Water, Sanitation and Hygiene
2012 Annual Report
Sector Developments
The 2012 update report of the Joint Monitoring Programme for Water Supply and Sanitation (JMP) contained both good and bad news: the MDG drinking water target has been achieved globally, but the sanitation target is so far off track that it is unlikely to be met by 2015.

There are signs of hope for sanitation, however. Community approaches to sanitation (CATS) and related “total sanitation” approaches are becoming more common in most regions of the developing world and there are increasing signs that social norms are changing as a result: in more and more communities it is no longer socially acceptable for households not to have a toilet or for anyone to engage in the practice of open defecation. Hygiene behaviour is also changing as CATS programming increasingly incorporates the promotion of handwashing with soap. Sanitation and hygiene are also much more visible on the policy agenda at the highest levels and much more evident in the public sphere.

At the same time the news for water is not all encouraging. Disparity levels continue to be unacceptably high: in many parts of the world where you live, how much money you have and your social or ethnic group continues to be a key determinant of whether or not you have access to an improved water supply. Water quality is sometimes a problem, and many people – mainly women and girls – still have to walk long distances to fetch water. The challenge of sustainability has also not yet been met, with breakdown rates still high and the threats to water systems from climate change increasing.

These factors and the lessons learned in the sector are being taken into account in the process of defining a new set of development priorities for the post 2015 agenda, which will likely incorporate higher service levels for water supply and water quality, the elimination of open defecation, targets related to hygiene and WASH in schools and health centres, and an underlying focus on issues of sustainability, gender and equity. UNICEF is taking a central role in this process, leading the thematic discussions on water and helping to define a new set of aspirational targets for 2025 and beyond.

The UNICEF WASH Programme
Direct UNICEF support through development (non-emergency) programming helped an estimated 10.6 million people gain access to improved sanitation in 2012, the most ever. This is due to the rapid expansion in CATS programmes, which account for over 85 per cent of these beneficiaries. As a part of CATS programmes toilets are built and/or purchased by households themselves; UNICEF’s role includes support to community “triggering” and other behaviour change efforts, along with support to improve local supply chains and related programming. UNICEF also initiated a global evaluation of its CATS programming in 2012.

Beneficiaries from support to non-emergency water supply service delivery numbered 7.3 million people, mainly in the 19 sub-Saharan Africa countries not on track to meet the MDG water target. These efforts notwithstanding, UNICEF’s focus in water supply continues to shift from service delivery towards support in the areas of improving cost effectiveness, strengthening sustainability and ensuring water safety. Highlights of this support in 2012 include the continuing professionalization and growth of the manual-drilling sector, the expansion of the sustainability check initiative in Africa and the scaling up of household water treatment initiatives.
In emergency situations UNICEF helped 17.1 million people maintain or gain access to potable water supplies and 4.5 million to sanitation facilities in a total of 72 countries in 2012. The largest interventions were in long-running complex emergencies such as in eastern DR Congo, where over 750,000 people gained access to sanitation and 1.3 million to water supplies in 2012, and the programme in Somalia, which assured safe water to over 950,000 internally displaced and other vulnerable people. Other major interventions were in response to nutrition crises in the countries of the Sahel, to cholera outbreaks, to the Syria crisis and to natural disasters in all regions.

Actual water and sanitation beneficiary figures are higher than these estimates suggest because UNICEF support leads to many “indirect” beneficiaries, including those who benefit from national policy development efforts and capacity-building support.

In 64 countries UNICEF assumed leadership of the emergency WASH cluster or equivalent national coordination mechanism, the highest number ever. UNICEF also continued to act as lead agency for the global WASH cluster. This dual role of responder and coordinator means that UNICEF is rarely absent when WASH emergency support is required anywhere in the world.

For the first time ever, more than half of schools in the poorest countries have access to water and sanitation facilities. UNICEF again expanded its support to WASH in Schools in 2012, working with partners to construct gender-sensitive and child-friendly sanitation, washing and water facilities in over 19 thousand schools benefiting over 4 million students. Other successes included a major refinement in strategic approaches through bottleneck analysis techniques, improved monitoring, wider-reaching advocacy efforts and an expansion in the scope and quality of research on the benefits and effectiveness of WASH in Schools programming.

One hundred million people participated directly in UNICEF-supported Global Handwashing Day events in over 70 countries in 2012, and an estimated 500 million were reached through the media, including through new social media promotional efforts. UNICEF also promoted handwashing with soap directly in communities through CATS programming, through community events and through health extension networks.

The Sanitation and Water for All (SWA) partnership again expanded in 2012, with new donor partners (including the World Bank) and more developing country participants. The SWA held its second biannual High Level Meeting, in which participants made a series of clear commitments designed to increase service access, reduce open defecation and improve hygiene, increase financial commitments from domestic sources, and increase aid.

Building the capacity of its large WASH staff cadre was again prioritized by UNICEF. Highlights include the WASH in Emergencies course (251 staff trained), the WASH in Schools distance-learning course (219 staff trained) and the WASH Webinar training series, which has been identified as a best practice within UNICEF. Training covered all sub-sectoral areas, as well as cross-cutting subjects such as monitoring, bottleneck analysis and strategy development.

Other highlights from the 2012 programme include a strengthening of the evidence base for WASH through research, evaluations and continuing support of the JMP; concrete steps to better integrate WASH and nutrition programming; renewed efforts to reduce the vulnerability of groundwater resources to climate change; and support for new ways of encouraging the meaningful participation of women in the WASH sector.

UNICEF works extensively with partners – including government bodies, external support agencies and other WASH stakeholders – in the development, planning and implementation of its WASH programme. The majority of UNICEF WASH funding comes from its donor partners, which continue to show confidence in the programme by steadily increasing donation levels (donor funding for the non-emergency programme has quadrupled in the last ten years) and by moving some funding from direct project support to thematic support for the WASH programme as a whole.
## Contents

### Executive Summary

Table of Contents ................................................................. iii
Figures, Tables and Boxes ....................................................... iv
Abbreviations and Acronyms ................................................... v

1 Sector Analysis .................................................................................... 1
   1.1. Mixed Progress on the MDG Water and Sanitation Targets .............. 1
   1.2. Post 2015 Development Agenda ....................................................... 2

2 Unicef Wash Programme Overview ............................................. 3
   2.1. Sanitation and Water For All ......................................................... 3
   2.2. WASH Programme Scope and Structure ........................................... 4
   2.3. Programme Highlights ................................................................. 5
   2.4. Beneficiaries .................................................................................... 7

3 Progress In 2012 .................................................................................. 10
   3.1. Building Enabling Environments ...................................................... 10
   3.2. Hygiene and Sanitation .................................................................... 10
   3.3. Water Supply and Water Safety ...................................................... 14
   3.4. WASH In Schools ........................................................................... 17

4 Emergency Coordination And Response ....................................... 21
   4.1. Emergency Response ...................................................................... 21
   4.2. Emergency Coordination and Capacity Building ............................... 24

5 WASH, The Environment and Climate Change ............................ 26

6 Gender and WASH ............................................................................... 27

7 Sector Monitoring ................................................................................ 29

8 Unicef Expenditure for WASH .......................................................... 30
   8.1. Expenditure Patterns and Funding Status ........................................... 30
   8.2. Funding Sources ........................................................................... 31

