

EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT

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RESULTS FOR CHILDREN

OVERVIEW

EVERY CHILD SURVIVES AND THRIVES - HEALTH EVERY CHILD SURVIVES AND THRIVES - NUTRITION EVERY CHILD LEARNS EVERY CHILD IS PROTECTED FROM VIOLENCE AND

EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION

EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT

PROGRAMME EFFECTIVENESS
ADOLESCENTS
EARLY CHILDHOOD DEVELOPMENT

OVERVIEW

UNICEF's global water, sanitation and hygiene (WASH) strategy for the years 2016-2030 focuses on supporting governments to ensure that every child has access to a basic level of WASH services. It also aims to address gender and other inequalities as well as quality issues. This stems from the direct implication in the Convention on the Rights of the Child (CRC) that such services are an essential part of girls' and boys' survival, both in development and humanitarian contexts.

The global Sustainable Development Goals (SDGs) presents an opportunity for the Government of Pakistan to translate its commitment on WASH under the "Vision 2025" document, and ensure adequate and equitable access to safe water, sanitation, and good hygiene for everyone — with a focus on the poorest, most vulnerable women and girls, including female-headed households and people living with disabilities. SDG 6 'raises the bar' in service norms by calling for adequate and equitable access to WASH services for all, including the most vulnerable and the poorest of the poor.





By including targets related to availability, accessibility, acceptability, quality and affordability, SDG 6 defines an entitlement to safely managed drinking water and safely managed sanitation services.

SDG 6 gives new impetus to the government's development blueprint that envisions a Pakistan 90 per cent free of open defecation by 2025. It also links to the government's countrywide "Clean and Green Pakistan" campaign. Launched in the last quarter of 2018, this aims to tackle the challenges of rising pollution and global warming, including by ensuring cleanliness of the environment, replanting trees and changing public mindset and behaviours.

In December 2018, Pakistan's National Assembly passed a resolution in which it recognized the rights of every child as well as mothers.³ It recognized "the human right to safe drinking water and sanitation for all children and their mothers, citizens of Pakistan, especially women and girls who suffer great indignity."

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Clean water, basic toilets and good hygiene practices are essential for the survival and development of children. Without these basic needs, the lives of millions of children are at risk. For children under five, water- and sanitation-related diseases are one of the leading causes of death. Every day, over 800 children die worldwide from preventable diseases caused by poor water and a lack of sanitation and hygiene.

UNICEF

GLOBAL TARGET **SDG 6:** Goal 6 of the Sustainable Development Goals aims to ensure availability and sustainable management of water and sanitation for all.

UNICEF PAKISTAN TARGET

By 2022, more people in Pakistan, including women, children and the most deprived, stop practicing open defecation and have access to and use safely managed water and sanitation services in rural and deprived urban areas.

Pakistan has made steady progress toward national-level access to improved water (91 per cent) and sanitation (64 per cent) and met the Millennium Development Goals' WASH targets by 2015. But only half of people living in rural areas have access to improved sanitation, compared to 83 per cent of people living in urban areas.

"Vision 2025", Ministry of Planning Development and Reforms, Pakistan



HOW UNICEF WILL HELP ACHIEVE RESULTS

THEORY OF CHANGE

If national and provincial government mechanisms are strengthened to legislate, plan, coordinate and budget for gender-responsive, safely managed water and sanitation facilities in development and humanitarian situations...

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If duty bearers have the capacity and systems to deliver equitable, gender-responsive, and safely managed water and sanitation services — including in schools, early childhood development centres (ECDCs) and health care facilities (HCFs)...

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If children, families and communities — including in schools, ECDCs & HCF — are supported to promote positive WASH practices including adopting social norms and demand for WASH services

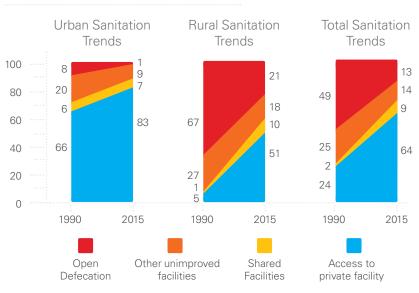
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...Then millions more people, including women, children and the most deprived groups, are more likely to stop practicing open defecation and use safe drinking water, as the government increasingly provides safely managed water and sanitation services to all.

DATA PROFILE

Improvements in sanitation coverage

Coverage percentage



Source: UNICEF -WHO Joint Monitoring Report 2015.

Sanitation

- 25 million Pakistanis lack access to toilets and practice open defecation.
- Around 50 million Pakistanis one quarter of the population lack access to improved sanitation facilities.
- An estimated 53,000 Pakistani children die because of diarrhoea every year.

