

Water, sanitation and hygiene

The case for support



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On 11 March 2015, a girl washes her hands with supplies from a UNICEF-provided handwashing kit, outside the Mangalla school, in the town of Guéckédou, Guéckédou Prefecture, Guinea. Because of the Ebola virus disease (EVD) outbreak, schools across the country remained closed after the conclusion of the July-August 2014 holidays and finally reopened on 19 January 2015. UNICEF and partners have worked to help reduce the risk of EVD transmission. Efforts have included training teachers to implement safety measures.

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1 | Overview of strategies and results



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On 6 January 2012, workers build a UNICEF-funded temporary shelter for people displaced by Tropical Storm Washi, in Tibasag, a community in the city of Cagayan de Oro, Northern Mindanao Region, the Philippines.

There is good evidence that all water, sanitation and hygiene (WASH) investments can have significant health, economic and development benefits and provide excellent value for money. For every \$1 invested in water and sanitation, an average of at least \$4 is returned in increased productivity. Hygiene promotion is the most cost-effective health intervention.

1 Situational analysis/context

Globally, significant progress has been made to increase access to water and sanitation during the Millennium Development Goals (MDG) era. Over the last two decades more than 2 billion people have gained access to improved drinking water and almost 2 billion to sanitation. Indeed, the MDG target for drinking water was achieved five years ahead of schedule. However, 663 million people still lack access to improved drinking water, and questions remain about both the sustainability and safety of drinking water supplies. Of great concern is the fact that some 2.4 billion people do not use improved sanitation facilities, and almost one billion people practice open defecation. Notably, many countries in Africa were unlikely to meet the MDG targets for either water or sanitation.

Significant rural-urban disparities are evident in both sanitation and drinking water coverage. Globally, 51 per cent of the rural population use improved sanitation, compared to 82 per cent of the urban population. Out of the 2.4 billion people without access to improved sanitation, seven out of 10 live in rural areas. For drinking water, there are marked differences in both the level of service available to rural and urban residents as well as the absolute numbers of people without access to improved drinking water. Just 32 per cent of the rural population has access to piped water on premises compared to 79 per cent of the urban population; and eight out of 10 without access to any type of improved drinking water live in rural areas.

Intra-urban inequalities can be of a similar magnitude to the urban-rural divide. Informal settlements often have little recourse to formal water and sanitation services. For example, access to piped water in urban Kenya is nearly 45 per cent, and yet in the informal settlements of Mombasa it is closer to 10 per cent. Similarly, there can be substantial intra-rural disparities in access, with more remote communities lacking access to water and sanitation. Although data is limited, it has been found that in some countries sanitation coverage of rural populations without road access is less than half that of rural areas with road access; a similar picture emerges when data based on ethnic or religious groups is analysed. These disparities are not limited to

developing countries but are also apparent among certain ethnic groups in developed nations.

Inequity is also highly visible when the data is disaggregated into wealth quintiles. An analysis of 35 sub-Saharan African countries reveals that in urban areas more than 90 per cent of the richest quintile use improved sanitation and drinking water and 60 per cent have piped water on premises, whereas for the poorest quintile in rural areas piped water is not available and open defecation is practiced by more than 60 per cent of households.

There is good evidence that all water, sanitation and hygiene (WASH) investments can have significant health, economic and development benefits and provide excellent value for money in all contexts, with the economic value of returns greatly exceeding costs. For every \$1 invested in water and sanitation, an average of at least \$4 is returned in increased productivity.¹ Hygiene promotion is the most cost-effective health intervention.²

While the economic benefits of investing in improved WASH are well established, the cost of inaction is high. For example, a 2012 report published by the World Health Organization (WHO) estimates that poor sanitation and hygiene in many countries translates into a global economic loss of roughly \$260 billion annually. In places such as Afghanistan, the Lao People's Democratic Republic and Sri Lanka, poor sanitation and hygiene cost their economies as much as 6 per cent of gross domestic product (GDP) every year.