9 Challenges for 2013 and Beyond ..................................................... 33
Figures

Figure 1: Progress towards Water and Sanitation Coverage Targets
Figure 2: Donor Funding for the UNICEF WASH Regular Programme, 2003-2012
Figure 3: A Focus on the Field: Expenditure and Staffing, 2012
Figure 4: UNICEF Sanitation and Water Beneficiary Trends, 2007-2012 (non-emergency)
Figure 5: Some Preliminary Results from the SHEWA-B Impact Study
Figure 6: Falling Open Defecation Levels in South Asia
Figure 7: MDG Drinking Water Target Progress in Africa
Figure 8: Accountability Framework for Sustainable Services
Figure 9: Water Supply and Guinea Worm Cases, Ghana Example (endemic regions only)
Figure 10: Water and Sanitation Facilities in Primary Schools, 2008-2012
Figure 11: Bottleneck Analysis of WASH in Schools (example from Sierra Leone)
Figure 12: UNICEF Emergency WASH Expenditure, 1990-2012
Figure 13: UNICEF Leadership of Emergency WASH Cluster and Coordination Mechanisms, 2012
Figure 14: Country-level Emergency Response and Coordination, 2012
Figure 15: Climate Change Vulnerability and Hazards Map, Zambia
Figure 16: Total UNICEF WASH Expenditure, 1990-2012
Figure 17: WASH Expenditure by Region, 2012
Figure 18: Funding Sources, 2012

Tables

Table 1: Commitments made by SWA Partners at the 2012 High Level Meeting (selected)
Table 2: Beneficiaries from UNICEF Direct Support, 2012
Table 3: Top Ten Countries by Total WASH Expenditure, 2009-2012
Table 4: Top Ten Countries by Emergency and Non-Emergency WASH Expenditure, 2012
Table 5: Top Ten Donors by Total WASH Expenditure, 2008-2012
Table 6: Top Ten Donors by 2012 Emergency and Development Programme Expenditure

Boxes

Box 1: Proposed Post-2015 WASH Targets from the JMP Consultation Process
Box 2: Selected UNICEF WASH Global-level Publications, 2012
Box 3: UNICEF WASH Webinar Series, 2012
Box 4: Beneficiary Assumptions and Notes
Box 5: Strengthening the Global Enabling Environment for WASH
Box 6: Tippy-Taps
Box 7: Global Handwashing Day and World Toilet Day Integrated Social Media Campaign
Box 8: Sustainability Checks for Water and Sanitation in Eastern and Southern Africa
Box 9: UNICEF WinS Training and Technical Materials Published in 2012
Box 10: UNICEF Emergency WASH Programmes Exceeding $5 Million in Expenditure in 2012
Box 11: Developing Innovative Emergency WASH Technologies
Box 12: Cholera Preparedness and Response
Box 13: UNICEF and Menstrual Hygiene Management
Box 14: JMP Research Activities 2012
Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>US$</td>
</tr>
<tr>
<td>AAP</td>
<td>African Adaptation Programme</td>
</tr>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
</tr>
<tr>
<td>AIDB</td>
<td>African Development Bank</td>
</tr>
<tr>
<td>AMCOW</td>
<td>African Ministers’ Council on Water</td>
</tr>
<tr>
<td>CATS</td>
<td>Community Approaches to Total Sanitation</td>
</tr>
<tr>
<td>CAWST</td>
<td>Centre for Affordable Water and Sanitation Technology</td>
</tr>
<tr>
<td>CCCs</td>
<td>Core Commitments for Children</td>
</tr>
<tr>
<td>CEAP</td>
<td>Corporate Emergency Activation Procedure</td>
</tr>
<tr>
<td>CEE/CIS</td>
<td>Central and Eastern Europe and the Commonwealth of Independent States</td>
</tr>
<tr>
<td>CFS</td>
<td>Child-Friendly School</td>
</tr>
<tr>
<td>CHERG</td>
<td>Child Health Epidemiology Reference Group</td>
</tr>
<tr>
<td>CLTS</td>
<td>Community Led Total Sanitation</td>
</tr>
<tr>
<td>CSD</td>
<td>Country Status Overview</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (UK) (or UKaid)</td>
</tr>
<tr>
<td>DGIS</td>
<td>Directorate-General for International Cooperation (Government of the Netherlands)</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>EAAP</td>
<td>East Asia and the Pacific Region</td>
</tr>
<tr>
<td>EAWAG</td>
<td>Swiss Federal Institute of Aquatic Science and Technology</td>
</tr>
<tr>
<td>EC</td>
<td>European Commission</td>
</tr>
<tr>
<td>ECHO</td>
<td>European Commission Humanitarian Aid Office</td>
</tr>
<tr>
<td>EMIS</td>
<td>Education Management Information Systems</td>
</tr>
<tr>
<td>EOR</td>
<td>Emergency Other Resources (sometimes written as ORE)</td>
</tr>
<tr>
<td>ESAR</td>
<td>Eastern and Southern Africa Region</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>GHD</td>
<td>Global Handwashing Day</td>
</tr>
<tr>
<td>GIZ</td>
<td>German International Cooperation Agency</td>
</tr>
<tr>
<td>GLAAS</td>
<td>UN-Water Global Annual Assessment of Sanitation and Drinking-Water</td>
</tr>
<tr>
<td>HLM</td>
<td>High Level Meeting (SWA)</td>
</tr>
<tr>
<td>HWTS</td>
<td>Household Water Treatment and Safe Storage</td>
</tr>
<tr>
<td>INHWT</td>
<td>International Network on Household Water Treatment and Safe Storage</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Persons</td>
</tr>
<tr>
<td>IRC</td>
<td>International Water and Sanitation Centre</td>
</tr>
<tr>
<td>LAC</td>
<td>Latin America and the Caribbean</td>
</tr>
<tr>
<td>JMP</td>
<td>Joint Monitoring Programme for Water Supply and Sanitation</td>
</tr>
<tr>
<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
</tr>
<tr>
<td>MHM</td>
<td>Menstrual Hygiene Management</td>
</tr>
<tr>
<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
</tr>
<tr>
<td>MSB</td>
<td>Swedish Civil Contingencies Agency</td>
</tr>
<tr>
<td>MTSP</td>
<td>Medium-Term Strategic Plan</td>
</tr>
<tr>
<td>NatCom</td>
<td>National Committee</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>ODF</td>
<td>open defecation free</td>
</tr>
<tr>
<td>ORR</td>
<td>other resources, regular</td>
</tr>
<tr>
<td>PLoS</td>
<td>Public Library of Science</td>
</tr>
<tr>
<td>PPP</td>
<td>Public-Private Partnership</td>
</tr>
<tr>
<td>PPPHW</td>
<td>Global Public-Private Partnership for Handwashing with Soap</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>RR</td>
<td>regular resources</td>
</tr>
<tr>
<td>RRT</td>
<td>Rapid Response Team</td>
</tr>
<tr>
<td>RWSSN</td>
<td>Rural Water Supply Network</td>
</tr>
<tr>
<td>SA</td>
<td>South Asia</td>
</tr>
<tr>
<td>SACOSAN</td>
<td>South Asian Conference on Sanitation</td>
</tr>
<tr>
<td>SANDEC</td>
<td>Department of Water and Sanitation in Developing Countries, in the Swiss Federal Institute of Aquatic Science and Technology (EAWAG)</td>
</tr>
<tr>
<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Agency</td>
</tr>
<tr>
<td>SLTS</td>
<td>School Led Total Sanitation</td>
</tr>
<tr>
<td>SWA</td>
<td>Sanitation and Water for All</td>
</tr>
<tr>
<td>SWAP</td>
<td>Sector-Wide Approaches to Programming</td>
</tr>
<tr>
<td>UNDESA</td>
<td>United Nations Department of Economic and Social Affairs</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
</tr>
<tr>
<td>UNGA</td>
<td>United Nations General Assembly</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WCAR</td>
<td>West and Central Africa Region</td>
</tr>
<tr>
<td>WEDC</td>
<td>Water, Engineering and Development Centre</td>
</tr>
<tr>
<td>WEIE</td>
<td>WASH in Emergencies</td>
</tr>
<tr>
<td>WinS</td>
<td>WASH in Schools</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WSP</td>
<td>Water and Sanitation Program (World Bank administered)</td>
</tr>
<tr>
<td>YCSD</td>
<td>Young Child Survival and Development</td>
</tr>
</tbody>
</table>
1 Sector Analysis

1.1 Mixed Progress on the MDG Water and Sanitation Targets

The 2012 report of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation highlighted a major sectoral success while warning of a serious failure: the MDG global water target has been met ahead of schedule, but it is increasingly clear the sanitation target will not be met.

