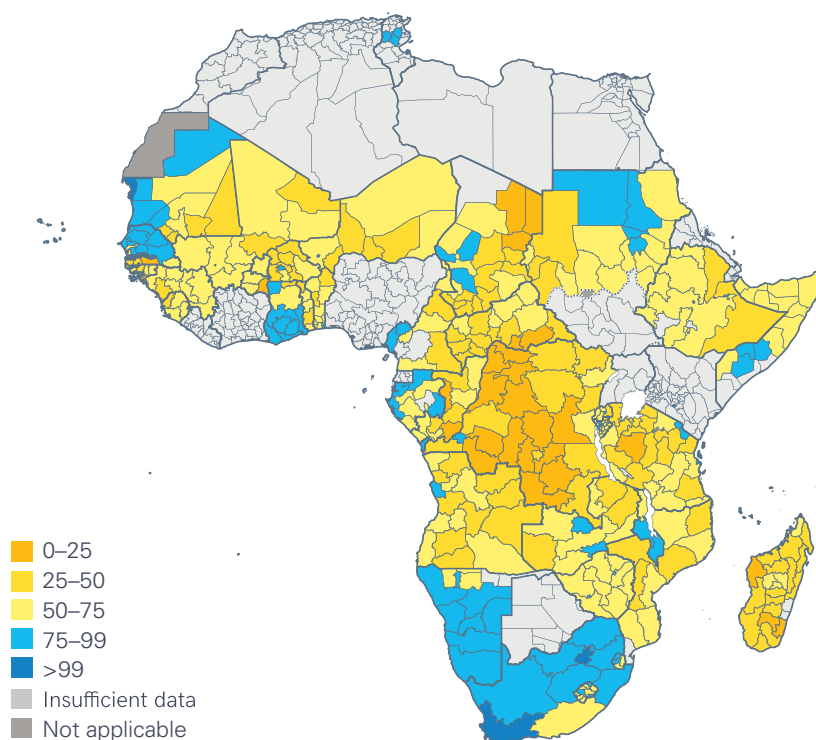


Figure 26: Proportion of population using at least basic drinking water services by sub-national region in Africa, selected surveys 2010-2020 (%)⁵⁵

Source: WHO/UNICEF Joint Monitoring Programme (2025).

Safely managed drinking water

In 24 countries, primarily in Southern and West Africa, progress on reaching people with safely managed drinking water is too slow to achieve universal access at the national level by 2030. Five countries (Algeria, Central African Republic, Democratic Republic of the Congo, Tunisia and Zimbabwe) are seeing declining rates of progress.

In urban areas, access to safely managed drinking water in Africa overall is progressing at nearly the same pace as access at the national

level. However, Algeria, Botswana, Central African Republic, Democratic Republic of the Congo, Guinea-Bissau, South Africa and Tunisia are experiencing declining rates of access.

In rural areas, Central African Republic, Chad, Democratic Republic of the Congo and Zimbabwe are losing ground in reaching rural communities with safely managed drinking water and no country in the Africa is on track to achieve universal access by 2030.

⁵⁵ The JMP did not have access to sufficient data to represent all sub-national units in this graphic.

Children's access to sanitation in Africa

Overall, sanitation service levels vary widely between African regions. North Africa has made the most progress in reaching people with safely managed sanitation, while progress in terms of percentage of the population with coverage has stagnated in Central Africa.⁵⁶ Cabo Verde, Comoros, Egypt, Eswatini, Mauritius, Malawi, Mauritania, Rwanda, Sudan and Tunisia are strong performers and potential peer supporters for other African countries.

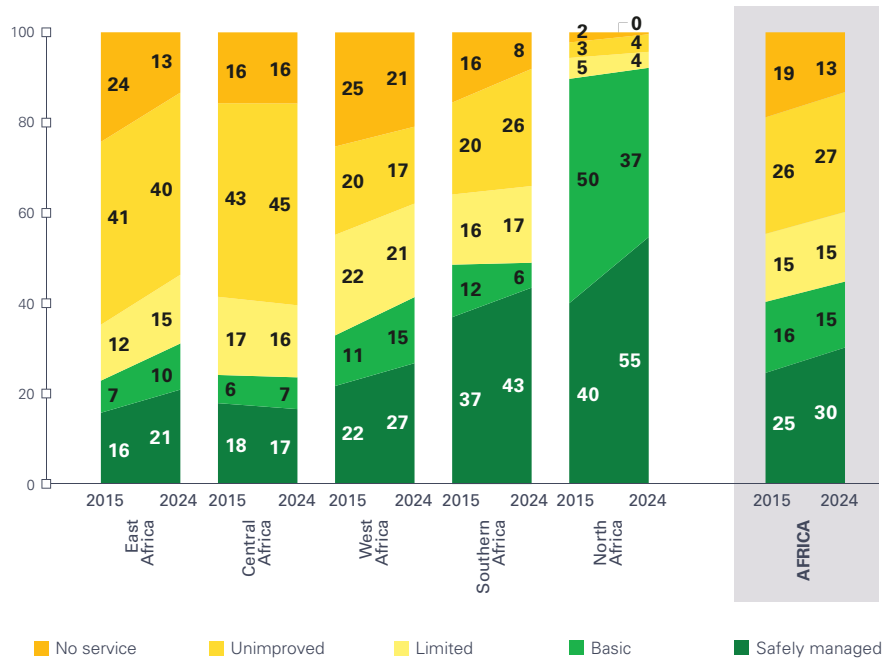


Figure 27: Coverage of sanitation services in Africa, 2015-2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

Some countries still do not disaggregate by geography in their national data. However, most Africans without basic sanitation are in rural areas, as political energy has been directed to keeping up with growing urban populations. Further, rural sanitation is a lower priority than urban sanitation in national financing policies and plans.⁵⁷

Just over one-third of African countries have less than half of the financing they need to reach their rural and urban sanitation targets. Despite this high need for financing, only nine countries have urban sanitation financing plans that they use consistently for decision-making and only eight use rural sanitation financing plans consistently.

⁵⁶ All data in this section is drawn from WHO/UNICEF Joint Monitoring Programme (2025) Progress on household drinking water, sanitation and hygiene 2000–2024: special focus on inequalities.

⁵⁷ Governance and finance data in this section drawn from: UN-Water Global Analysis and Assessment of Sanitation and Drinking-water Data Portal 2025. Indicators cited in this section are: FIN01, FIN12, POL03A and POL10B. Available at <<https://glaas.who.int/>>. Accessed 16 February 2026.

Progress toward safely managed sanitation

Across Africa, many children still defecate in the open or use unimproved or limited pit latrines that do not safely segregate human waste for storage and treatment, that lack hygienic or private infrastructure, or that are shared with other households. Like the picture for basic water access, basic sanitation access rates have largely stalled in rural Africa, as attention has been focused on urban areas, where progress is notable and populations have grown.

Due to fragility, some African countries are going backwards in access to sanitation. For example, access to basic sanitation in Democratic Republic of the Congo has dropped from 18 per cent in 2015 to 16 per cent in 2024, while access in Central African Republic has gone down from 16 per cent in 2015 to 14 per

cent in 2024. Population growth has created additional challenges that countries are working hard to overcome, such as in Ethiopia, where the population has doubled since 2000 and increased by nearly one-third between 2015 (103 million) and 2024 (132 million). Despite this, during this period, coverage of basic sanitation in Ethiopia has increased from 7 per cent to 10 per cent.

Sanitation service ladders

Sanitation services refer to the management of excreta from the facilities used by individuals, through emptying and transport of excreta for treatment and eventual discharge or reuse.

Service levels for sanitation are defined in the JMP service ladder (Figure 28).

Service level	Definition
Safely managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated off-site
Basic	Use of improved facilities that are not shared with other households
Limited	Use of improved facilities that are shared with other households
Unimproved	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
Open defecation	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open places, or with solid waste

Note: Improved facilities include: flush/pour-flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines); and composting toilets.

Figure 28: Service ladder for household sanitation

Source: WHO/UNICEF Joint Monitoring Programme (2025).

Basic sanitation

As of 2024, 381 million African children under 18 years old still lacked access to basic sanitation services. Nearly half of these reside in East Africa, while the largest absolute number of people without basic sanitation are in Democratic Republic of the Congo, Ethiopia, Ghana, Nigeria and United Republic of Tanzania. Only one country, Tunisia, is on track at the national level, while in six countries (Burundi, Central African Republic, Democratic Republic of the Congo, Gambia, Libya and Zimbabwe) progress is decreasing.