2 Problem statement

The WASH-related burden of disease:

Poor WASH conditions are major causes of preventable illness and deaths throughout the developing world and are the leading causes of diarrhoeal deaths of children. Globally,

¹ G. Hutton, *Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage*, World Health Organization, Geneva, 2012, p. 4.

² Sandy Cairncross, and Vivian Valdmanis, 'Water Supply, Sanitation, and Hygiene Promotion', *Disease Control Priorities in Developing Countries*, ch. 41, edited by Dean T. Jamison, et. al., Oxford University Press, Oxford, 2006, pp. 771-792.



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On 28 January 2015, UNICEF staff converse amid buckets and other items that are part of school infection prevention and control (IPC) kits, in a warehouse in Monrovia, Liberia. UNICEF has procured and is packaging and dispatching more than 7,000 IPC kits to over 4,000 schools in the country. The kits also contain buckets with faucets, rubber gloves and rubber boots, thermal guns, chlorine and chlorine sprayers, soap, brooms and other items for schools to implement the strict safety protocols that have been developed for the resumption of classes in the context of the Ebola outbreak.

64.2 million disability-adjusted life years (DALYs³) are attributed to unsafe water, poor sanitation and hygiene practices,⁴ of which 52.5 million (82 per cent) are in low-income countries. The burden of disease falls heavily on children, with children under 5 accounting for 88 per cent of the DALYs in low-income countries (over 46 million DALYs). Regionally, the burden of disease due to unsafe water and poor sanitation falls heavily on sub-Saharan Africa (46 per cent of global DALYs) and South Asia (34 per cent of total DALYs). The burden of disease falls heavily on children; diarrhoea is the second biggest killer of children under 5 worldwide.⁵ Each episode of diarrhoea in children contributes to malnutrition, reduced resistance to infections and

when prolonged, to impaired physical and cognitive growth and development as well as school readiness and performance.

WASH and stunting: A recent Cochrane review found some evidence of a small but significant effect on stunting of certain WASH interventions.⁶ Environmental enteric dysfunction (EED) is a syndrome of inflammation, reduced absorptive capacity and reduced barrier function in the small intestine.⁷ EED is associated with stunting and underweight as well as the increased risk of serious infection seen in children with undernutrition. It is also implicated in the poor response to oral vaccines.^{8,9} There is emerging evidence that WASH

³ DALY is a measure of overall disease burden, expressed as the number of years lost due to ill health, disability or early death.

⁴ A. Prüss-Üstün, R. Bos, F. Gore, and J. Bartram, *Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health*, Geneva: World Health Organization, Geneva, 2008, cited in Department for International Development Evidence Literature Review, 2011–2012.

⁵ "Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000", *The Lancet*, vol. 379, no. 9832, 11 May 2012, available at <[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60560-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60560-1/abstract)>, accessed 10 December 2015.

⁶ A.D. Dangour, L. Watson, O. Cumming, et al., "Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children", *Cochrane Database Systematic Review*, vol. 8: CD009382, 1 August 2013.

⁷ R.J. Crane, K.D. Jones, and James A. Berkley, "Environmental enteric dysfunction: An overview", *Food and Nutrition Bulletin*, vol. 36, no. 1 supplement, 2015, pp. S76–87.

⁸ *Ibid.*

⁹ Ali Faisal Saleema, et al., "Immunogenicity of poliovirus vaccines in chronically malnourished infants: A randomized controlled trial in Pakistan," *Vaccine*, vol. 33, no. 24, 4 June 2015, pp. 2757–2763.

Poor water, sanitation and hygiene are major causes of preventable illness and deaths throughout the developing world and are the leading causes of diarrhoeal deaths of children.

improvements can reduce the incidence of EED.¹⁰ There is a significant impact of sanitation on stunting.¹¹

Lack of access to safe water and basic sanitation undermines efforts to reach other MDGs. Three-quarters of the world's population without sanitation live in 11 countries.¹² In terms of proportion of population affected, sub-Saharan Africa and South Asia lag far behind the rest of the world, with many countries in those regions having over 50 per cent of their populations without access to improved sanitation, and the highest proportions of people practising open defecation (41 per cent in South Asia, 25 per cent in sub-Saharan Africa). These data demonstrate the need for targeted sanitation interventions in both sub-Saharan Africa and South Asia in order to address the current lack of progress.