In reality the division between progress on drinking water and sanitation is not so stark. Since 1990, the rate of progress towards meeting targets has been roughly the same (Figure 1), but because sanitation coverage levels started at a much lower level, a significant acceleration in coverage is necessary to meet the target. This acceleration was not achieved.

While the water target has indeed been met and this is an important achievement, there are caveats and challenges to this success: service coverage standards are generally low (most people have to walk some distance to water sources, few people have access to water in their homes), water quality is not assured, and existing water systems are threatened by poor sustainability records and by climate change. The target may have been met, but there is still much work to do.

For sanitation there is now little hope that the MDG target will be met by 2015, but signs of accelerating progress are increasingly evident. Community approaches to sanitation (CATS) and similar “total sanitation” models are becoming common in most regions of the developing world and there are increasing signs that social norms are changing as a result. In more and more communities it is no longer socially acceptable for a household not to have a toilet or for anyone to engage in the practice of open defecation. In these communities, sanitation coverage rates are accelerating rapidly. As these “total sanitation” models are more widely applied, this acceleration will cover larger areas and will ultimately be reflected in national coverage rates in the next instalment of the JMP.

An unequivocally positive sign for sanitation is that it is now front and centre on the policy agenda at the highest levels, and much more evident in the public sphere. In the United Nations, sanitation is now a very visible priority area, with the launch of the Sanitation Five-Year Drive to 2015 campaign and repeated pledges of reinvigorated efforts at the Secretary-General and Deputy Secretary General levels. The Sanitation and Water for All (SWA) partnership, which now includes most major sectoral donors along with 44 developing countries, has called for increased funding for sanitation and hygiene and several donors have already made concrete pledges (see more on the SWA below).

There is less of a taboo about talking openly about sanitation. Well-known celebrities – such as Hollywood’s Matt Damon and Bollywood’s Vidya Balan – are championing sanitation, and decision-
makers in developing countries routinely discuss it at national forums. Sanitation has become so visible, it is easy to forget that just five years ago it was barely on the radar at all.

1.2 Post 2015 Development Agenda

The process to define a new set of development priorities post 2015 started in 2012 with the establishment of a UN System Task Team and the High-level Panel of Eminent Persons, along with the launch of an extensive public consultation process at national and global levels. The global consultations are structured around eleven thematic areas, including water, which is in turn divided into three sub-thematic areas: WASH, Water Resources Management, and Wastewater Management and Water Quality. The water consultation is led by UNDESA and UNICEF, and facilitated by UN-Water.

The final results from these processes will only emerge in 2013 and 2014. However, the definition of water as its own thematic area, along with the opinions already emerging from the consultation processes indicate that water will be a key part of the post-2015 development agenda. The water pages of the “World We Want” post-2015 interactive website (co-hosted by civil society and the United Nations) drew more participation than any of the other thematic areas, with over 52,000 unique users from 193 countries and territories.

In parallel to these processes, the JMP continued to prepare for a new goal structure through a variety of activities that started in 2011, including assessment of current monitoring indicators, research and pilots on new indicators (e.g., on water quality), and an extensive consultative process involving more than 200 stakeholders and over 100 sector organizations. This process has resulted in a proposal for a set of four aspirational targets considered to be ambitious and comprehensive, but achievable (see Box 1). Sectoral stakeholders are stating that the practice of open defecation can be eliminated in ten years (from 2015 to 2025), that in twenty-five years everybody in the world can be using basic drinking water and sanitation facilities, and that a much greater proportion of households will have water in their homes. The targets also recognize that handwashing and menstrual hygiene should be included in the target set, as should WASH in schools and health centres, based on evidence and experience that shows their centrality in WASH and their importance for broader health, development and gender-related goals.

Perhaps the most important aspect of the proposed targets is that they highlight the fundamental issues of sustainability and equity in the realization of sector goals. By defining targets in this way, stakeholders are recognizing the key lessons learned in the sector in recent years: that progress towards goals must be for all, not just for some, and that water and sanitation services must be financially and environmentally sustainable.

### Box 1: Proposed Post-2015 WASH Targets from the JMP Consultation Process

**Target 1**
By 2025 no one practices open defecation, and inequalities in the practice of open defecation have been progressively eliminated.

**Target 2**
By 2030 everyone uses a basic drinking water supply and handwashing facilities when at home; all schools and health centres provide all users with basic drinking water supply and adequate sanitation, handwashing facilities and menstrual hygiene facilities; and inequalities in access to each of these services have been progressively eliminated.

**Target 3**
By 2040, everyone uses adequate sanitation when at home; the proportion of the population not using an intermediate drinking water supply service at home has been reduced by half; the excreta from at least half of schools, health centres and households with adequate sanitation are safely managed; and inequalities in access to each of these services have been progressively reduced.

**Target 4**
All drinking water supply, sanitation and hygiene services are delivered in a progressively affordable, accountable, and financially and environmentally sustainable manner.

---

3 In the context of the post-2015 process, “water” is the term used for the sector as a whole (including sanitation, hygiene, etc.). The other ten thematic areas are: conflict and fragility, education, environmental sustainability, governance, growth and employment, health, hunger, food and nutrition, inequalities, population dynamics, and energy.
2 UNICEF WASH Programme Overview

2.1 Sanitation and Water for All

Sanitation and Water for All (SWA) is a global partnership that brings together governments, donors, civil society organizations and other development partners with the goal of achieving sustainable sanitation and drinking water for all. It is the only global high-level political initiative in the sector.

UNICEF is an active participant in the partnership, and a key supporter. At the global level UNICEF hosts the SWA Secretariat, is a member of the steering committee and convenes the biennial High Level Meetings (HLM). At the country level UNICEF facilitates developing country governments’ participation in SWA processes, while providing advice and technical support on the formulation and implementation of SWA commitments.

The second HLM was held in April 2012, hosted by the World Bank. It was chaired by Former President of Ghana and Chair of SWA John Agyekum Kufuor, and moderated by then-designate UN Deputy Secretary-General Jan Eliasson. The meeting was attended by over 80 ministers of development cooperation, finance, sanitation and water, along with representatives of other leading sanitation and water development partners and civil society. The first SWA Partnership Meeting, which was also held in 2012, brought together over 110 SWA Partner representatives and potential partners to set out plans to elevate the political dialogue, rationalize the global monitoring landscape and strengthen country processes.

The HLM resulted in a significant number of tangible commitments to speed up global access to water and sanitation, with the potential to extend access to sustainable sanitation facilities and improved drinking water sources to millions of additional people. Overall, a total of 402 specific commitments were made at the meeting, 353 by 37 developing countries and the balance by 10 donors and development banks. The SWA is monitoring progress against commitments, with the long-term aim of embedding commitments into national monitoring systems. In addition, ministers responsible for water and sanitation from 40 countries agreed to a Joint Sector Ministers’ Statement which laid out agreed targets.

Progress was also made on strengthening SWA’s National Planning for Results Initiative (NPRI), which aims to catalyze support in countries that are off-track to achieve MDG targets and lack strong and well-performing sectors. In addition, the Governments of the USA and the Netherlands pledged additional financial support to NPRI.

| Table 1: Commitments made by SWA Partners at the 2012 High Level Meeting (selected) |
|------------------------------------------|------------------------------------------------------------------------------------------------|
| Increase service access                  | • an agreement by all developing country partners to increase improved sanitation access by 7% and safe drinking water access by 5% over the next two years  |
|                                          | • additional specific commitments by 37 developing country partners for a 307 million increase in sanitation users and a 204 million increase in water users |
| Reduce open defecation and improve hygiene| • a pledge by sector ministers to increase handwashing with soap by 25% of the population and to reduce the number of people engaged in open defecation |
| Increase financial commitments from domestic sources | • a commitment by sector ministers to increase sector budgets annually by 15% for the next 2 years    |
|                                          | • support by finance ministers (and representatives) for increasing the mobilization of domestic resources, both public and private |
| Increase aid                             | • commitments for major increases in aid by nine donor partners (including a pledge by the Government of the United Kingdom to double its previous commitment of serving 30 million additional people with water and sanitation to 60 million people served, and a commitment to reach an additional 10 million people in West and Central Africa by the Government of the Netherlands) |
2.2 WASH Programme
Scope and Structure

UNICEF worked in the area of WASH in 100 countries in 2012, in all regions of the world. Expenditure on WASH totalled $380 million for the year, $146 million for emergency programming (39 per cent of the total) and the balance for regular programming.