Access to basic sanitation in rural Africa has stalled between 2015 and 2024. While progress is keeping pace with population growth, it has not been sufficiently accelerated to reach populations that were already being left behind at the start of the SDG period. As a result, no African country is on track to reach rural

basic sanitation targets; Egypt, Mauritius and Rwanda are closest. In six countries (Burundi, Central African Republic, Chad, Democratic Republic of the Congo, Gambia and Zimbabwe) progress on rural basic sanitation is decreasing and Democratic Republic of the Congo, Ethiopia, Nigeria, Uganda and United Republic of Tanzania have the largest share of rural populations without basic sanitation services.

However, because of some improvement from basic to safely managed sanitation in urban areas, overall access to basic sanitation in Africa is trending in the right direction. Egypt and Mauritius are on track to achieve urban basic sanitation targets, while Cabo Verde, Mauritania and Sudan are gaining ground. Algeria, Central African Republic, Democratic Republic of the Congo, Eswatini, Namibia, Rwanda, Zambia and Zimbabwe are losing momentum.



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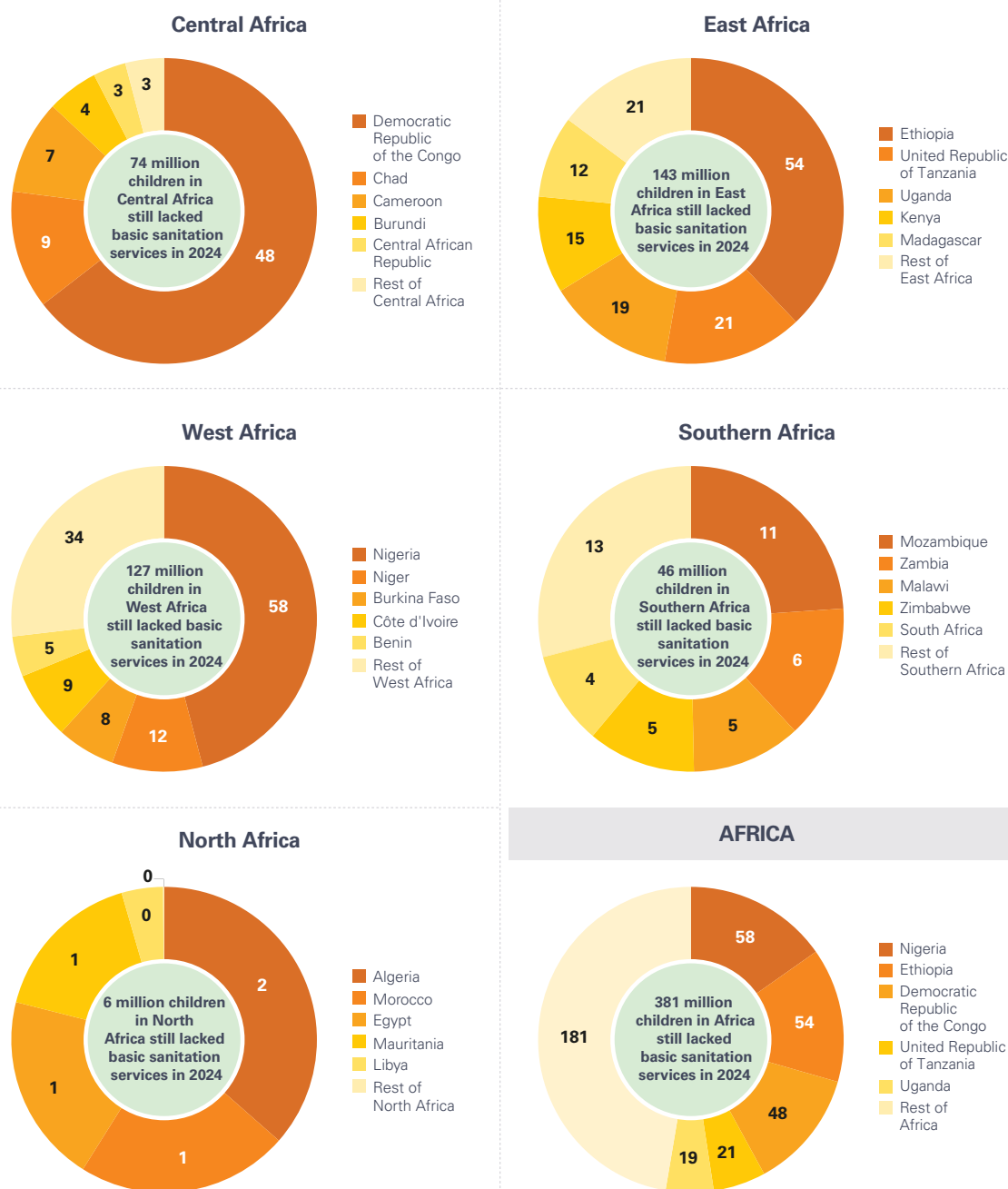


Figure 29: Number of children in Africa lacking basic sanitation service, by top five countries and by region in 2024 (millions)

Source: WHO/UNICEF Joint Monitoring Programme (2024b).

The priority challenges remain ensuring that sufficient prioritization is given to rural areas and that geographically disaggregated data are being collected. Progress in these areas will continue and accelerate the positive trend in ending open defecation (especially in Chad, Democratic Republic of the Congo, Ethiopia, Niger and Nigeria) and in providing continual improvements in service quality.

Safely managed sanitation

No African country is currently on track to achieve safely managed sanitation targets by 2030 and 27 countries are off track. Access to safely managed sanitation at the national level is declining in Central African Republic, Democratic Republic of the Congo, Gambia, Libya, Morocco and Zimbabwe, while South Africa and Tunisia are showing the most signs of progress.

Thirty-eight per cent of countries have policies or plans that address safely managed sanitation in both rural and urban areas, as well as in schools and health care facilities. The majority of these are in West Africa. Over half of countries address faecal sludge management (FSM) in policies or plans for rural and urban contexts, but gaps remain in FSM planning for schools and health care facilities.

At the urban level, 28 countries are off track and Algeria, Central African Republic, Democratic Republic of the Congo, Eswatini, Mauritius and Zimbabwe are losing ground.

In rural areas, Central African Republic, Chad, Democratic Republic of the Congo, Gambia and Zimbabwe are losing progress on access to safely managed sanitation.



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Box 8: Opportunity to accelerate: Faecal sludge and wastewater

As with access to safely managed drinking water, the primary barrier to progress on safely managed sanitation varies by region and context. Treatment of faecal waste and wastewater is highly dependent on the type of sanitation in use. This means that regions need different technical, governance and financing strategies to empty and/or treat waste as part of the drive to safely managed sanitation.

JMP has analysed regional trends in sanitation and their associated needs for treatment of sludge and wastewater. It found that in Central, East, Southern and West Africa, most people use on-site sanitation, so a focus on faecal sludge treatment is key to progress on safely managed sanitation. North Africa will make progress by focusing on wastewater treatment, since most people are on sewers.

These patterns can be translated into monitoring, financing and capacity development plans and strategies, helping states and development partners effectively prioritize.