Two-thirds of the world population without access to safe water reside in 10 countries. In terms of the proportion of population served, sub-Saharan Africa, with Oceania, lags behind other regions. Sub-Saharan Africa contains the majority of countries considered off track to meet the MDG target.

WASH, poverty and inequality:

- Poor sanitation and high-risk hygiene behaviours confine the poor in a vicious cycle of poor health, environmental degradation, malnutrition, reduced productivity and loss of incomes. For women and adolescent girls, the lack of privacy and dignity has deleterious impacts on health and safety, self-esteem,

education and well-being. Even with progress being made to reach the MDGs, the poorest and the most marginalized and vulnerable are being excluded.

- The greatest inequities can be seen in off-track countries where urban-rural disparities are greatest. For both water and sanitation services, there are pronounced inequalities within many countries, with the people in the lowest wealth quintiles typically achieving far less and making far slower progress.
- People in rural areas are five times more likely to be without clean drinking water and more than twice as likely to have no access to adequate sanitation as those in urban areas. Less than half the rural population in developing countries have access to improved sanitation, while over one fifth lack access to an improved source of drinking water. However, it is clear that rapidly increasing urban populations are placing greater strain on existing facilities and that the urban poor are a very underserved group. While a rural focus may be justified in WASH programmes, the burgeoning needs of the urban poor also require attention.
- Women and girls are affected disproportionately by lack of access to clean water and basic sanitation and as a consequence spend a great deal of time each day queueing for public toilets or seeking secluded spots to defecate, putting them at risk for sexual and other violence. Women are twice as likely as men to fetch water: time that cannot be spent on more productive economic or social uses. A World Bank study in four countries demonstrated that school attendance for girls increased significantly for every hour reduction in water collection. In Nepal, one study suggested that attendance improved by over 30 per cent.

¹⁰ 'Polio Vaccine Fails in India Due to Polluted Drinking Water', *The Refusers*, 13 June 2013, available at <<http://therefusers.com/refusers-newsroom/polio-vaccine-fails-in-india-due-to-polluted-drinking-water/#.Voqo8Xllg5v>>, accessed 10 December 2015.

¹¹ Jeffrey S. Hammer, and Dean Spears, 'Village Sanitation and Children's Human Capital: Evidence from a Randomized Experiment by the Maharashtra Government', Policy Research working paper, no. 6580, World Bank, Washington, D.C., 1 August 2013.

¹² United Nations Children's Fund and World Health Organization Joint Monitoring Programme, *Progress on Drinking Water and Sanitation*, 2012, p. 19.

Improvement in hygiene is important, but progress is slow: The adoption of good hygiene behaviours, particularly hand washing, has been shown to have a major impact on health, particularly by reducing diarrhoeal disease. The evidence for such impact is stronger than for water supply and sanitation and is also identified as the most cost-effective health intervention at \$3.35/DALY.¹³ Hand washing also helps reduce acute respiratory infections (ARI), although the evidence is less strong.

WASH in schools is still under-prioritized in many low-income countries despite its acknowledged benefits: As of 2015, UNICEF found that globally 69 per cent and 66 per cent of schools have access to adequate water and sanitation, respectively. The issue is more serious in least developed countries with 51 per cent coverage in schools for water and only 47 per cent for sanitation. Globally there has been a 6 per cent increase for both sanitation and water coverage in schools between 2008 and 2013.¹⁴ However, in some cases, WASH facilities may have been built in the first place (when the school was constructed or later on) but not been adequately maintained. Given the need for progress in this area, a lot of further investment will be needed specifically targeting the improvement of WASH facilities in schools.