Almost 85 per cent of this expenditure is from donor partners ($176 million for development programmes and $146 million for emergency), with the remainder from UNICEF core funds. Donations for emergency programming vary from year to year depending on need. However, donor support for the regular WASH programme has increased every year, more than quadrupling over the last ten years (Figure 2). This increase in funding allows UNICEF to contribute in a substantial way to sector efforts to scale up sanitation coverage, to consolidate and sustain water gains and to push for hygiene behaviour change. For more details on donor support to the programme, see Section 8.

UNICEF’s work in WASH ranges widely, from large national programmes of support in some countries to small-scale activities in other countries. Examples of large programmes are Pakistan, which includes extensive humanitarian and transitional support as well as development activities and Nigeria, where UNICEF supports a complete range of WASH activities from hygiene promotion to water supply. In these and six other countries (all in sub-Saharan Africa and South Asia) UNICEF WASH expenditure was over $10 million in 2012.

Examples of smaller, focused interventions in countries without a comprehensive WASH programme are many, including handwashing and sanitation promotion in indigenous communities in Paraguay, WASH in pre-schools in Georgia and “one-off” emergency interventions in a number of countries.

The UNICEF WASH programme is primarily field-based. In 2012, 94 per cent of UNICEF’s 430 professional WASH staff were posted in the field (at national or sub-national level) and 98 per cent of expenditure was for field programming (Figure 3). UNICEF also continues to maintain full-time WASH professional staff in its New York headquarters, in its Copenhagen supply office and in five regional offices. This focus on the field has been a hallmark of UNICEF and its WASH programme for many years, ensuring that resources and expertise are concentrated at the national and sub-national levels, as close to partners, beneficiaries and other stakeholders as possible.

UNICEF has been steadily increasing its focus on sanitation and hygiene in response to lagging progress on the sanitation MDG target, and because evidence clearly points to the importance of hygiene and sanitation behaviour change on health outcomes for children. UNICEF continues to work in the area of water supply, of course, but with more emphasis on sustainability, cost effectiveness and water quality than on service delivery.

This shift to sanitation is not clearly shown in expenditure patterns (sanitation tends to be cheaper than water, especially because most work now involves promotional activities, not hardware) or in staffing patterns (there are more sanitation and hygiene specialists than in the past, but most staff are WASH “generalists”). However, the trend is clear in beneficiary patterns: while emergency beneficiary numbers vary from year to year, there is a steady increase in sanitation beneficiaries over the last seven years as shown in Figure 4.
2.3 Programme Highlights

Key Results
Direct UNICEF support through development (non-emergency) programming led to an estimated 7.3 million people gaining access to improved drinking water services in 2012, and 10.6 million to sanitation. More people benefited from UNICEF sanitation inputs than ever before, mainly through community approaches to total sanitation (CATS) programming support (see Sections 2.4, 3.2 and 3.3).

In emergency situations in 72 countries UNICEF helped 17.1 million people maintain or gain access to potable water supplies and 4.5 million to sanitation facilities. UNICEF continued to be the lead agency for humanitarian WASH coordination at the national level (in 64 countries, the most ever) and at the global level (Section 4).

For the first time ever, more than half of schools in the poorest countries have access to water and sanitation facilities. UNICEF again expanded its support to WASH in Schools in 2012, working with partners to expand and improve programmes (Section 3.4).

UNICEF continued to reinforce sustainability within its water programming, through the expansion of the sustainability check initiative in Africa, through cost effectiveness measures, and through efforts to improve the environmental sustainability and climate resilience of systems (Sections 3.3 and 5).

UNICEF continued to advocate for water safety at the point of use, helping four countries develop national strategies scaling up household water treatment and safe storage (HWTS) initiatives. HWTS is being used as the entry point for the development of national water safety frameworks.

Support from donor partners to the UNICEF development (non-emergency) WASH programme exceeded $176 million in 2012, the highest level of support ever. Total donor support for both the emergency and development WASH programmes accounts for 85 per cent of the UNICEF WASH programme (Sections 2.2 and 8).

One hundred million people participated in UNICEF-supported Global Handwashing Day events in over 70 countries in 2012, and an estimated 500 million were reached through the media, including through new social media promotional efforts (Section 3.2).

The Sanitation and Water for All partnership again expanded in 2012, held its second biannual High Level Meeting and committed to a series of actions designed to accelerate sustained WASH coverage (Section 1.2).

UNICEF took a series of concrete steps to integrate its WASH and nutrition programming to produce better outcomes for children (Sections 2.3 and 4).

Building capacity of its large WASH staff cadre was again prioritized by UNICEF. Highlights include the WASH in Emergencies course (251 staff trained), the WASH in Schools distance-learning course (219 staff trained) and the WASH Webinar training series, which has been identified as a best practice within UNICEF (Sections 2.3, 3.4 and 4.2).

UNICEF (with UNDESA) led the consultation process for the water thematic area of the post-2015 development agenda (the water thematic area includes three sub-themes: WASH, Water Resources Management, and Wastewater Management and Water Quality). Within the WASH sub-thematic area the JMP led sector efforts to develop a new set of four aspirational targets for water, sanitation, hygiene in communities, schools and health facilities (Sections 1.2 and 7).

WASH and Nutrition
UNICEF is working on a number of fronts to integrate its WASH and nutrition programming to produce better outcomes for children. These efforts are part of the global “A Promise Renewed” campaign to end preventable child deaths, and to reduce childhood stunting.

In 2012 UNICEF worked to better understand the links between chronic and severe undernutrition. Because these links are bi-directional (poor WASH exacerbates the severity and impact of under-nutrition; while undernourished children are more likely to contract and to die
from diarrhoea) understanding and using these links can have a significant impact on UNICEF efforts to reduce child mortality. As part of this reflection, UNICEF conducted literature reviews and developed case studies on nutrition and WASH, conducted capacity building exercises for staff, and released a new briefing note on water quality and nutrition. UNICEF also commissioned a number of studies in programme countries, including reviews in Bangladesh, Cambodia and Sudan to study impacts of WASH interventions on nutrition-related outcomes.

This process is also leading to changes in strategies, and action in the field, including the following examples:

- developing and launching integrated nutrition-WASH programmes specifically designed to address the diarrhoea-malnutrition cycle (including in Nepal and DPR Korea);
- combining WASH and deworming interventions in schools to reduce stunting, including in India, the Philippines and Uzbekistan;
- launching the comprehensive “WASH-in-Nut” strategy in WCAR, and applying the strategy in response to food crises in nine countries in the Sahel region (Niger, Nigeria, Chad, Mali, Burkina, Mauritania, Cameroun, Senegal and Gambia);
- in WCAR and elsewhere, ensuring adequate hygiene and water quality in nutrition treatment centres, and using the centres to promote hygiene and HWTS (see Section 4).

### Building the WASH Evidence Base

UNICEF sponsored a range of studies, surveys and evaluations in 2012 designed to improve programme design and to serve as the basis for advocacy efforts at global and national levels.