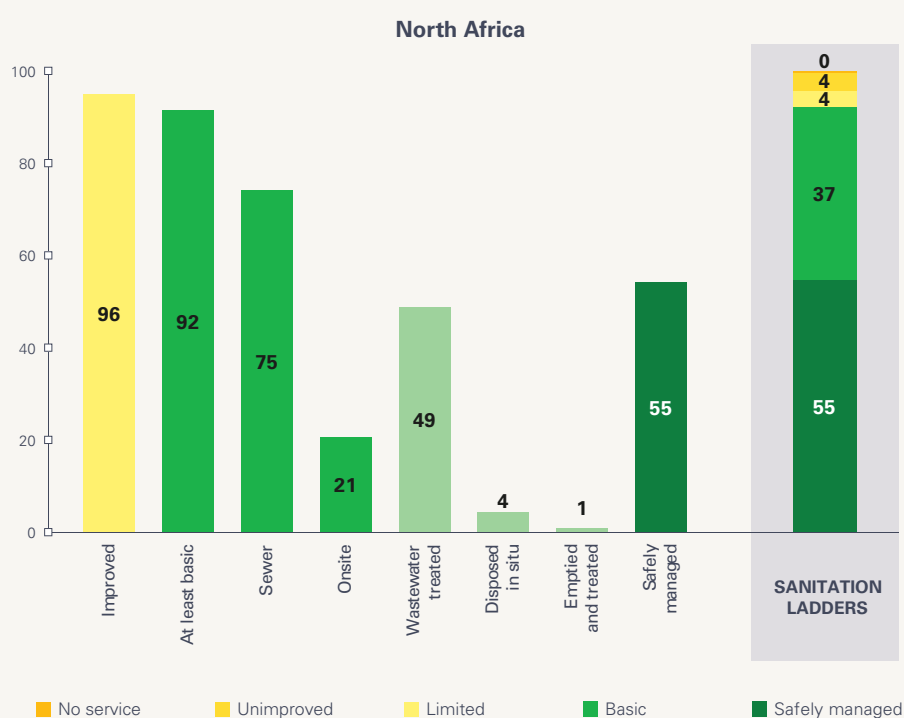


Figure 30: Safely managed sanitation calculation for North Africa in 2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

Children's access to hygiene services in Africa

Hygiene is essential for achieving Africa's goals on primary health care, child survival and maternal mortality, yet Africa has, overall, made very slow progress on access to basic hygiene and is still lagging substantially behind the rest of the world. Only Egypt is almost on track to achieve universal access.⁵⁸

Hygiene service ladders

Hygiene refers to the conditions and practices that help maintain health and prevent spread of disease including handwashing, food hygiene and menstrual hygiene.

The JMP service ladder defines the relevant service levels for hygiene (Figure 31).

Service level	Definition
Basic	Availability of a handwashing facility with soap and water at home
Limited	Availability of a handwashing facility lacking soap and/or water at home
No facility	No handwashing facility at home

Note: Handwashing facilities may be located within the dwelling, yard or plot. They may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent and soapy water but does not include ash, soil, sand or other handwashing agents.

Figure 31: Service ladder for household hygiene

Source: WHO/UNICEF Joint Monitoring Programme (2025).

⁵⁸ All data in this section is drawn from: WHO/UNICEF Joint Monitoring Programme (2025) Progress on household drinking water, sanitation and hygiene 2000–2024: special focus on inequalities.

Hygiene access

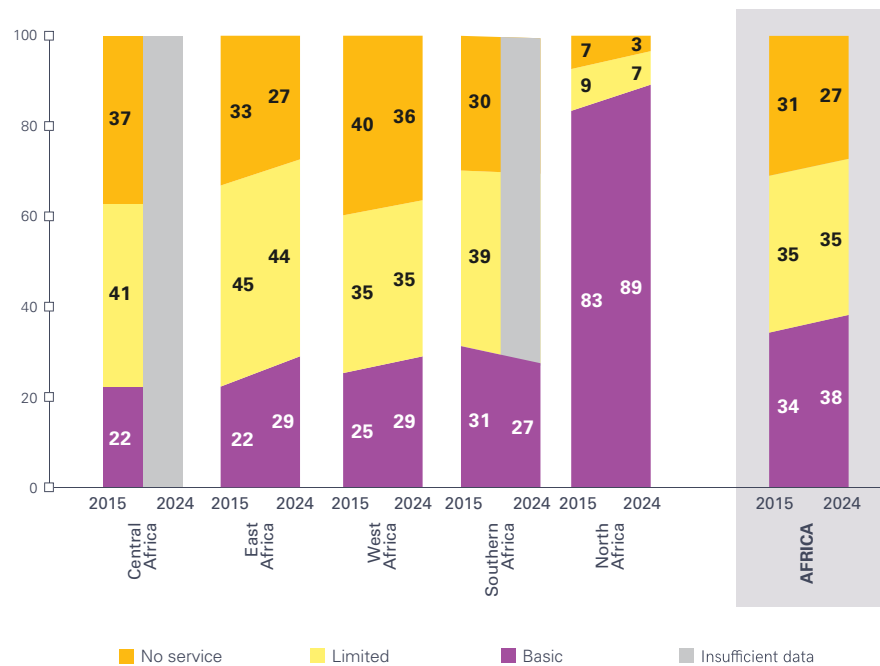


Figure 32: Coverage of hygiene services in Africa, 2015-2024 (%)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

In 29 countries, progress is too slow and in Ethiopia, Madagascar, Mauritania, Somalia and Sudan, national progress is reversing (Figure 34). In countries with the largest number of

people without basic access – Nigeria, Ethiopia, Tanzania, Sudan and Uganda – fragility is again a factor.

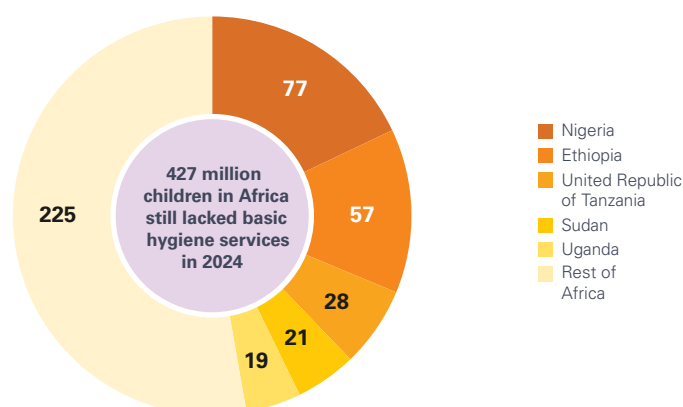


Figure 33: Number of children in Africa lacking basic hygiene services, by top five countries in 2024 (millions)

Source: WHO/UNICEF Joint Monitoring Programme (2024b).

Comoros, Egypt and Kenya are all making strong progress, so can provide peer support to others in their efforts to achieve universal access to basic hygiene.

Governance and financing for hygiene is mixed across Africa. Angola, Chad, Comoros, Egypt, Gambia, Lesotho, Madagascar, Malawi, Morocco, Sao Tome and Principe and United Republic of Tanzania have large gaps in planning for hygiene facilities across health care facilities, schools, sanitation (both rural

and urban) and drinking water (both rural and urban) policies.⁵⁹ Four of these countries also have recent or currently active cholera outbreaks, putting a spotlight on the importance of infection prevention and control.

Use of national hygiene financing plans for decision-making is lower across Africa than use of water or sanitation financing plans, with only six countries reporting consistent use, creating a significant barrier to realizing Africa Water Vision 1.

⁵⁹ Governance and finance data in this section is from UN-Water Global Analysis and Assessment of Sanitation and Drinking-water Data Portal 2025. Indicators cited in this section are: POL18C and FIN01. Available at <<https://glaas.who.int/>>. Accessed 16 February 2026.

Case study 1:

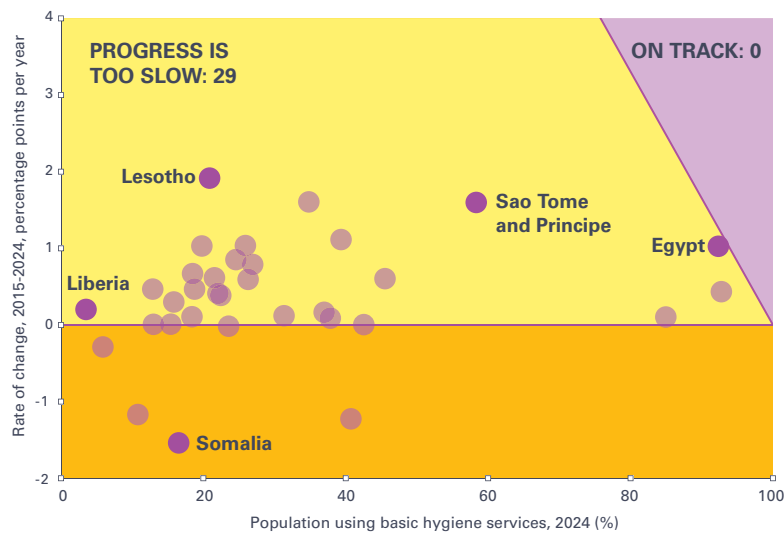
Reaching the hardest-to-reach in Lesotho through a holistic government-led approach

In 2024, the national government of Lesotho, in partnership with the European Union, launched Metsi a Lesotho, to provide communities with access to clean water and sanitation services while sustainably managing water and land resources for current and future generations. Metsi a Lesotho will construct or rehabilitate WASH facilities in 250 rural communities, 125 schools and 15 clinics. At the same time, it will focus on conserving land and water; create policies; enhance skills of stakeholders in Lesotho's public and private sectors; and produce and manage water and soil data to enhance decision-making, services and accountability. Metsi a Lesotho is also poised to enhance strategic planning by facilitating the development of water policies and regulations, while providing water management professionals with the necessary skills to perform their crucial roles.