The increasingly complex and frequent humanitarian crises around the world are not only impacting the gains that have been made, but also exacerbating the problems. Climate change affects sustainability of WASH outcomes worldwide, with water stress and scarcity occurring due to changes in precipitation patterns, coupled with increasing demand due to population growth. There will be continued support required for countries' efforts in diseases prevention, emergency preparedness, WASH sustainability and adaptation strategies such as rainwater harvesting.

This will require increasing the capacity of UNICEF so that staff in the field have the appropriate skills and capacity to meet the commitments related to the WASH Core Commitments for Children (CCC) to deploy fully-trained personnel in emergencies and to assist governments in emergency preparedness planning.

3 Proposed solutions

WASH is an essential foundation for the protection of public health and a life-saving intervention in humanitarian crises. Evidence shows that the sustained utilization of safe drinking water and hygienic latrines together with habitual hand washing with water and soap (at critical times) is effective at reducing WASH-associated mortality and morbidity. WASH interventions make a significant contribution to reducing preventable child deaths, addressing undernutrition, helping girls and boys achieve their right to education, reducing the burden – particularly on women and girls – of fetching water and ensuring their dignity.

While investment in drinking water supplies alone provides benefits in terms of time saved and improved health, investing in a combination of WASH interventions provides the greatest health benefits.

More specifically, sector interventions are based on:

- Access to a safe drinking water source located on premises, available when needed and free of faecal (and priority chemical) contamination. Bringing a safe water supply close to households is essential to prevent WASH-related diseases and facilitate hygiene by providing more water for a variety of purposes. It also addresses the gender inequity of the burden of water collection borne by women.
- Access to sanitation, namely the provision of facilities and services for safe management and disposal of human urine and faeces. 'Safely managed sanitation services' means using an improved sanitation facility,¹⁵ which is not shared with other households and where excreta is safely disposed in situ or treated off-site. Increasing access to safely managed sanitation services requires scaling up and behaviour change, together with supply-side interventions that work at scale.

¹³ DT Jamison, et al., *Disease Control Priorities in Developing Countries*, pp. 771-792.

¹⁴ United Nations Children's Fund, 'Advancing WASH in Schools Monitoring', UNICEF, New York, February 2014.

¹⁵ Flush or pour flush toilets to sewer systems, septic tanks or pit latrines, ventilated improved pit latrines, pit latrines with a slab and composting toilets.



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On 12 February 2014, a girl drinks water from a water stand in a Child Friendly School called Zahra Basic School, in Moosa village, on the outskirts of the city of Kasala in Eastern Sudan. UNICEF supports this school with technical and financial assistance for construction, water and sanitation facilities, furniture, education supplies, textbooks and teacher training.

- Hand washing with soap is one of the most cost-effective ways of reducing the global infectious disease burden, including diarrhoeal disease and respiratory infections, and is a focus of many public health campaigns. Washing hands with soap can reduce the risk of diarrhoea by 50 per cent¹⁶ and ARI by around 20 per cent, thereby addressing two major causes of death among children under 5.
- WASH facilities/practices in schools can contribute to the control of diarrhoea, helminths and trachoma; it may encourage school attendance, especially of girls, and help children to learn more effectively. Schoolchildren can learn

and practise life-long positive hygiene behaviours. WASH in schools is still under-prioritized in many low-income countries despite its acknowledged benefits. There are sets of interventions ranging from group hand washing to sanitation and water facilities installations in the schools with hygiene promotion programmes.

- Sustaining existing water supply systems continues to be a major challenge for the sector. Developing capacity of communities and local institutions to manage, repair and maintain water systems as well as supporting government and community to conduct real-time monitoring will help improve service sustainability. This is mainly done through a 'sustainability compact' setting out the obligations of different stakeholders and through 'sustainability audits' that monitor progress against the compacts.

¹⁶ V. Curtis and S. Cairncross, "Effect of washing hands with soap on diarrhoea risk in the community: A systematic review," *The Lancet Infectious Diseases*, vol. 3, no. 5, May 2003, pp. 275-81.