The largest of these is the impact study of the Bangladesh SHEWA-B (sanitation, hygiene education and water) project. The study focuses on measuring behaviour change and health outcomes from programme inputs using a three-prong methodology of structured observation, surveys and sentinel surveillance in both control and programme communities. The scale of the study is very large: field work (completed in 2012) involved over 15,000 separate household surveys; 2,800 school visits; 4,000 structured hygiene observation exercises; and over 35,000 monthly household visits in the sentinel sites. Study results will be released in 2013, but preliminary results show significant improvement in some handwashing practices, and a reduction in diarrhoea rates (Figure 5) and acute respiratory infections in rural areas.

UNICEF also launched a major evaluation of the CATS programme in 2012, which will include field work in four countries in the Americas, Africa and Asia and examine the programme as a whole. Evaluation results will be used to assess progress and to make adjustments in programming strategies. Other multi-country studies in 2012 include a six-country WASH in Schools equity study, a five-country menstrual hygiene study, water and sanitation sustainability checks in five countries in ESAR, and the Lake Chad basin cross-border cholera study (see appropriate sections later in the report for details).

The JMP carried out a number of research activities related to sector monitoring in 2012, including a study on the reliability of household water treatment questions in MICS and DHIS, a desk survey on statistical modelling methodologies, and research on the health impact of shared sanitation facilities. UNICEF also updated the semi-annual WASH evidence base review in 2012 (used by staff), adding a new section on WASH and nutrition.

At country level, many studies and evaluations were conducted. Examples include:

- a sanitation marketing study in Nepal;
- WASH sector gender audits in Ghana, Mozambique, Ethiopia and other countries;
- a study on water quality and cholera in Malawi;
- two effectiveness studies on radio campaigns for WASH in Schools programming in India;
- a CATS impact assessment in Mali;
- a rapid LOAS (lot quality assurance sampling) study on hygiene knowledge and practices in Uzbekistan;
- a study on water quality at sources and in homes in Burkina Faso;
- a survey of WASH infrastructure in schools in Bolivia;
- a vulnerability assessment related to the privatization of water supply in small towns in Mozambique;
- an institutional and sector policy study on sanitation in Cote d’Ivoire.

In addition to these and other studies conducted in 2012, UNICEF also routinely
conducts baseline assessments, situation analyses, KAP surveys and evaluations through its programming cycle activities.

Capacity Building
Working with governments and other partners to build sectoral capacity in programme countries is a core part of the UNICEF WASH programme of support. This support is wide ranging. It includes long-term support to national training institutions, technical support at national and sub-national levels, support for the translation of training materials, efforts to strengthen key institutions and the facilitation of south-south engagement through UNICEF country offices. Examples of these and other forms of capacity building are discussed throughout this report.

UNICEF also continued to prioritize the training of its own staff. A highlight of this effort was the webinar series for field staff, which was expanded in 2012 (see Box 3). Webinars are used as a cost-effective tool for delivering training and disseminating best practices to geographically dispersed staff. Perhaps more importantly, the sessions provide opportunities for staff interaction across regions, and are facilitating the formation of issue-specific communities of practice groups. The WASH experience with webinars has been identified as a best practice within UNICEF, and is increasingly used by other sections.

Other major capacity-building efforts in 2012 include the ongoing WASH in Schools distance-learning course, (which has now trained 219 practitioners, including 126 in two roll-outs in 2012) and the WASH in Emergencies (WiE) course that has trained a total of 251 UNICEF WASH staff as well as staff from partner agencies (including sessions in 2012 in Ghana, Afghanistan and Sweden).

Finally, UNICEF sponsored several international conferences and learning events in 2012, including the first ever Menstrual Hygiene Management international conference (co-sponsored by Columbia University), a one-day session on WASH in Schools at the annual University of North Carolina’s Water and Health Conference, and side sessions at major sectoral meetings such as the Sanitation with Equity session co-hosted with WSP and SNV at the 2012 World Water Week meeting in Stockholm.
2.4 Beneficiaries

Direct UNICEF support through development programming led to an estimated 7.3 million people gaining access to improved drinking water services in 2012, and 10.6 million to sanitation. In emergency situations UNICEF helped 17.1 million people maintain or gain access to potable water supplies and 4.5 million to sanitation facilities. UNICEF also supported the construction of water, sanitation and/or hygiene facilities in over 19 thousand schools for 4.1 million students, and in 1,485 health centres (Table 2).

Actual beneficiary figures are higher than these estimates suggest because UNICEF support leads to many “indirect” beneficiaries, including those who benefit from national policy development efforts and capacity-building support. Currently no attempt is made by UNICEF to quantify this kind of upstream support.

Emergency direct beneficiary numbers are higher than in many previous years due to stepped-up support in nutrition emergencies in the Sahel and other sub-Saharan African countries; ongoing support in complex emergencies such as in Pakistan, DR Congo and Somalia; and humanitarian response in areas of conflict (notably in Syria and neighbouring countries) and natural disasters.

The estimated 10.6 million sanitation beneficiaries from development programming is the highest ever recorded by UNICEF. This is due to the rapid expansion in CATS programmes, which account for over 85 per cent of these beneficiaries. While UNICEF directly supports these CATS programmes, the toilets are built and/or purchased by households themselves (UNICEF’s role includes support to community ‘triggering’ and other CATS behaviour change efforts, along with efforts to improve local supply chains and related programming).

<table>
<thead>
<tr>
<th>Table 2: Beneficiaries from UNICEF Direct Support, 2012*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Water Supply (millions of people)</strong></td>
</tr>
<tr>
<td>Emergency</td>
</tr>
<tr>
<td>Development</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>Community Sanitation (millions of people)</strong></td>
</tr>
<tr>
<td>Emergency</td>
</tr>
<tr>
<td>Development</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>WASH Facilities in Schools</strong></td>
</tr>
<tr>
<td>Student population (millions)</td>
</tr>
<tr>
<td>Number of schools</td>
</tr>
<tr>
<td><strong>WASH Facilities in Health Centres</strong></td>
</tr>
<tr>
<td>Number of health centres</td>
</tr>
</tbody>
</table>

*Figures are compiled from reports by UNICEF Country Offices. They are based on a set of assumptions outlined in Box 4.
Over 100 million people were reached through events connected to Global Handwashing Day and through direct handwashing promotion initiatives (such as through CATS programmes, visits by community hygiene promoters and community events). Many more were reached through hygiene promotion media campaigns.

All of these estimates are based on a set of assumptions (see Box 4) designed to standardize programming outputs across the many different types of UNICEF WASH programming around the world, and since UNICEF always works with government and/or other partners the beneficiary figures represent the results of these joint efforts. The figures do not explicitly take into account the sustainability of systems; however, an increasing number of UNICEF water and sanitation programmes are subject to sustainability auditing procedures.

**Box 4: Beneficiary Assumptions and Notes**

- The majority of beneficiaries result from joint efforts involving UNICEF, government agencies and other partners; and the scope of UNICEF’s contribution to these efforts varies from country to country and from project to project.
- Service standards (e.g., the number of people per water point) vary from country to country.
- Most development sanitation beneficiaries are through CATS programming, and some of the toilets constructed by households may not meet JMP sanitation standards.
- School water points often serve the host community as well as the school.
- No distinction is made in these figures between newly constructed water supply facilities and rehabilitated facilities where people regain access to water.
- The figures include some, but not all, emergency water and sanitation systems and services. Some emergency interventions are temporary, some result in permanent systems.
3 Progress in 2012

3.1 Building Enabling Environments

UNICEF encourages and supports efforts that reform policies, increase funding and build capacity for WASH in its programme countries.

A key focus area of this upstream engagement continues to be on the need to increase the efficiency and effectiveness of national sanitation programmes. In many countries this has involved the introduction and demonstration of CATS approaches, leading ultimately to its mainstreaming into national policy and planning instruments. Examples of this in 2012 include Guinea Bissau and Timor Leste where CATS is in new national sanitation policies, in Sierra Leone where CATS is now included as a strategic priority in the PRSP, and in Ghana where it is included in the MDG Acceleration Framework (MAF). Elsewhere, this involves engagement with government partners on adjusting existing strategic approaches, such as in India, where with UNICEF support government is shifting the focus of its national sanitation campaign more towards demand creation (see Section 3.2).