The programme will also contribute to ReNOKA ("we are a river"), Lesotho's national movement to restore land and water, upon which the nation's health, food systems, infrastructure and livelihoods depend. The programme was launched by high-level political leaders from the Kingdom of Lesotho and the European Union, an important signal of priorities. By directly contributing to national priorities, linking water security to WASH access and food security and taking a holistic approach that includes data for decision-making and human resources strengthening, Metsi a Lesotho is an example of shared commitment across stakeholders that responds to the real complexities of achieving universal access to WASH for Africa's children.

In eleven countries (Algeria, Chad, Ethiopia, Madagascar, Malawi, Mauritania, Niger, Senegal, Somalia and Tunisia) representing all African regions, urban access to basic hygiene is declining. Only Kenya is on track to achieve

universal basic hygiene access in urban areas, but to date, Kenya's progress is too slow in rural areas to realize universal access at the national level.



Note: Does not include countries (1) that already had universal (>99%) coverage in 2024 (2) with no estimates for rates of change, i.e. missing data for at least one of the years, and (3) with zero or no trend.

Figure 34: Progress towards universal basic hygiene services (2015-2024) among countries with <99% coverage in 2024

Source: WHO/UNICEF Joint Monitoring Programme (2025).

At the rural level, only Egypt is on track to reach universal access to basic hygiene. Central African Republic, Ethiopia, Ghana, Madagascar,

Mauritania, Sao Tome and Principe and Somalia are losing ground.

Box 9: Opportunity to accelerate: Urban hygiene

JMP analysis shows that there has been no change in urban coverage of basic hygiene in Africa since 2015. Egypt, Kenya and Tunisia are the closest to achieving universal access by the end of the SDG era, while countries facing fragility, such as Somalia and Ethiopia, are losing ground.

While significant gaps also remain at the rural level, urban population growth creates added risk of communicable illness due to crowding and unsanitary living conditions, making urban hygiene a public health imperative for Africa's children.

Synthesis

The data and analysis in this report demonstrate how much progress has been made across Africa, including in fragile and conflicted affected states where progress is hardest to achieve. However, other trends also emerge. Rural-urban disparities highlight how visibility and political support can inform WASH investment decisions, while slower progress in Central Africa illustrates the threats to WASH access and child well-being posed by a combination of conflict, insecurity, climate extremes and under-funded infrastructure and systems.

Despite improvements in WASH data coverage, critical data gaps persist in Africa - particularly in safely managed service estimates in households, and basic service estimates in schools and healthcare facilities. These data deficits directly impede evidence-based policy and investment decisions. Addressing these shortfalls requires targeted investments to strengthen national statistical systems and enhance inter-agency monitoring, which can all support the alignment of regional progress with the 2030 SDG Agenda and Africa Water Vision 2063. Hygiene, in particular, requires more political action, including planning, financing and leadership to ensure integration across relevant national and sub-national authorities to maximize the benefits for child survival and

well-being. Instability appears to be a significant factor in lost progress, reinforcing the importance of clear roles and responsibilities, policy enforcement and delegated budgets and decision-making authority to safeguard systems and infrastructure at the sub-national level.

Countries such as Cabo Verde, Eswatini, Mauritius, Morocco and Tunisia stand out as strong peer leaders for their combined progress on WASH governance, finance and equitable service delivery. Benin, Burkina Faso, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Madagascar, Niger, Nigeria, United Republic of Tanzania and Zimbabwe are facing the greatest challenges across systems strengthening and equitable access to WASH.

To achieve the human rights to water and sanitation for all African children, increased political and financial commitment is needed, specifically around targeted WASH interventions that are designed to simultaneously address children's rights to protection, health and education. In light of the trends highlighted in Chapter 4, increased political action for equitable WASH access for Africa's children is even more urgent.

CHAPTER 4



WASH-RELATED TRENDS ACROSS AFRICA

Box 10: Key messages

1. Four major trends across African contexts have significant and cross-cutting impacts on countries' ability to reach all children with WASH: (1) inequalities in WASH access at regional, national and sub-national levels, (2) insufficient targeting of financing, (3) fragility and (4) climate change.
2. Inequalities of WASH access remain a significant challenge, particularly for women and girls and financing for equity measures is inconsistent. Targeted policies and budgets and affordability and inclusion initiatives, are needed to achieve the AU Strategy for Gender Equality & Women's Empowerment and the Africa Water Vision 2063.
3. In fragile African countries, access to WASH is significantly lower than in countries without fragility. Increased peer support to and investment in these countries is essential for vulnerable children.
4. WASH access in Africa is being significantly impacted by climate change, with children particularly vulnerable. African governments and leaders have an opportunity to increase governance and financing linkages between WASH and climate change to improve system resilience and risk mitigation.

Accelerating access to adequate WASH access is complex challenge, as illustrated in the Africa Water Vision 2063. Poor WASH access is both a reflection of and a cause of, multiple vulnerabilities, human rights violations and coordination gaps that compound to prevent children from surviving and thriving into adulthood.

The trends considered in this section are persistent barriers faced by countries around the world, but with specific implications for Africa. These trends should be viewed alongside community and institutional access data and self-reports on WASH systems, governance and finance, as a tool for prioritizing and targeting the activities and initiatives that are most likely to move individual African children closer to universal access to WASH.

Inequalities

Inequalities in WASH access follow several different patterns, including income level, gender and geography. Inequalities among children, adolescent girls and women are widely known and feature in this chapter, in part due to data availability on these challenges. However, to achieve WASH access for all African children by 2063 will require targeted efforts that go beyond closing gender gaps, as inequalities among ethnic minorities, Indigenous Peoples, the poorest of the poor, persons with disabilities and those living in informal settlements are also persistent.⁶⁰

Water collection

Across Africa, responsibility for water collection generally falls disproportionately to women, adolescent girls and children, with direct and indirect impacts on children's well-being and future opportunities. This is recognized in a number of the commitments in the African Union Strategy for Gender Equality & Women's Empowerment (GEWE) 2018-2028.