On 8 December 2012, a girl closes a pit latrine in an enclosure in a small village located between Gabú and Bafatá Regions in Guinea-Bissau. The village has achieved open-defecation-free (ODF) status, indicating that the entire village has committed to building and using latrines and has renounced open-air defecation, thereby also protecting its water supply from contamination by human excreta. Latrines, one for each extended family, as well as hand-washing stations, have been built by residents with UNICEF support.

4 UNICEF's role

UNICEF has amassed considerable experience in WASH programming, in both humanitarian and development contexts. UNICEF's engagement in WASH focuses on effective and sustainable service delivery, promotion of behaviour change and strengthening the enabling environment to support the enhancement of child survival and development.

UNICEF's comparative advantage in WASH is defined by several factors:

- **A strong country presence:** UNICEF provides support on WASH in 107 countries. This enables UNICEF to work closely with governments to ensure that UNICEF programmes are aligned and respond to the national priorities, policies

and plans. UNICEF also supports national governments to prioritize WASH and to target programmes to the most vulnerable populations by undertaking regular situational analyses and bottleneck analyses (BAT), using different tools such as WASH BAT. In a number of fragile countries, UNICEF is one of the few active agencies on the ground with the capacity to work with governments and implement programmes. This close alignment with national plans and strong relationships with national governments allows UNICEF to customize their strategic approach according to specific country issues.

- **Strong programming and technical capacity:** UNICEF has 570 professional staff with long-standing experience in the implementation of WASH programmes.

UNICEF's comparative advantages include:

- **A strong country presence: UNICEF provides support on WASH in 107 countries;**
- **Strong programming and technical capacity: UNICEF has 570 professional staff with long-standing experience in the implementation of WASH programmes;**
- **Extensive engagement in several global and national partnerships;**
- **Producing results on WASH are important in themselves but also contribute to the work of other sectors.**

UNICEF works with national governments and partners to develop capacity, strengthen systems and continuously improve the performance of WASH programmes. By generating evidence, developing technical guidance and sharing knowledge, UNICEF brings strong technical leadership to country programming. All WASH interventions are planned with an equity-focused, rights-based approach, including: (a) integration of relevant human rights standards and principles; (b) the meaningful participation of children, adolescents and their communities; and (c) supporting strong accountability mechanisms – at all levels.

- **UNICEF invests in several global and national partnerships:** UNICEF is one of the founding members and a key convenor of the Sanitation and Water for All partnership, which aims to coordinate and align support for country strategies to reach universal access. With WHO, UNICEF implements the Joint Monitoring Programme, responsible for monitoring progress towards universal access for water supply and sanitation. This leadership role has enabled UNICEF to influence and shape sector thinking with regard to the development of the Sustainable Development Goals (SDGs).
- **UNICEF's results on WASH are important in themselves and contribute to the work of other sectors** across the organization to develop technical integrated programming guidance for multi-sectoral programmes as well as to invest in further strengthening of

the evidence base – nutrition, health, HIV, communication for development (C4D) and education. For example, collaboration with C4D delivers effective behaviour change interventions to the hardest to reach populations, and supports the scale-up of proven WASH-related behaviour and social norms change interventions. The Human Rights Unit supports the WASH programme in documenting and enhancing its support to participatory mechanisms, instruments of social accountability, and related capacity-building efforts with children, adolescents, their communities and service providers.

New WASH strategy

To mark the transition from the MDG to SDG era, UNICEF will develop a new WASH strategy in early 2016 to define the organization's role in helping countries achieve the SDG targets:

- No one practises open defecation;
- Everyone has safe water, sanitation and hygiene at home;
- All schools and health centres have water, sanitation and hygiene;
- Water, sanitation and hygiene are sustainable;
- Inequalities in access are progressively eliminated.

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- **All schools and health centres have water, sanitation and hygiene;**
- **Water, sanitation and hygiene are sustainable;**
- **Inequalities in access are progressively eliminated.**

The strategy will provide operational guidance on a number of new programmatic areas including: strengthening the enabling environment, innovative financing, addressing climate change and building resilience, programming in urban and small towns, sustaining existing water supply systems and exploring opportunities for WASH programming in health centres. This is intended to support country-led efforts to equitably accelerate progress in scaling up and sustaining access. The potential for more closely linked WASH and nutrition programming is increasingly recognized, and during the UNICEF Strategic Plan 2014–2017, UNICEF will develop technical integrated programming guidance as well as invest in further strengthening of the evidence base.