Other areas of focus are water supply sustainability, the need to address climate change in both development and emergency programming, improved monitoring systems in preparation for the post-2015 agenda, and others areas (as described in more detail throughout this report).

UNICEF also works to embed issues of equity into sectoral policy and budgets. In Kenya, for example, UNICEF is helping to update sectoral policy and legislation to bring it in-line with pro-poor requirements of the new national constitution, while in Nepal UNICEF supports government efforts to use an equity lens in budgeting processes. Elsewhere UNICEF makes extensive use of the JMP and other data sets to highlight inequities in the sector, while also sponsoring special studies on issues of equity. Identifying marginalized groups is not enough, of course, and UNICEF also works with government and other partners to develop strategies to ensure that WASH services reach these groups, such as in India, where a gap-analysis study led to new ways of reaching a marginalized community in the state of Bihar.

UNICEF never engages in upstream efforts of this kind on its own; it always works collectively with governments and other partners. In a number of African countries, for example, UNICEF works jointly with the World Bank’s Water and Sanitation Programme (WSP) on the Country Status Overview (CSO) initiative, which benchmarks the preparedness and capacity of national sectors to meet goals. UNICEF works with WSP on other country-level initiatives (e.g., on water point mapping in Sierra Leone) and globally within the SWA and on other collaborative frameworks.

Similarly, UNICEF works jointly in different ways with other SWA members, with donors, with the academic community, with major sectoral NGOs like WaterAid and SNV, and with a large number of partners at the national level.

---

Box 5: Strengthening the Global Enabling Environment for WASH

In addition to its work in programme countries, UNICEF is also active within collaborative efforts to strengthen enabling environments for WASH at the global level. Details on this work are provided throughout this report; highlights include:

- co-leading the post-2015 consultative process for the water sector;
- hosting the SWA Secretariat;
- acting as global humanitarian cluster lead for WASH;
- co-managing the JMP;
- providing extensive support for the GHD and the UNGA Sanitation for All campaigns;
- assuming a leadership role in the global network for WASH in Schools;
- co-hosting the International Network on Household Water Treatment and Safe Storage.

---

4 The second round of CSOs were undertaken in 32 countries in sub-Saharan Africa countries for the African Ministers’ Council on Water (AMCOW), producing national CSOs and a synthesis document (Pathways to Progress: Transitioning to Country-Led Service Delivery Pathways to Meet Africa’s Water Supply and Sanitation Targets), with support from WSP, the African Development Bank, WHO and UNICEF.
3.2 Hygiene and Sanitation

Promotion of Handwashing with Soap

Evidence from research consistently points to handwashing with soap as one of the most effective ways to prevent diarrhoea (the number two cause of mortality among children under five in the developing world) while also reducing the risk of acute respiratory infection (the number one cause of under-five mortality) and other diseases. UNICEF thus puts the promotion of handwashing with soap at the centre of its WASH programmes.

Hygiene promotion components of CATS programmes are now the most common mechanism to promote handwashing in communities. CATS triggering and follow-up activities incorporate messages on hand hygiene and encourage householders to build their own handwashing stations and use soap regularly. This has proven to be an effective strategy. In some countries thousands of households are constructing their own tippy-taps or other inexpensive handwashing stations in their homes – in Kenya, Malawi and Zambia alone over 100,000 household handwashing facilities were constructed in 2012. Of course the existence of these facilities does not necessarily mean they are all being used regularly, but monitoring results are encouraging: in Mozambique, for example, a mid-term impact assessment found that 40 per cent of adults continued to wash their hands after defecation up to two years after CATS triggering activities.

UNICEF uses a variety of other mechanisms to encourage improved hygiene behaviour through its day-to-day work. The most common methods are the delivery of hygiene education for children through schools (see Section 3.4) and hygiene promotion for adults through national health extension networks. Other government mechanisms are also used: for example, UNICEF supports hygiene education for girls in India through SABLA, the national programme for promoting the empowerment of adolescent girls.

Global Handwashing Day once again injected a surge of energy into awareness-raising campaigns in countries around the world. One hundred million people participated in UNICEF-supported GHD events and activities in over 70 countries in 2012, and an estimated 500 million were reached through the media, including through new social media promotional efforts (see Box 7). Schools were once again a focal point for GHD activities in 2012, with over 500,000 schools hosting mass-handwashing events and other activities.

To ensure that GHD is “more than just a day,” UNICEF and its partners work to build on the day’s events, such as in Afghanistan, where more than 8 million children participated in a one-month long handwashing campaign linked to diarrhoea and polio, in Chad, where a series of School Hygiene Clubs were established, and in Ethiopia, where the one-day event was extended to a two-month campaign that reached 30 million people. Several countries have used GHD as a springboard to promote routine mass handwashing at schools, including India and the Philippines. The ultimate goal is...
to institutionalize handwashing behaviour change communication programmes at the national level: currently 76 countries have done this.

As handwashing promotion programmes mature, more work is being done to refine and improve programming strategies. In June 2012 UNICEF hosted the global “Handwashing Behavior Change Think Tank” to bring together researchers with stakeholders from support agencies and the private sector. A key outcome of this exercise was an agreement among participants that promotional effectiveness increases when handwashing with soap is encouraged only at the two most critical times: after faecal contact (after using latrine/cleaning baby) and before food (before eating/preparing food).

UNICEF’s extensive field presence allows it to contribute new evidence to ongoing discussions on programming strategies, while putting the best available knowledge into practice quickly and at scale. There are a number of examples of both types of work in 2012, including the Bangladesh SHEWA-B project (which includes one of the largest-ever handwashing behaviour studies ever attempted) and the new Nepal Public Private Partnership for Handwashing initiative, which incorporates state-of-the-art methodology in a large-scale multi-stakeholder programme. UNICEF also worked with partners to develop improved monitoring tools for handwashing behavioural change. These efforts included the development of a new monitoring toolkit for country programmes (with the University of Buffalo), a 25-year retrospective analysis of handwashing data from country surveys, and the formulation of a recommended proxy indicator for the anticipated post-2015 target on hygiene behaviour change (see Section 1.2). UNICEF’s field presence also helps it contribute to the dialogue on monitoring handwashing in programme countries, such as in Malawi, where a 2012 study helped to define the best proxy indicator for handwashing practices in the national context.

**Sanitation and the Elimination of Open Defecation**

The elimination of open defecation is becoming a core component of global efforts to reduce child mortality within UNICEF and in the development community as a whole. Evidence shows that diarrhoea prevalence drops substantially only when open defecation is completely eliminated in a community; that partial toilet use is not enough. This is increasingly recognized by decision-makers, from the UN Secretary General and heads of state, to public health professionals, to communities themselves.

There is also a growing recognition that the best way to achieve this is not by building toilets for people, but by encouraging social and behaviour change in such a way that people build their own facilities. CATS and other ‘total sanitation’ approaches that focus on changing social norms are leading to results: in areas where such initiatives are in place, a rapidly growing number of communities are becoming open defecation free (ODF).

UNICEF’s own CATS efforts over the last five years are contributing to these results: an estimated 40 thousand communities with a population of 25 million people are now ODF as a result of UNICEF’s direct support to CATS initiatives in recent years. Including programmes that UNICEF supports indirectly (through technical support and collaboration at the policy level) raises the tally of people living in ODF environments amounts to over 100 million. In 2012 alone, UNICEF’s direct support resulted in 10.6 million gaining access to sanitation through regular programming (not counting the additional 4.5 million gaining access through emergency response).

The most impressive gains are in the West and Central Africa region where UNICEF-supported programmes have helped to increase the number of people living in ODF communities by more than three million in one year.