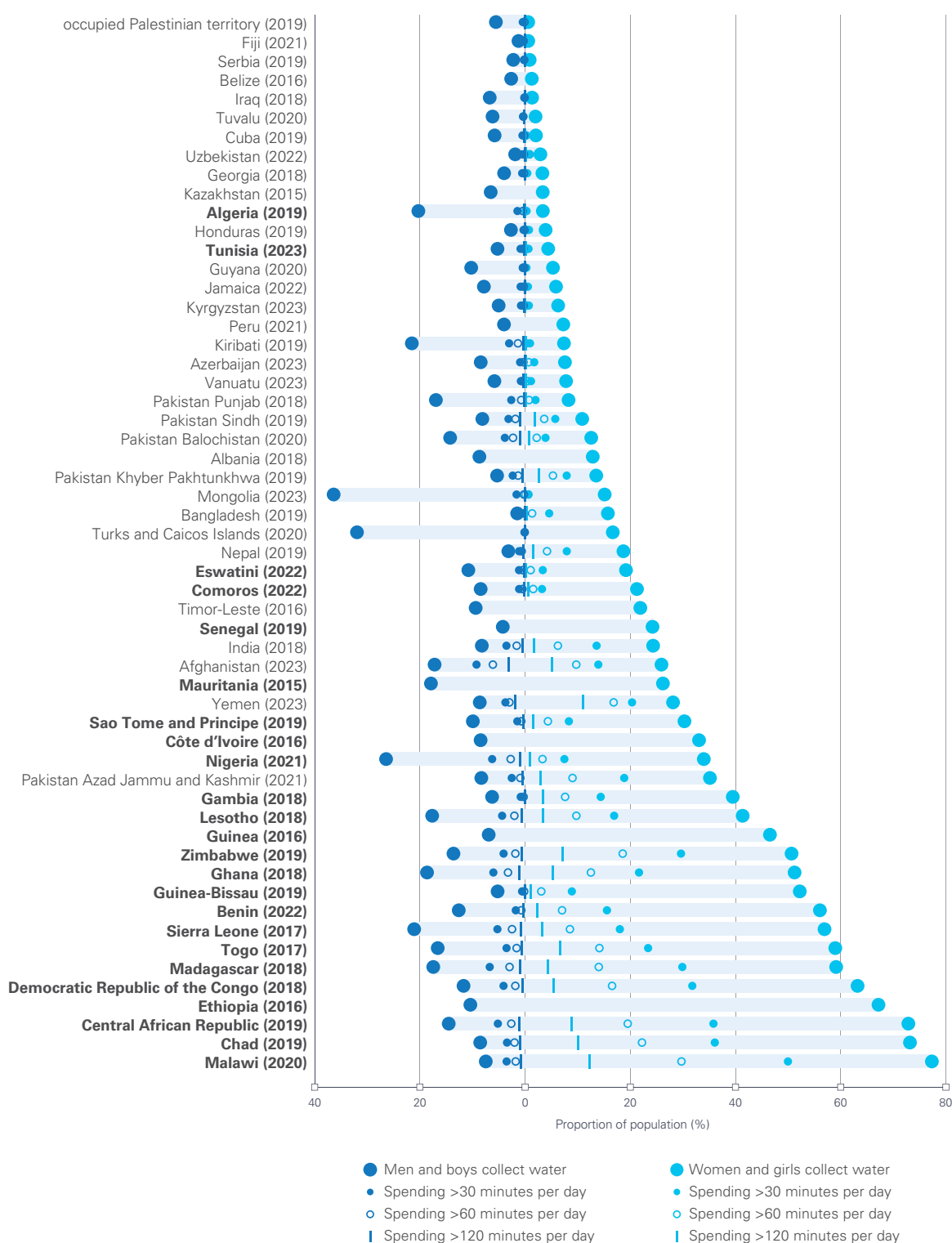
Women's unpaid labour, such as collecting water, also reduces their ability to provide nurturing care to infants and young children, compromising early childhood development that is essential to a child's ability to thrive academically and socially, while also

compromising Africa's ambitions on women's health and well-being.

Women and girls in Chad, Central African Republic and Malawi have among the largest water collection burdens in the world. Most African women and girls who must walk for water spend 30 minutes or less on the task per day. However, in at least 20 per cent of households in Malawi and Chad, women and girls spend one hour or more collecting water each day. In several African countries, including Central African Republic, Democratic Republic of the Congo, Ghana, Madagascar, Togo and Zimbabwe, approximately five to ten per cent of women and girls spend two hours or more collecting water every day. Accelerating progress on on-premises water is critical for returning women and girls their time.

These walks for water expose women and children to violence and injury and, if they make it safely to water points, often result in further risks at water sources controlled by men. Walking for water is especially dangerous in FCS or in areas in which abductions are common. Further, where water is used as a weapon of war or a leveraging tool for armed combatants, women and children are disproportionately exposed to explosive devices, extortion and other hostile acts simply because of their presence at water points.

⁶⁰ As described in Chapter 2, many data presented in Chapter 4 are not disaggregated by age and therefore data cannot be presented that describe specific impacts on Africa's children or the potential impacts on children of prioritizing specific changes. These should be inferred from the overview in Chapter 1.



Note: Countries in Africa are in bold.

Figure 35: Proportion of households in which women and girls, or men and boys, are primarily responsible for water collection and spend more than 30, 60 or 120 minutes per day collecting water, selected surveys, 2015–2023 (%) (Countries in Africa are in bold)

Source: WHO/UNICEF Joint Monitoring Programme (2025).

Inclusive participation in WASH systems

The AU GEWE Strategy and Africa Water Vision 4 also call for increased women's participation and leadership across all levels of politics and on Boards of Directors. While the benefit for Africa's children is indirect, evidence suggests that increased women's participation in WASH systems and projects makes them more sustainable, which means that children are more likely to have lasting WASH access, while Boards of Directors with women on them lead to more profitable businesses,⁶¹ suggesting potential positive implications for water and sanitation businesses and service providers as well as for large corporations. These businesses, in turn, increase the likelihood that African children will have access to safe WASH products and services.

Because women are also highly effective conflict mediators,⁶² ensuring women have leadership roles across the WASH workforce can also provide the foundations for peace, thereby increasing child protection.

Increasing women's participation in and leadership of water and sanitation governance, water resources management, WASH service delivery and monitoring, as both users and members of the WASH workforce, has long been considered good practice in creating inclusive, equitable WASH systems. The AMCOW YoGI Strategy complements the AU GEWE Strategy, emphasizing inclusion of women, youths, persons with disabilities and others in water and sanitation decision-making,

WASH job opportunities and WASH governance. This provides a roadmap for how the WASH sector should contribute to broader African aspirations for inclusion of women and youth and thus for equitable access to WASH.

Of the 40 countries that provided data to UN-Water for the 2024 GLAAS reporting period, most countries have laws or policies that address women's participation in rural or urban drinking water or sanitation, national-level hygiene, or water resources management. Only Botswana, Cameroon, Madagascar, Namibia and Zimbabwe indicated that they have none.⁶³ This is a critical foundation to improving participation in the WASH sector.

However, addressing women's participation in water and sanitation governance does not necessarily translate to participation and meaningful inclusion in strategies, governance and service delivery systems. For example, while Guinea-Bissau, Lesotho and Malawi included the issue in all relevant laws/policies, all three countries report low or low-medium participation of women in practice. By contrast, Namibia and Zimbabwe report medium-high participation of women in strategies, governance and service delivery, despite having no relevant provisions in laws or policies.

Women's participation and ability to lead is highly contextual, a reflection of a mix of issues from literacy and freedom of movement, to physical security, access to transportation, childcare, ability to participate in public activities while menstruating and

⁶¹ Di Miceli, Alexandre and Donaggio, Angela, "Women in Business Leadership Boost ESG Performance: Existing Body of Evidence Makes Compelling Case," Private Sector Opinion; No. 42, World Bank, 2018. <<http://hdl.handle.net/10986/31057>>. Accessed 10 June 2026.

⁶² Coomaraswamy, Radhika, "Preventing Conflict, Transforming Justice, Securing the Peace: A Global Study on the Implementation of United Nations Security Council resolution 1325," UN Women, 2015. <www.unwomen.org/en/digital-library/publications/2015/10/global-study-on-the-implementation-of-united-nations-security-council-resolution-1325>. Accessed 10 June 2026.

⁶³ Governance and finance data in this section drawn from: UN-Water Global Analysis and Assessment of Sanitation and Drinking-water Data Portal 2025. Indicators cited in this question are: EQ03, EQ05, EQ07, F1N05, FIN06, POL12, POL32B, POL12D, PRT02 and PRT04. Available at <<https://glaas.who.int/>>. Accessed 16 February 2026.

affordable local access to menstrual hygiene products of a person's choosing. Gender-based discrimination and power imbalances remain at the root of participation challenges. These must be confronted through social and behaviour change and community engagement alongside service delivery initiatives. Efforts to increase participation can, themselves, also add to unpaid labour burdens and as such must be done with a focus on equity and fairness, including considerations related to remuneration and choice.

Evidence suggests that a range of successful approaches exist to increasing women's participation in water and sanitation governance and service delivery. To achieve women's participation goals for the WASH sector, holistic approaches will be required. Countries and regions with similar contexts should collaborate, learning from those who have successfully improved women's participation and supporting those that have remaining gaps.

Financing for equity

Across Africa and the world, financing is inconsistently targeted to those most likely to be left out of progress on WASH, including children. Even where national financing plans have measures to address inequalities among specific at-risk or marginalized groups, they are frequently not used in decision-making and therefore do not result in progress.

For example, most African countries have made progress extending WASH services to women and girls, persons with disabilities, populations in hard-to-reach areas, and, to a lesser extent, those disproportionately impacted by climate change and the elderly. However, far fewer have national measures to target financing to reduce inequities and only Burkina Faso, Senegal, Sudan and Zambia report having both national financing plans that target women and girls and making progress in reaching them.

Similarly, although nearly all African countries that reported to GLAAS have planned financing measures to reduce drinking water inequality

among ethnic and/or religious minorities, only four (Angola, Cameroon, Chad and Uganda) report having made progress in increasing equitable WASH access among these populations. Likewise, about half of African countries indicate they are making progress reaching people living in poverty with hygiene services, but less than one-third indicate that they have measures in their national finance plans targeting drinking water access for persons with disabilities, and that they consistently use those measures in decision making.