- Improving the enabling environment (including knowledge management, capacity building, institutional strengthening and partnerships) for the delivery of results at scale;
- Achieving behaviour change and improving demand for WASH services and outcomes;
- Delivering sustainable services to the poorest and most marginalized women and children;
- Monitoring to ensure high quality, equitable results that deliver value for money and sustainable outcomes.

Based on the strategic elements, UNICEF will work to achieve the following targets:¹⁸

Water supply: Increase sustainable access to safe drinking water

- Support 125 countries in reaching more than 75 per cent of households to access an improved source of drinking water (baseline: 115 countries in 2012);
- Support 100 countries in developing sector plans with targets to provide access to drinking water to unserved populations (baseline: 74 countries in 2013).

5 Areas of focus and expected results

For UNICEF, achieving the Strategic Plan 2014–2017 outcome of “all children drink safe water, use adequate sanitation and practice good hygiene, and promote healthy environments”¹⁷ requires actions at global, regional, national and community levels.

This involves achieving four overarching strategic elements:

¹⁷ “promote healthy environments” in this context refers to hygienic practices, more specifically hand washing, menstrual hygiene management, safe disposal of child and adult faeces, and drinking water.

¹⁸ Number of countries for the result areas varies because of disparities in progress and difference in national development priorities.

Sanitation: Eliminate open defecation and improve access to improved sanitation

- Support 137 countries in reaching 50 per cent of the population with access to an improved sanitation facility (baseline: 103 countries in 2012);
- Support 35 countries implementing a national strategy to eliminate open defecation (baseline: 45 countries in 2014);
- Support 10 countries in achieving an annual budget for basic sanitation that is at least 0.5 per cent of GDP (baseline: 1 country in 2014).

Hygiene: Increase the habitual practice of hand washing with soap

- Support 20 countries increasing by 10 per cent the proportion of households with appropriate hand washing facilities (baseline: N/D).

WASH in schools and early childhood development (ECD) centres: Provide drinking water, sanitation and hand washing facilities in schools, including preschools and ECD centres:

- Support 137 countries in reaching more than 50 per cent of primary schools with WASH facilities meeting national standards (baseline: 26 countries in 2014);
- Support 100 countries in reaching at least 50 per cent of primary schools with access to adequate sanitation facilities for girls (baseline: 32 countries in 2014).

WASH in emergencies: Build national capacity for emergency preparedness and response

- Support at least 80 per cent of UNICEF-targeted population in humanitarian situations to: (1) access sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene; (2) use appropriate sanitation facilities and live in environments free of open defecation; (3) practise appropriate hand washing and menstrual hygiene; and (4) access appropriate WASH facilities and hygiene education in schools, temporary learning spaces and other child-friendly spaces. (Data in 2014: (1) 92.1 per cent; (2) 56.3 per cent; (3) 62.2 per cent; and (4) 76.1 per cent).

- Support 100 per cent of countries in humanitarian action where country cluster or sector coordination mechanisms for WASH meet CCC standards for coordination (baseline: 57 per cent in 2014).

WASH general (strengthen systems and programming):

- Support 43 countries in putting in place national monitoring systems reporting on equity of access to WASH services (baseline: 37 countries in 2014);
- Support 15 countries implementing a sustainability compact for WASH with evidence of continuous monitoring (baseline: 5 countries in 2013);
- Support 57 countries integrating climate change and/or risk management strategies into WASH sector plans (baseline: 55 countries in 2014).