6

Drinking water

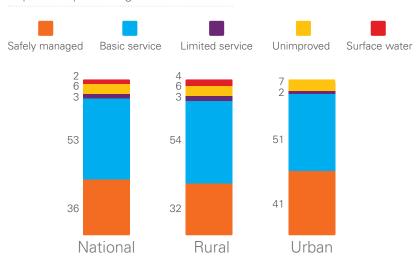
- Two-thirds of households drink bacterially contaminated water.
- Only 8 per cent of households are said to follow appropriate water treatment methods.
- Only 50 million Pakistanis have access to piped water; this means that three-quarters of the population do not.

WASH in schools and in healthcare centres

- Millions of Pakistanis lack access to WASH facilities in health care centres.
- Nearly half of primary schools and one-third of middle and secondary schools do not offer access to safe water, undermining children's right to education and healthcare.
- Nearly half of boys' schools and 37 per cent of girls' schools at the primary level lack functional latrines and sanitation facilities.

Status of drinking water in Pakistan

Population percentage



Source: WHO and UNICEF. Joint Monitoring Programme Report (JMP) for Water and Sanitation Report 2015.

ACCELERATING CHANGE IN PAKISTAN

Pakistan Approach to Sanitation

The ground-breaking Pakistan Approach to Sanitation (PATS), the government's approach to enhance demand for sanitation and achieve an open-defecation-free environment that was developed and implemented with UNICEF support, has reached nearly 10 million people via civil society organizations and provincial departments with WASH interventions. This resulted in nearly 10 million people (half of them female) gaining access to safe drinking water through water quality improvement and monitoring systems; two million more people (half of them female) living in open-defecation-free communities; and half-a-million people gaining access to basic sanitation. With PATS now a mature approach, UNICEF has started a reinforcement approach to prevent slippage in communities previously declared free of open defecation. This will reach nearly three million people with targeted communication to ensure that children remain protected from poor sanitation. Meanwhile, the South-South dialogue at the seventh South Asian Conference on Sanitation (SACOSAN) in Islamabad resulted in a renewed commitment to SDG 6 targets.



Urban WASH programming

Recognizing that an increasing proportion of Pakistani children live in cities, particularly under-served urban informal settlements. UNICEF has started focusing on urban WASH programming including onthe-ground initiatives and upstream work. A collaboration with the Karachi Water Sewerage Board for water treatment in target localities and small-scale water safety planning brought safe drinking water to 200.000 under-served people. In Hyderabad, UNICEF support. including hardware procurement, improved water quality for the city's 2.8 million inhabitants. These gains will be consolidated under the new country programme through water safety planning and improved capacity for sustainability. Groundwork for urban WASH support in Khyber Pakhtunkhwa included engaging with Water and Sanitation Services Peshawar and the University of Engineering and Technology to improve water quality surveillance through routine water testing, publication of water quality data for the 2 million residents of the provincial capital, and the development of a mobile-based urban survey to be piloted in 2019.

"No chutti" and menstrual hygiene management

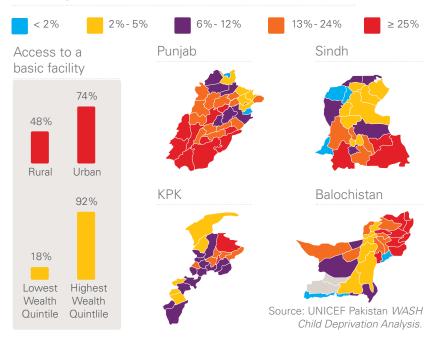
Pakistani girls have very limited knowledge on menstruation and related hygiene practices, in part linked to the fact that teachers are often reluctant to discuss the subject, leaving mothers and elder sisters as the primary source of information for girls. In 2018, UNICEF launched the No Chutti ("No Break") campaign to normalize menstruation and help refute myths around physical and dietary restrictions. A two-month social media campaign reached more than one million young people. Simultaneously, UNICEF supports dignified menstrual hygiene management in schools, which has been shown to improve girls' school attendance and retention. This was achieved under the WASH in Schools framework developed with government counterparts, creating a model that the government of Punjab has committed to applying in its 54,000 schools.

EQUITY

Access to safe drinking water and the elimination of open defecation are inherently gendered goals. Hauling the water their families need takes a large share of women's time. For girls, this is a domestic chore that interferes with school attendance. Likewise, women and girls are disproportionately affected by a lack of sanitation services — those who lack toilets at home suffer indignity, harassment, and risk sexual assault as they seek privacy to relieve themselves. Those who do not have access to proper sanitation facilities at school risk missed school time, declining learning achievements, and lack of dignity in relation to menstrual hygiene.