There has also been good progress in South Asia, the region with the largest open defecation population in the world. JMP figures show that concerted efforts are finally beginning to have an impact on reducing these numbers (Figure 6). This progress is expected to further accelerate, notably in India where the Government of India has revamped its national sanitation programme to focus less on subsidized toilet construction.
and more on demand creation in communities (a policy shift supported by UNICEF). In Indonesia and Pakistan (the second- and third-largest open defecation populations), similar approaches are being substantially scaled up by government with support from UNICEF and other stakeholders.

Successes like these are tempered by the fact that there are still over one billion people practicing open defecation worldwide today. More resources are needed to tackle the problem, clearly, but there is also a need for more and more stakeholders to embrace the elimination of open defecation through changes in social norms as their primary strategy for sanitation programming. This is already happening: some development agencies have modified their strategies and an increasing number of developing countries are putting CATS at the centre of their sanitation policies. The main global advocacy campaign for sanitation – the UN’s Sanitation Drive to 2015 campaign – has shifted its focus to the elimination of open defecation, and there is a growing consensus in the sector that the post-2015 development agenda must do the same.

UNICEF modified its own global sanitation strategy in 2012, in part to further encourage this strategic shift in the sector. Under the new strategy, UNICEF will more actively use its leadership role in sector forums to promote coordinated and global action on the elimination of open defecation, and will increasingly prioritize sanitation within its overall programme for children. The strategy also commits UNICEF to concentrate its own resources in those countries where the enabling environment has been established, where the burden of open defecation is high, and where UNICEF has the programming capacity to make a difference.

At the same time, UNICEF is assessing the effectiveness of CATS. In 2012 it concluded a review of community led total sanitation (CLTS) progress in the East Asia and the Pacific region jointly with WaterAid Australia, Plan International and WSP. The review showed that the CLTS approach has indeed been successful (it has resulted in 3.1 million people living in 2,300 ODF communities in 12 countries), while recommending strategic changes that should help to further accelerate progress and improve sustainability. In 2012, UNICEF also launched a major evaluation of its CATS programme that will be completed in 2013. Efforts to monitor the sustainability of CATS programming is ongoing, including through the sustainability check initiative (see Box 8).

To help ensure that growing demand for sanitation products and services can be met by local markets, UNICEF expanded its support in the area of sanitation marketing in 2012. This includes work with partners in a number of related areas including analyses of supply chains, training of masons and research and development on appropriate sanitation technologies, such as in Malawi, where toilet designs that do not require cement have been developed, and in Viet Nam, where a low-cost pour-flush toilet is now in use. UNICEF also works to catalyze local private sector involvement in sanitation, such as in Nepal, where it has teamed up with IDE to develop business models for sustainable sanitation. To strengthen staff capacity in this area, UNICEF has developed a sanitation marketing learning package with the University of California, Davis, which will be rolled out in 2013.

UNICEF also worked to diversify funding for sanitation programming in 2012, entering into two new multi-country funding partnerships.

---

5 CLTS is the most common of the different forms of CATS strategies supported by UNICEF and its partners.
with the private sector. The first is with Unilever, which is providing funding for sanitation programming in nine countries through a unique partnership model in which funds are raised from its philanthropic foundation, through contributions from its staff and from a percentage of sales from its ‘Domestos’ cleaning products. The second partnership is with the Bill and Melinda Gates Foundation, which is providing funding for sanitation implementation and learning activities in the regions of East Asia and the Pacific, and Eastern and Southern Africa.

3.3 Water Supply and Water Safety

Water Supply

UNICEF’s focus in water supply continues to shift from service delivery towards support in the areas of improving cost effectiveness, sustainability, water safety and efforts related to climate change adaptation. As national water sectors continue to mature, this trend will accelerate.

However, UNICEF allocates significant resources to service delivery in poor countries where the MDG water target has not yet been met, and in situations of emergency and transition. In other countries where targets have been met, UNICEF sometimes funds water supply activities in marginalized areas as part of organization-wide efforts to address inequity.

In 2012, UNICEF direct support helped 7.3 million people gain access to water in non-emergency situations and 17.1 million people gain access (or regain access) in emergency situations. Seventy-nine percent of these beneficiaries were in sub-

---

**Box 8: Sustainability Checks for Water and Sanitation in Eastern and Southern Africa**

In the Eastern and Southern Africa region UNICEF is contributing to efforts to improve sector sustainability through the use of sustainability checks (SCs). The purpose of the SCs is to ensure that outputs are sustainable beyond the end of the projects by systematically auditing key sustainability criteria and using the results to make course corrections and as a core indicator for assessing project success. The SCs are carried out for WASH projects funded by the Government of Netherlands in six countries in the region. By the end of 2012, a total of 14 SCs had been carried out, or were being carried out, in these countries.

The SCs are conducted annually by third-party agencies in sample project communities selected randomly. The agencies measure sustainability outputs (such as water and sanitation breakdown rates and the incidence of open defecation) as well as key variables that are known to affect sustainability (such as the existence of community water management committees and the participation of women). The SCs are usually done annually, and continue for several years after the project is completed.

The SC experience is ongoing, but some preliminary results include:

- high water supply functionality (88% in 5 countries, but most sources are relatively new);
- generally high levels of ODF sustainability, with lower rates in countries that have expanded requirements to include factors such as handwashing facilities and latrine quality;
- confirmation that water point functionality rates drop with age;
- data showing a strong correlation between supply chain and water point functionality (see bar chart).

Most importantly, the SCs are helping to raise the profile of sustainability issues and have already led to changes in project design, to a greater focus on maintenance, and to shifts in national WASH sector practices.
Saharan Africa, including in several countries where beneficiaries numbered more than a million (e.g., DR Congo, Ethiopia and Nigeria).

In these and other countries there will be a continuing need for support from agencies like UNICEF for water: over 30 countries remain off track MDG targets (mainly in Africa, Figure 7). Support will also continue to be necessary in other developing countries where disparity levels are unacceptably high: where you live, how much money you have and your social or ethnic group continues to be a determinant of whether or not you have access to an improved water supply.

Cost Effectiveness

High costs for water supply infrastructure is a major reason for slow progress in many sub-Saharan Africa countries, where just the capital cost of a single borehole and handpump serving two or three hundred people can be well over $20,000. Costs can be four times that when amortization, financing and operation and maintenance costs are factored in. These high costs make goals difficult to achieve in poor countries; especially since these are the same countries that are the most severely impacted by climate change. High costs also work their way down to consumers, further exacerbating poverty-related inequities in access to water supply.

For these reasons, UNICEF works to reduce water supply costs in sub-Saharan Africa countries. These efforts focus on lowering drilling costs (boreholes are the most common technology used in rural water supply in Africa), including through an ongoing partnership with the Rural Water Supply Network (RWSN) on promoting the Code of Practice for Cost-Effective Boreholes and on producing training and reference material (including two new field notes in 2012: one on drilling supervision and one on contract management).

UNICEF also supports the development of national guidelines and contracting standards in programme countries, while demonstrating good practices through its own contracting procedures.

UNICEF efforts to lower costs includes the promotion of manual-drilling techniques where applicable. This involves advocacy and demonstration of the potential of manual-drilling, the production of hydrogeological maps to show the extent to which the technology is applicable (12 countries have developed maps with UNICEF support), the training of drillers and support to help professionalize the manual-drilling sector as a whole. UNICEF supports ongoing multi-year efforts in this area in a number of countries including Burkina Faso, Burundi, Cote d’Ivoire, Togo and Zambia in 2012. An agreement signed with RWSN and the SKAT Foundation at the end of 2012 aims to expand professionalism efforts more widely in sub-Saharan Africa and establish an Africa-wide task force on manual-drilling.