As these examples illustrate, planning how to use financing for equity improvements is necessary, but on its own, insufficient. The plans need to be used in decision-making, results must be monitored and reported and data disaggregated by groups (e.g., persons with disability, the elderly, etc.) to achieve the goal of leaving no African child behind. Finance plans and strategies also advance Africa Water Vision 4.

Service affordability remains a challenge and this disproportionately impacts the poorest of the poor. Seventeen African countries, largely in Southern and West Africa, have no affordability plans for drinking water, sanitation or hygiene, while only 13 African countries report that they monitor affordability of services. Among those who have affordability plans for all three elements of WASH and report that they monitor

affordability of services, Guinea, South Africa and Zambia stand out as high performers.

To increase access to water for the lowest income households, there need to be improvements in affordability planning, but also the use of these plans and monitoring progress against them.

Case study 2:

Using revolving funds to improve urban water and sanitation

Because many Africans still rely on on-site sanitation, financing strategies are urgently needed to move people from open defecation to basic sanitation and then to safely managed sanitation. One of the reasons why development approaches have struggled to advance sanitation coverage is that households are usually responsible for the first step of the sanitation value chain: securing a toilet facility in their homes. Traditional subsidy models have not been enough to help the poorest of the poor gain access to aspirational sanitation products and services. However, evidence has shown that providing a credit or loan facility can be a critical driver of demand for sanitation products. This is where revolving funds come in.

In Ghana, Nigeria and Togo, Revolving Funds for Sanitation (RFS) have been established to offer an innovative finance mechanism for household latrines. The fund funnels capital into financial institutions to offer a revolving, micro-credit product to households and sanitation businesses. These micro-loans are offered at a very low interest rate to sanitation businesses and households. Once the sanitation facility is constructed and verified, the loan is repaid to the financial service providers, who then repay the RFS at the regulating entity. This cycle is then repeated in a revolving manner with the initial capital. This approach not only makes it possible for communities to move themselves up the sanitation service ladder, but also for regulatory and market-based sanitation ecosystems to grow.

A nearly identical approach has been used to help Egyptian households gain access to on-premises water and sanitation since 2016. After establishing agreements with local water service providers, UNICEF allocated the necessary financial resources to water companies so that people who are unable to afford household water connections are “funded” in the form of a loan. This loan is repaid in interest-free monthly installments by households to the water companies, replenishing the fund’s resources and allowing more families to benefit in the same way. This mitigates the risk of household water shut-offs and utility insolvency in one innovative approach and demonstrates that revolving funds can be relevant solutions across Africa.

Given widespread challenges in accessing sufficient finance for infrastructure, systems, lifecycle costs, community engagement and monitoring and accountability, innovative approaches such as revolving funds are a model for other countries to follow.

WASH in fragile and conflict-affected contexts

Children living in fragile contexts are especially vulnerable to poor WASH access and other violations of their rights. Across Africa, countries are facing different types of fragility – societal, political, economic, security or environmental, often in combination – and there is strong overlap between fragility and low performance in WASH access. In protracted conflicts, children under 5 years of age are more than 20 times more likely to die from diarrhoeal disease linked to unsafe water and sanitation than from violence in conflict.

Ten countries – Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Nigeria and Somalia – are home to a combined 190 million children facing what UNICEF has called a triple threat: less than 50 per cent access to at least basic water and sanitation, markedly high burden of WASH-related mortality and a top 25 climate and environmental risk index score.

In these countries, where nearly two-thirds of children do not have at least basic water access at home or basic sanitation services and one-quarter practice open defecation, climate risk may already be outpacing efforts to increase WASH access. With three-quarters of children unable to wash their hands because of lack of water and soap at home, these countries are also home to some of the world's high WASH-related disease burdens and mortality.⁶⁴

However, other African countries facing fragility, such as Ethiopia, Malawi and Mozambique, have continued making progress despite elements of fragility. Fragility is a call for shared learning and leadership across African countries to ensure that those facing the most struggles can get a helping hand.

Lack of WASH can also drive fragility and conflict. Low access to these basic services can be a source of political grievance and lead to violence, while prioritization given to displaced populations can fuel conflict with host communities. Worldwide, attacks on water infrastructure have increased in recent years, putting civilians, particularly children, at even greater risk than from conflict or violence alone.⁶⁵

However, like transboundary cooperation over water, WASH can also be an instrument of peace. By increasing cooperation between WASH, humanitarian and peacebuilding actors, governments can drive joint planning that achieves shared objectives. Use of conflict and peace analysis in national and programme planning efforts, increased monitoring by WASH stakeholders of social cohesion and investments in resilient systems to which communities are committed are all tools for governments to deploy.

⁶⁴ United Nations Children's Fund, *Triple Threat: How disease, climate risks and unsafe water, sanitation and hygiene create a deadly combination for children*, New York, 2023. <www.unicef.org/reports/triple-threat-wash-disease-climate>.

⁶⁵ United Nations Children's Fund, *WASH for Peace - Conflict sensitivity and peacebuilding guidance and tools for the WASH sector*, New York, 2024. <<https://knowledge.unicef.org/wash/resource/wash-peace-conflict-sensitivity-and-peacebuilding-guidance-and-tools-wash-sector-english>>.

Case study 3:

Transitioning from crisis to sustainability for displaced persons and their host communities

According to UNHCR, East and Southern Africa were home to more than 25 million forcibly displaced people at the end of 2025. In eight locations across three of these countries, Ethiopia, Somalia and Sudan, UNHCR and UNICEF have partnered with national and local governments, the German Federal Ministry for Economic Cooperation and Development, the African Development Bank, and Xylem to provide permanent climate-resilient WASH services for internally displaced persons (IDPs), refugees and host communities through the Regional Water, Sanitation and Hygiene Programme (R-WASH).

In fragile settings like these, where inequalities are high, water trucking is a common solution to the need for safe drinking water. However, this is an expensive option that does not contribute to long-term outcomes such as sustainable water systems capable of delivering lasting benefits. In response, R-WASH is partnering with governments and local water utilities to develop utility roadmaps that will aid in the transition from externally supported or ad-hoc service models to professional utilities capable of recovering costs, providing customer service and becoming part of national systems for the long term.

In one Ethiopian community, a study showed that shifting from emergency water trucking to a utility-managed piped system led to a dramatic 92 per cent reduction in the cost of water production.⁶⁶ R-WASH aims to replicate this across partner communities.

Alongside utility support, R-WASH is solarizing boreholes, pumping stations and water treatment centres to lower emissions, prevent water interruptions and reduce costs and fuel dependency. The programme is also leveraging Xylem's private sector toolkit to install technologies that enable automatic distribution at water kiosks, identify leaks and facilitate billing.

Recognizing that the communities R-WASH serves are in highly vulnerable situations, peacebuilding, social cohesion, local ownership and local NGO leadership are at the heart of the programme. As a result, 900,000 people, including internally displaced persons and their host communities, are benefiting from investments made by R-WASH between 2020 and 2024.

Across Africa, fragile and conflict affected states will benefit from approaches such as R-WASH that prioritize a transition from emergency to sustainable WASH solutions.

⁶⁶ United Nations Children's Fund, "R-WASH Impact Snapshot 2020-2024" <www.unicef.org/esa/documents/r-wash-impact-snapshot-2020-2024>.

Climate change

The AU Climate Change and Resilient Development Strategy and Action Plan (2022–2032) calls for integrated water resource management and climate adaptation, to mitigate water insecurity and threats of competition or growing scarcity that can compromise children's well-being. Climate-resilient WASH also supports Vision Statement 2 (sustainable water) and Vision Statement 3 (blue economy) of the Africa Water Vision 2063 and cuts across all Actions in the Africa Water Vision 2063 and Policy.

Climate change is most felt in its impacts on water: flooding, drought, increased evaporation due to extreme heat and water pollution. Water-related disasters have dominated the list of disasters over the past 50 years and account for 70 per cent of all deaths related to natural disasters.⁶⁷ UNICEF's Global Child Hazard Database estimates that in Africa, 55 million children are exposed to flooding rivers, 529 million children are exposed to droughts (agricultural and meteorological) and 45 million children exposed to tropical storms.⁶⁸

Climate change is increasing the strain on already-stressed water resources and creating new water stresses in areas that had previously experienced relative stability. When combined with high water extractions from agriculture and industry, these pressures create new challenges

to safeguarding water of the right quality for people. Because agriculture accounts for an estimated 70 per cent of freshwater withdrawals globally,⁶⁹ climate-resilient water systems are essential to both water and food security.