Huge disparities exist in access to sanitation services

Percentage of open defecation/no toilet



11

CHALLENGES

Enabling environment

There is a lack of accountability on provision of safe water and clean sanitation, implying a need to empower women and men within communities to demand improved water and sanitation services for themselves. Provincial governments' capacity to scale up WASH services is hindered by a lack of comprehensive and gender-responsive frameworks for rural sanitation, especially regarding open defecation and hygienic latrines in the provinces. The provinces of Punjab and Khyber Pakhtunkhwa — including the newly merged districts of the former Federally Administered Tribal Areas — have approved provincial drinking water policies, while Balochistan and Sindh have draft policies. However, the absence of proper implementation structures impedes adequate operation and maintenance of water supply schemes as well as effective mechanisms to increase community participation. Politically driven budget allocations, coupled with a dearth of SDGrelated data and planning tools, means that budgeting is top down and excludes stakeholder consultations.

Supply — Availability of essential commodities and services

Regular power outages limit the efficiency of water supply schemes in rural and urban areas. The increasing cost of electricity means that people living in rural areas are unable to afford access to the water supply, while access to basic sanitation facilities remains a challenge. The lack of trained WASH professionals within provincial governments hampers the government's capacity to adequately provide WASH services.

Knowledge and demand for services

Huge disparities exist in terms of sanitation coverage between urban and rural areas. The disempowerment of rights holders, including women and children, impedes their ability to demand accountability



from WASH service providers. This underscores the need for the promotion of social and behaviour change initiatives that engage, motivate and empower communities and networks to support long-term sustainable social change for water and sanitation practices. This includes proper menstrual hygiene management and handwashing with soap at critical times.

Quality

Although 87 per cent of the population has access to improved water sources, only 26 per cent of them have access to a piped water supply, which is assumed to have appropriate water treatment before being dispensed to the houses through pipes. The quality standards for sanitation are not well defined, which creates an opportunity for community-led initiatives to include quality standards linked with improved sanitation as an integral component of a gender-responsive programme delivery.

The poor quality and inadequate level of WASH services represents a standing challenge in schools, health centres and early childhood development centres. Ministry of Education data indicate that only half of primary schools have WASH services (56 per cent), with a similar situation found in health facilities. Moreover, if poor operation and maintenance practices of WASH services in these institutions are factored in, the situation is even worse. In schools, this has a detrimental impact on girls' menstrual hygiene management. Formative research in the Balochistan and Punjab provinces provides strong evidence on the challenges girls go through in managing menstruation.

LOOKING FORWARD

The aim of UNICEF Pakistan's WASH programme is that, by 2022, more people in Pakistan, including women and children and the most-deprived, stop practicing open defecation and can access and use safely managed water and sanitation services. UNICEF is focusing on (1) eradicating open defecation by improving access to basic sanitation; (2) increasing access to safe water, with special attention to improved drinking water quality; and (3) improving WASH services in institutions. The programme will also address WASH in emergencies as well as in disaster risk reduction. UNICEF will continue to work in partnership with relevant provincial government departments, other United Nations agencies, and civil society to ensure sustainability.

Eradication of open defecation/access to basic sanitation:

UNICEF is continuing to strengthen the enabling environment to replicate and scale up the Pakistan Approach to Total Sanitation. We are supporting improved equity in access to sanitation and the eradication of open defecation through strengthening government planning and systems. We are directly engaging with women, men and children in communities where appropriate — including to address sustainability challenges such as the reverting of communities to open defecation. This includes increased work in urban informal settlements. Children, families and communities are being empowered to adopt and sustain positive social norms. Hygiene promotion — including hand washing with soap at critical times — remains an integral part of the open defecation eradication drive.

WASH service delivery in institutions:

WASH in institutions is a priority, contributing directly to UNICEF Pakistan's priorities in Health and Education. UNICEF is increasing upstream engagement (evidence co-production, advocacy and resource leveraging of government and partners including the private sector, civil society organisations and provincial governments) to lead large-scale implementation by building institutional capacity and sector reform. Building upon evidence and lessons from the Pakistan

Approach to Total Sanitation, key strategies include mainstreaming equity, gender and disabilities. UNICEF is advocating for WASH facilities that ensure that adolescent girls can manage menstruation with dignity.