Evidence generation, cross-cutting programming and advocacy:

Complementing the focused programme areas described above, UNICEF recognizes that progress in WASH also requires investment in relevant cross-cutting issues and systems. Robust evidence and data are critical to achieve the results outlined in this case for support. National statistics organizations require support from UNICEF in their data collection efforts including household surveys, as well as support in analysis and use of such data advancing the understanding of correlations between different outcomes and sectors. Some key research and evaluation efforts to strengthen the evidence base for WASH programming must focus on better understanding of the cross-cutting needs of particular regions or social groups, rather than on WASH alone. Focusing on the critical stages of a child's life – in early childhood and the adolescent period – and on cross-cutting issues such as gender, disability and social or ethnic origin requires a multi-sectoral approach to enhance results for the most excluded children. Most of the specific programme areas described above will include specific C4D and/or advocacy efforts, but progress in WASH also requires cross-cutting C4D and advocacy, such as efforts to strengthen community dialogue, catalyse child participation in community decision-making or to increase the overall focus on children in national budgeting.



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On 13 November 2014, Mariama Kiadii, an Ebola survivor, washes gloves in water mixed with chlorine in order to disinfect them, at a newly built Ebola treatment unit in Monrovia, Liberia. The gloves are part of the personal protective equipment worn by health workers to prevent exposure to the virus when they enter high-risk zones. All personnel working directly with quarantined Ebola patients must don the protective gear (a combination of coveralls, heavy duty gloves and boots, goggles and aprons) before entering the high-risk zone. The treatment unit, located in Monrovia's Congotown neighbourhood is comprised of health workers from African Union countries, Cuba and Liberia.

6 Key assumptions, risks and mitigation measures

There are a number of assumptions, risks and mitigating measures to be taken into consideration while implementing the new Strategic Plan:

Assumptions:

- Government has adequate capacity including financial and human resources to deliver and then to sustain WASH services.
- High-level political commitment exists – and expenditure is prioritized – to deliver and sustain WASH services to unserved/underserved populations.
- The enabling environment provides the necessary conditions for service providers (private and/or public) to deliver cost-effective WASH services.
- Safety net (social protection) schemes exist to safeguard the poorest community members.

Risks:

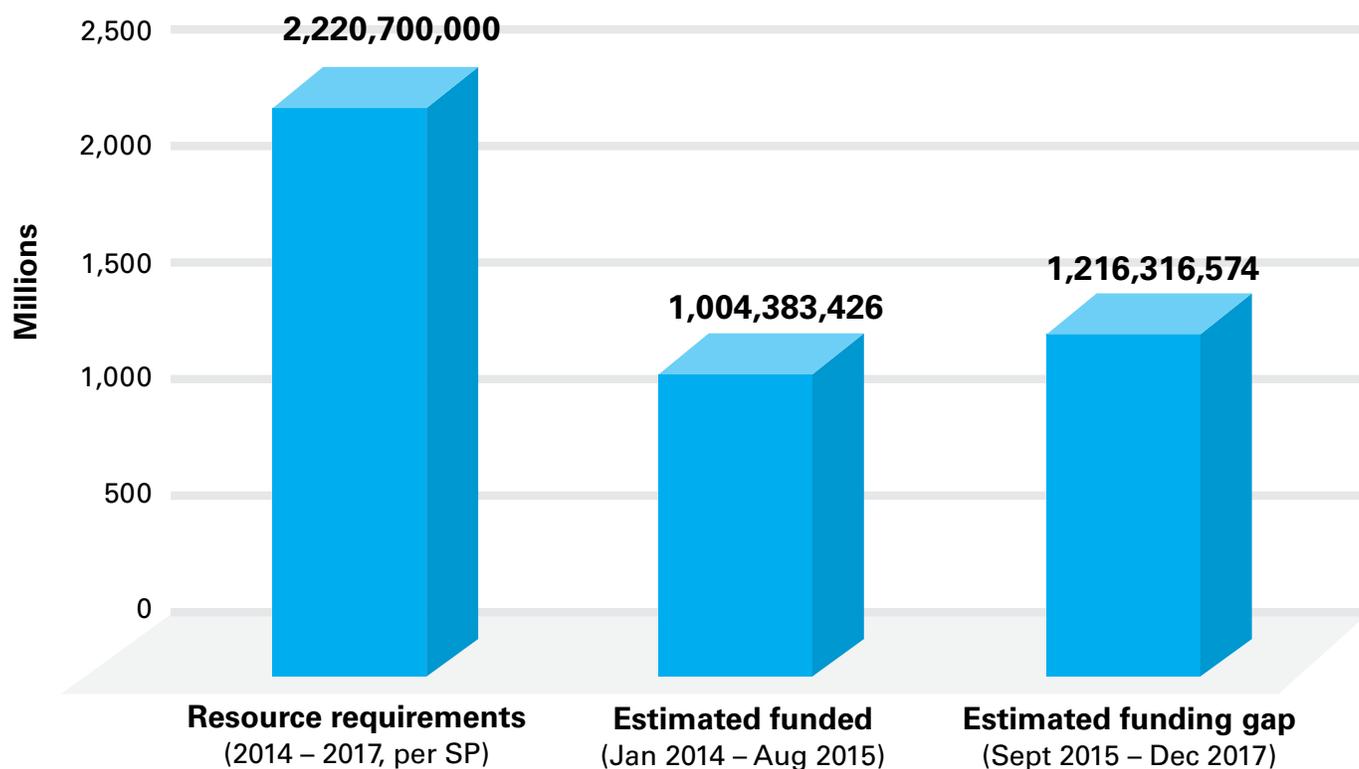
- UNICEF and partners (governments, donors) are unable to invest quality human and financial resources in the WASH programme.
- Political and cultural barriers undermine UNICEF's ability to bring about transformational change in delivering WASH services that benefit unserved/underserved populations and more specifically, the poorest and excluded groups within these populations.
- Multiple and/or large-scale humanitarian situations affect the timely implementation of the WASH programme.
- The focus on delivering first-time access undermines long-term sustainability.