However, few African countries have incorporated climate risk into WASH national plans and only 21 per cent of countries (Burundi, Cabo Verde, Congo, Côte d'Ivoire, Egypt, Ethiopia, Guinea, Liberia, Senegal, Sierra Leone, Somalia and Uganda) have addressed climate risk in both WASH in schools and WASH in health care facilities national plans and strategies.

Forty per cent of countries in Africa have conducted a climate risk assessment to inform their WASH planning. Among those that haven't conducted such an assessment are some of the countries classified following UNICEF analysis as facing extremely high climate risk for children in Angola, Benin, Burkina Faso, Cameroon, Madagascar, Mozambique, Niger, Nigeria and Somalia. However, all African countries that reported to GLAAS in 2024 bar one (Benin) had included WASH in their climate policies or plans: a key step for accountability and the opportunity to blend water and climate finance to close gaps.

⁶⁷ World Bank, "Water for Planet" <www.worldbank.org/ext/en/topic/water/water-for-planet> Accessed 11 March 2026.

⁶⁸ UNICEF Global Child Hazard Database, <<https://data.unicef.org/topic/climate-environment/overview/>>. Accessed 11 May 2026.

⁶⁹ Ibid.

Case study 4:

Leveraging climate finance for resilient water landscapes

In 2024, the Global Environment Facility approved a \$23 million grant to support a landmark project aimed at strengthening climate resilience and food security for vulnerable rural communities in Djibouti.

Spearheaded by the United Nations Development Programme (UNDP) in partnership with Djibouti's Ministry of Environment and Sustainable Development, the Sustainable Management of Water and Rangeland Resources for Enhanced Climate Resilience of Rural Communities in Djibouti project will address the pressing climate challenges facing the Ali-Sabieh, Dikhil, Tadjourah and Obock regions. These areas are highly vulnerable to escalating droughts, floods and extreme temperatures, which threaten the livelihoods of agropastoral communities. In this context, the risk of conflict over resources, rising undernutrition and deepening poverty are real.

By taking an ecosystems approach to land and water management, the project is strengthening both drought and flood preparedness through grey and green infrastructure, building community-level landscape management, water resources management and adaptive capacity. It is also strengthening livelihood value chains to support farmers, herders and others who depend upon water for their income. Early warning systems will further support government, water service providers and communities to undertake water resources planning and disaster preparedness as the climate continues to change.

This innovative programme that addresses the broader water and human ecosystem is also an important case study for how it helps Djibouti meet its own climate adaptation commitments by leveraging climate finance for sustainable water.



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CHAPTER 5



POLICY AND ADVOCACY ROADMAP

Box 11: Call to action for Africa's children

Increase active, visible and accountable political leadership on WASH to ensure government-led, locally-owned water, sanitation and hygiene solutions are prioritized, funded and held accountable for equitable, affordable and high-quality services. This includes integrating WASH into national and intergovernmental climate change initiatives, such as National Adaptation Plans; strengthening coordination with the health and education systems; and improving enforcement of regulations and standards.

Accelerate progress and increase financing, including through domestic resource mobilization, to reach large numbers of people in Angola, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Madagascar, Nigeria, Sudan, Uganda and the United Republic of Tanzania, where the largest numbers of people lack basic drinking water, basic sanitation and/or basic hygiene. A clear strategy with domestic financing shows commitment and builds the confidence of third party investors, bringing grants and/or repayable finance to the sector.

Target triple threat countries where African children are most vulnerable for peer support on systems strengthening, finance and technical capacity to increase climate- and conflict-resilient WASH. Exert national government leadership that focuses humanitarian, peacebuilding and development actors on sustainable solutions in Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Mali, Niger, Nigeria and Somalia.

Leverage peer leadership on national WASH policies and WASH financing plans to support other countries to strengthen their governance, efforts to extend equitable services and move people up the service ladders and mobilize, plan and target financing. Peer support is especially needed in Central Africa, where progress is slowest overall.

Prioritize investments and initiatives that reduce inequalities. This includes budgeting to reach those most at risk of being left behind at the sub-national level; tracking financing needs and gaps to reach marginalized groups; and prioritizing under-employed groups in capacity strengthening, WASH human resources and market development initiatives.

Strengthen national systems for collecting, analysing and reporting WASH data to better understand the needs of African children. Improve the availability and quality of data for decision-making on sub-national access and sub-national inequalities, menstrual hygiene, water quality, governance, use of finance and WASH in schools and health care facilities. Improve geographic and gender disaggregation, through improved household surveys, capacity support, domestic resource mobilization and increased coordination among and collaboration with external support providers and monitoring bodies.

Since the start of the SDG period, Africa has made strong and steady progress towards eliminating open defecation and achieving universal access to basic drinking water, sanitation and hygiene services. While universal access to safely managed water and sanitation services by 2030 is increasingly out of reach, it is still possible to achieve these higher levels of service under the Africa Water Vision 2063. To do so requires acceleration of ongoing efforts to extend basic services to all Africans, including a renewed push to reduce inequalities in both stable and fragile contexts and increased focus on raising service levels and building WASH system resilience to climate change, conflict and emergencies.

Increased political action to support the realization of the human rights to safe drinking

water and sanitation is a prerequisite for improving the health, welfare and economic productivity of current and future generations of African children. There are many opportunities for African policy and advocacy to accelerate change. These include:

- peer learning among African countries;
- new partnership modalities that integrate WASH with health, education, food security and agriculture, gender equality, climate change and other SDG areas;
- increased coordination across sector ministries and their plans and budgets; and
- enhanced cooperation and joint planning among sustainable development and humanitarian actors.

Policy recommendations

While all action areas of the Africa Water Vision 2063 and Policy are important, this report focuses on those assessed to be most important for driving change for children. Recommendations are focused on:

- (1) planning, governance and monitoring;
- (2) budgeting and financing;
- (3) targeting and equity;
- (4) regulation;
- (5) decentralization; and
- (6) strengthening capacity.

They are sorted by short-, medium- and long-term actions that will build collectively toward the Africa Water Vision. Relevant Visions are

identified alongside key recommendations to aid in mapping progress. Some recommendations build on progress African countries are already making, while longer-term priorities may require new initiatives, partnerships or financing that takes more time to build.

Although limited by the timeframe of available information, recommendations are informed by data and trends across the sub-sectors of WASH. In many cases, they depend on wider changes in the enabling environment including integrated water resources management to protect water at the source for multiple uses, such as children's safe drinking water, sanitation and hygiene.

Table 2: Recommendations

	Short-Term (2026-2027)	Medium-Term (2028-2030)	Long-Term (2031-2040)
Planning, Governance and Monitoring	• Heads of state, line ministers responsible for WASH and health and ministers of finance should prioritize the elimination of open defecation and improved faecal sludge management and ensuring that all Africans have access to at least basic drinking water, sanitation and hygiene services at home, to better protect children from ill health, undernutrition, developmental delays and preventable mortality. (Vision 1) • Line ministers responsible for water, sanitation, women and children, health and education should increase use of needs assessments to inform national plans and strategies, which directly inform children's access to WASH. These should include: - o Equity assessments for national and sub-national WASH plans and strategies. (Vision 1) - o WASH and menstrual health needs assessments for school and health system plans and strategies. (Vision 1) • Heads of State should integrate WASH planning across line ministries responsible for water, health, education and women and children, including through political action to join up multi-sector stakeholders and job functions. (Vision 4)	• Heads of state, line ministers responsible for water, sanitation, education and health and ministers of finance should prioritize universal access to basic WASH services in schools and health care facilities to support children's health, education and protection outcomes. (Vision 1) • Ministers of finance and line ministers responsible for WASH, women and children, youth and rural development should create transparent accountability mechanisms and budgeting for the participation of women and youth in water governance and service delivery, particularly those in the most geographically hard-to-reach areas. (Vision 6) • Heads of state should designate an institution or government entity to be responsible for community participation in WASH. (Vision 6) • Line ministries responsible for water and sanitation in countries with high levels of women's participation in WASH should provide peer support in Southern Africa, where reported participation of women in water resources management is lowest. This will increase safe and dignified WASH access, address sector human resources gaps, help realize Africa's vision of maximizing human capital and increase income that can translate to improvements in children's lives. • WASH line ministries and sub-national WASH authorities should increase use of climate risk assessments for WASH planning for communities and institutions, particularly in small island developing states and in Angola, Benin, Burkina Faso, Cameroon, Madagascar, Mozambique, Niger, Nigeria and Somalia, which have a high Children Climate Risk Index ranking. (Vision 3)	• Heads of state, line ministers responsible for water and sanitation and ministers of finance should prioritize progressive achievement of universal access to safely managed water and sanitation services. (Vision 1) • Line ministers responsible for water, natural resources, the environment and disaster response should continue efforts to achieve universal access to multi-hazard early warning systems, as called for by the UN Secretary-General and enhance disaster risk reduction initiatives to minimize the exposure of children to natural hazards and subsequent health and safety impacts. (Vision 5) • Heads of state and line ministers responsible for water, natural resources and the environment, climate change and conflict prevention and response should integrate conflict mitigation and resolution and peacebuilding actors into water resources and transboundary water mechanisms in triple threat countries and in other fragile and conflicted affected states and where the impacts of climate change have the greatest risk of creating conflict over natural resources. (Vision 1) • Heads of state should incentivize joint planning among water basin, WASH, education, agriculture and health authorities to build climate-resilience through improved information sharing, resource allocation and contingency planning. (Vision 6) • National monitoring bodies and line ministries responsible for WASH, rural development, education and health should strengthen monitoring of rural WASH and WASH in schools and increase funding and capacity in rural areas to accelerate basic access in regions especially vulnerable to the impacts of climate change (Vision 6)