Disaster Risk Reduction (DRR):

WASH services are critical life-saving humanitarian interventions. The preparedness for potential risks through gender-responsive WASH service delivery (e.g. raised infrastructure, hand pumps and latrines in flood-prone areas) will continue to be mainstreamed as part of risk-informed WASH programming, aiming to build the resilience of communities exposed to various hazards.



Supply of improved quality of water:

The focus is on helping improve the quality of water supplied and on reaching populations without any form of drinking water (9 per cent of the population). Support in this area includes working within sector planning frameworks and will include increased engagement in urban areas with private sector service providers including private water vendors, technicians and skilled professionals providing water services directly to communities. Convergent activities with education, nutrition and health to reach the most in need are optimising synergies.

Social policy:

As part of the strategy to ensure that disadvantaged children access WASH services, work on social policy includes a detailed analysis of public WASH spending for children, which will be measured by reviewing the functional classification of budgets promoted by the World Bank in several provinces. The review will identify the budget items that directly or indirectly relate to children's access to safely managed water and sanitation services. This analysis will provide UNICEF Pakistan with evidence on the per capita investment on the right of children to adequate WASH services and will allow UNICEF to advocate with provincial and federal governments on the importance of increasing public finance for children.



RESEARCH, KNOWLEDGE, EVALUATION

- Hygiene kit feedback in rural Pakistan using the RapidPro SMS system
- UNICEF Pakistan, 2016: https://community.rapidpro.io/stories/evaluation-washkits-and-distribution-rural-punjab-using-rapidpro/
- Willingness to Pay for WASH Contingent Valuation Method Study in Jacobabad
- UN Habitat and UNICEF: www.unicef.org/pakistan/Final_Report_ WillingessToPayForWASHInJacobabad.pdf
- Establishing a Baseline of school safety practices using RapidPro real-time SMS technology in Khyber Pakhtunkhwa Education Section UNICEF Pakistan Country Office: www.unicef. org/pakistan/Report_Baseline_Schools_vFinal.pdf
- Drinking Water, Sanitation and Hygiene in Schools: Global baseline report 2018
- UNICEF: www.unicef.org/publications/index_102969.html



REAL LIVES, REAL CHANGE

An estimated 25 million people defecate in the open in Pakistan, a practice that is culturally entrenched in many rural areas, where only half of the people have access to adequate sanitation facilities.

Such is the case in Killa Saifulla, a district of some 300,000 people, located in the Balochistan province. One year ago, half of its population did not have access to a toilet, which meant people had to go outside the village to do their business. Even when people did have a toilet, they did not always use it, sometimes keeping it for guests. Open defecation was widely practiced and as a result, water and sanitation-related illnesses were common.

"Children were constantly suffering from diseases like typhoid, diarrhoea, and malaria," remembers Nadia, a 21-year-old villager.

About 110 children die every day from diarrhoea in Pakistan — deaths which could be easily prevented by improving sanitation. This is why UNICEF and partners supported Balochistan's provincial government to end open defecation by working with communities to build and use toilets in a sustainable manner.





Nadia volunteered to join a women's village sanitation committee participating in the project to help educate her peers about the consequences of harmful hygiene practices. She went from house to house, talking to women about the importance of having toilets and how to keep them clean. In the beginning, not everyone was convinced that diseases were related to poor hygiene, but after a few families started building toilets and realized that it did not cost a lot of money, the others followed. All benefited from the positive consequences of safe sanitation, which reduces child illnesses, child deaths and healthcare costs.

UNICEF also supported the creation of water, sanitation and hygiene student clubs in the schools of the district, while building latrines, handwashing and drinking water facilities. This is particularly important for girls, who need better access to proper menstrual hygiene practices.

Such community-based initiatives offer glimmers of hope that children will be spared preventable diseases, and that the Sustainable Development Goal calling on governments to ensure adequate and equitable access to sanitation for everyone, especially the poorest, can be met by 2030.

18

Endnotes

- 1 UNICEF Pakistan. WASH Child Deprivation Analysis.
- 2 National Institute of Population Studies. 2013. *Pakistan Demographic and Health Survey (PDHS) 2012-13*. Government of Pakistan. Islamabad.
- 3 UNICEF –WHO Joint Monitoring Report 2015. http://www.unwater.org/publications/whounicef-joint-monitoring-program-water-supply-sanitation-hygiene-jmp-2017-update-sdg-baselines.
- 4 UNICEF. 2017. Situation Analysis of Children in Pakistan 2017. www.unicef.org/pakistan/UNICEF_Pakistan_-_SitAn_Report_-_2017.pdf.

The maps in this publication are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line between Jammu and Kashmir represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties.



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