Mitigation:

- Appropriate and qualified human resources (including partnership with standby partners) are deployed to support countries in need.
- High-quality evidence is generated and disseminated to scale up best practices, combined with practical, field-tested innovations to develop user-friendly technologies and approaches.
- Progress towards meeting the results (including impact on women and girls and vulnerable groups) is closely monitored, taking follow-up action as soon as any potential problems are identified.
- Strategic partnerships with key regional and global players in the WASH sector are maximized to support policy, budgeting, financing and advocacy efforts.
- UNICEF builds the capacity of country-based partners on procurement, management, planning, implementation and monitoring and evaluation at the national, regional and district level. ■

2 | Resource requirements 2015–2017

Overall funding gap for WASH (in US\$):



Details of funding gap by programme areas 2015–2017 (in US\$):

	2015	2016	2017	Total
WASH	202,719,429	506,798,572	506,798,572	1,216,316,574
Water supply	48,051,267	120,128,168	120,128,168	288,307,604
Sanitation	30,048,826	75,122,064	75,122,064	180,292,953
Hygiene	4,945,296	12,363,239	12,363,239	29,671,775
WASH in schools and early childhood development centres	25,563,409	63,908,523	63,908,523	153,380,456
WASH and emergencies	16,892,208	42,230,521	42,230,521	101,353,250
WASH general (strengthening systems and programming)	56,946,480	142,366,199	142,366,199	341,678,878
Evidence, advocacy and cross-cutting	20,271,943	50,679,857	50,679,857	121,631,657
Human rights, non-discrimination and participation	14,162,097	35,405,243	35,405,243	84,972,583
Evidence, advocacy and cross-cutting	15,378,841	38,447,102	38,447,102	92,273,045

3 | Background and additional information



On 8 December 2012, a girl washes her hands at a basic hand washing station after using the latrine, in a small village located between Gabú and Bafatá Regions in Guinea-Bissau. The village has achieved open-defecation-free status, indicating that the entire village has committed to building and using latrines and has renounced open-air defecation, thereby also protecting its water supply from contamination by human excreta. Latrines, one for each extended family, as well as hand washing stations, have been built by residents with UNICEF support.

Background and additional information

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