	Short-Term (2026-2027)	Medium-Term (2028-2030)	Long-Term (2031-2040)
Budgeting and Financing	- Ministers of finance and line ministers responsible for WASH should develop WASH accounts at national and sub-national levels, develop and use hygiene finance plans and create accountability for improving WASH budget execution and efficiency at all levels. (Vision 8) - Ministries responsible for WASH and relevant sub-national authorities should accelerate investments in solar energy and other climate-adaptive tools to facilitate water pumping and faecal sludge collection and treatment, increasing the likelihood that children will have access to uninterrupted, resilient WASH services. (Vision 6)	- Ministries of finance, line ministries responsible for rural development and water, including water quality testing and treatment, and water service providers should dedicate water finance to the specific issues that stand most in the way of achieving universal access to safe drinking water for children and their communities: access to both basic and safe drinking water in rural Central, East and Southern Africa; water quality in rural and urban West Africa; and infrastructure maintenance, repairs and technologies to decrease water interruptions in rural and urban North Africa. (Vision 1) - Ministers of finance should prioritize development and use of sanitation financing plans, which are less common than water financing plans, to enhance ability to reach all children. (Vision 1)	Ministries of commerce, trade and/or industry should, where needed, work closely with ministries responsible for WASH to strengthen or reform markets, distribution networks and tariff and import policies to enable equitable access to innovative water, sanitation and menstrual hygiene products and digital technologies that increase the climate resilience and efficiency of water and sanitation services, thereby increasing sustainable access in communities and institutions that reach children. (Vision 7)

	Short-Term (2026-2027)	Medium-Term (2028-2030)	Long-Term (2031-2040)
Targeting & Equity	- Ministers of finance, national monitoring bodies and line ministries responsible for WASH, education, health and rural development should include accountable equity measures to prioritize unserved areas and populations in WASH policies, budgets and monitoring initiatives to close children's access gaps. (Vision 1) - Ministries responsible for WASH and national regulatory and standards authorities should develop and enforce minimum construction, operational and workplace standards and performance incentives that integrate protection, gender-based violence risk mitigation and menstrual health and hygiene to increase safety among women and youth and improve effective, equitable and sustained WASH outcomes for all children. (Vision 1, Aspiration 6)	Relevant line ministries should establish peer support and learning opportunities from across the water, sanitation, peacebuilding, human rights and climate change communities for the ten triple threat countries to enable them to increase their ability to protect highly vulnerable children while continuing to improve their access to WASH. (Vision 1)	Heads of state and national parliaments should ensure that laws, policies, regulations and institutional practices protect access to financial products for women and other marginalized groups to enable them pay water tariffs and upgrade household infrastructure. This will increase the likelihood that households can upgrade their services to a standard that protects the well-being of children. (Vision 1)
Regulation	National regulatory authorities, working with WASH line ministries, should ensure regulations are in place and enforced to protect water quality and prevent water pollution, reducing children's exposure to unsafe water. (Visions 5 and 6)	National regulatory authorities, working with local private sector and civil society stakeholders, should adopt and enforce standards and regulations to protect the quality of menstrual hygiene materials and safeguard their affordability and accessibility, protecting adolescent girls and women. (Vision 1, Aspiration 6)	Where needed, national regulatory authorities, working with WASH, education and health line ministries, should strengthen regulations and standards to ensure high-quality technology and innovative tools are being deployed across WASH, health and education systems. (Vision 7)

	Short-Term (2026-2027)	Medium-Term (2028-2030)	Long-Term (2031-2040)
Decentralization	WASH, education and health line ministries should budget for and execute decentralized planning, monitoring and operational, technical and fiscal capacity across WASH systems, to enable more equitable service access for children and families. (Vision 1)	Parliaments, heads of state, national regulatory authorities, line ministers responsible for WASH, education, health, natural resources and the environment and national monitoring bodies should ensure that laws, policies, strategies and budgets empower sub-national entities to provide WASH services, regulate WASH products, monitor services, facilitate community participation and mutual accountability and coordinate with basin authorities and health and education systems. (Vision 6)	Water ministries and relevant national technical bodies should expand and decentralize water quality testing laboratory capacity to better safeguard children from drinking unsafe water, with support from ministries of finance. (Vision 1)
Strengthening Capacity and Human Resources	Ministries responsible for WASH, in conjunction with national workforce development authorities, should undertake a sector capacity mapping and/or human resources needs assessment to identify current priority gaps or urgent capacity efforts that prevent children from accessing WASH services. (Vision 7)	National authorities responsible for workforce/human capital development, in collaboration with ministries of education and WASH line ministries should, in support of the AMCOW Human Capacity Development Programme, target women, youth and other under-employed groups for support with formal, vocational and technical training to enable them to enter the WASH workforce and improve their skills, with emphasis on young women. These initiatives should be backed by ministries of finance. (Vision 7)	- National authorities responsible for workforce/human capital development, in collaboration with ministries of education and WASH line ministries should implement a holistic, systemic approach to incentivize a skills transformation across Africa that can support long-term sustainable access to WASH in stable and fragile contexts and withstand the impacts of climate change. (Vision 7) - Ministries of education should expand successful WASH curricula used by universities and vocational institutes across East, Southern and West Africa to other regions, countries and institutions, to build a pipeline of young WASH professionals. (Vision 7)

ANNEX: GLAAS INDICATORS

The following indicators are referenced throughout this report. Additional information is available at <https://glaas.who.int/glaas/data>.

Indicator Code	Indicator Definition
EQ03	Progress in extending and sustaining services tracked for vulnerable group
EQ05	Financial schemes to make access more affordable
EQ07	Affordability of services is monitored
FIN01	Status of WASH financial plan
FIN06	Financing plan includes measures to target resources to reduce inequities
FIN12	Sufficiency of funding to reach national target(s)
HRS07	Sufficiency of human resources for surveillance activities by regulators
HRS19	Extent of constraints due to limited financial resources for staff
HRS24	Sufficiency of human resources overall
HRS62	Percentage of WASH graduates/trainees that are women
PLN05	Sufficiency of human resources to implement plan
POL03	Policy or plan addresses safely managed drinking-water supply
POL03A	Policy or plan addresses safely managed sanitation services
POL32B	Climate policy/plan addresses WASH
POL10B	Policy or plan addresses faecal sludge management
POL12	Policy or plan addresses climate risk
POL12B	Policy or plan addresses climate resiliency
POL12D	Climate risk assessment performed for WASH planning
POL18C	Policy or plan addresses hand hygiene facilities
POL18D	Policy or plan addresses hand hygiene behaviour change activities
POL19	Policy or plan addresses safe menstrual hygiene management
PRT02	Law / policy specifically mentions women's participation
PRT04	Extent to which women participate
STD12	WHO Guidelines on Sanitation and Health used for national planning



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