Sustainability

It is well-recognized in the sector that the sustainability of water systems is a cause for

---

Concern. In many developing countries it is common to find rural water points that have failed long before the end of their planned lifetime. In sub-Saharan Africa water supplies are often interrupted, with an estimated 36 per cent of handpumps non-operational at any given time, and breakdown rates as high as 60 per cent. Sustainability problems are further exacerbated by climate change, emergency situations and poverty.

Sustainability is a multi-faceted issue, and solutions must be holistic in nature, encompassing not just one or two criteria such as technology choice or community management arrangements, but the entire range of factors that affect sustainability, from the policy environment to the efficiency of supply chains. In its work with government partners on strengthening national enabling environments for sustainability, UNICEF stresses the need to clarify roles and reinforce accountability links between three key sets of actors: communities/users, policy-makers, and service providers (Figure 8).

Issues of sustainability are increasingly mainstreamed into the design and execution of WASH programmes. Examples in 2012 include capacity building at district and community level (such as in Zambia, where 1,724 pump caretakers, 220 area pump menders and 680 village-WASH committees were trained), strengthening supply chains (through a range of interventions in Liberia, Malawi and other countries) and facilitating the inclusion of sustainability into national policy (such as in Kenya, where sustainability is highlighted in the new draft National Water Policy). UNICEF also works to enhance the role of women in the sector at all levels, from community management committees to national government agencies, as a way to address underlying causes of poor sustainability (see Section 6).

UNICEF engages with partners at the global and regional levels on sector-wide efforts to improve programming for sustainability, and continued to build capacity of its own staff in this area, including through a new webinar on the sustainability of rural water supplies. UNICEF also continued to use the sustainability check initiative in Eastern and Southern Africa to enhance the sustainability of its own activities and of national sectors generally (see Box 8). In partnership with the Government of the Netherlands, a decision was made to expand the initiative to the West and Central Africa region, starting in 2013.

Environmental issues and the impact of climate change are central to the overall sustainability equation. See Section 5 for more information on UNICEF’s work in this area.

Guinea Worm Eradication

Guinea worm disease is confined to the four remaining endemic countries of South Sudan, Chad, Ethiopia and Mali. The total caseload has fallen from 1,058 cases at the end of 2011 to 542 at the end of 2012.8 Countries that have had a significant number of cases in recent years – notably Ghana and Nigeria – remained case-free in 2012 and appear to be well on the road to be officially certified as guinea worm free.

No cases of guinea worm were reported anywhere in the world in January 2013, making it the first guinea worm-free month ever recorded. Some cases will still emerge with the rainy season later in the year, but the goal of global eradication is clearly in sight.

UNICEF works in partnership with the Carter Center, the Centers for Disease Control and Prevention (CDC), WHO, governments and other partners in the eradication effort. Programming includes surveillance, case containment, open water source treatment, behaviour change activities and the construction of safe water sources in endemic areas, which is a key measure (see Ghana example in Figure 9). UNICEF’s contribution is mainly in the area of water supply and behaviour change promotion, and in 2012 these efforts were focused on South Sudan, which has the vast majority of remaining cases. In 2012 UNICEF constructed 63 new water sources and rehabilitated 75 existing sources in guinea worm endemic villages in the country.

Water Safety

UNICEF works on a number of interrelated areas to help improve drinking water quality in programme countries, including through water quality monitoring, the promotion of household water treatment and safe storage (HWTS) and – increasingly – through the promotion of water safety frameworks at the country level.

There were a number of advances related to water quality monitoring in 2012. An agreement was reached among sector stakeholders on a set of water quality indicators and testing.
methods, which were then piloted for the first time in two countries (Bangladesh and Ghana: see Section 7). This represents an important step forward: standardized water quality testing paves the way towards the inclusion of water quality monitoring in post-2015 targets and forms the basis for national water safety planning. An example of this is a multi-year support effort in DPR Korea which started with pilot water quality monitoring activities and the subsequent development and publication of national monitoring and surveillance guidelines. This in turn has led to the development of a broader water quality management framework, which UNICEF continues to support. Other countries in which UNICEF works with government partners on water safety planning include Kenya, Malawi, India and Viet Nam.

As part of its effort to promote water safety, UNICEF provides support for household water treatment and safe storage (HWTS) at both the global and country levels. UNICEF continued to co-host the International Network on Household Water Treatment and Safe Storage (INHWTS) with WHO, and progress was made on several key activities: a survey of HWTS national policies was completed, national strategy development processes were initiated and technical guidelines were developed on the integration of HWTS into HIV/AIDS and nutrition programmes. The Network also completed an extensive exercise to codify the assessment of HWTS, and published a monitoring and evaluation toolkit.9

Country level activities supported directly by UNICEF in 2012 include support for communication and marketing campaigns (e.g. Liberia), technical assistance for local technology research and development (e.g. India and Sierra Leone) and extensive support for capacity building (e.g. Kenya and Vietnam).

HWTS messaging and the distribution of HWTS products is increasingly mainstreamed into broader UNICEF work to deliver a high-impact package of interventions to reduce child mortality in vulnerable communities. These packages, which vary from country to country, can also include vaccinations, nutrition interventions, the distribution of anti-malaria bednets and hygiene education. Similarly, the distribution of chlorine-based HWTS products is also an important part of UNICEF’s package of humanitarian response activities (a total of 371 million chlorine tablets were procured by UNICEF in 2012).

### 3.4 WASH in Schools

UNICEF continued to prioritize its work in WASH in Schools (WinS) in 2012. Ensuring children have adequate water, sanitation and handwashing facilities at school has clear benefits in the areas of health, education, gender empowerment and the overall development of children while addressing children’s rights to water and sanitation, to health and to education. And empowering schools to act as hubs for hygiene education and the promotion of behaviour change helps ensure that these benefits are long-lasting, both for children and for their families and communities.

There is a growing interest in WinS globally, and an increasing number of stakeholders are working in the area, including governments, support agencies and other actors. It appears that these collective efforts are having an impact, especially in poorer countries. The latest results from UNICEF country programme data show that the percentage of schools with adequate water and sanitation facilities still hovers around the 70 per cent mark in developing countries generally, but in least developed and other low income countries the averages are rising (Figure 10). The greatest increases are in the area of sanitation, with average coverage levels rising above 50 per cent for the first time ever.

This is positive progress, but it must be put into context. The figures are based on national government standards that often consider only basic coverage indicators and do not take into account factors such as the need for private, gender-disaggregated toilets or whether or

---

not facilities are well maintained or even functional. They also do not take into account any facilities or activities related to hygiene education. There is a clear need to continue to expand and improve WinS programming, worldwide.

Scaling Up Coverage: WASH Facilities and Hygiene Promotion in Schools

UNICEF supported WinS activities in some 95 countries in 2012. As is the case for the overall WASH programme, the package of WinS activities ranges in scope from small interventions to comprehensive programmes of support. Smaller interventions tend to be in middle income countries where a specific intervention is carried out with the intention of influencing national programmes and strategies, such as in Paraguay, where UNICEF sponsored a survey of WASH facilities in schools in a marginalized region and is providing technical support for updating the national standard. Comprehensive programmes are more common in poor countries, such as Sierra Leone, where UNICEF support encompasses standards development, teacher training, hygiene promotion, the construction of WASH facilities in schools and other activities. UNICEF also works repairing and rebuilding school WASH infrastructure in emergencies or in situations of transition and recovery, including in Syria and neighbouring countries in 2012, in Haiti and in a number of countries in sub-Saharan Africa.

UNICEF expenditure for WinS was approximately $56 million in 2012, the most ever.10

UNICEF estimates that its support in 2012 directly benefited 4.1 million students in 19,088 schools worldwide through the construction of WASH facilities. An estimated 70 million school children were reached through Global Handwashing Day activities (including mass-handwashing events in over 500,000 schools) and other hygiene promotion programmes. The most beneficiaries were in South Asian countries where UNICEF contributes to large government WinS programmes, and in the growing sub-Saharan Africa programmes, which now account for about 30 per cent of beneficiaries.

These efforts — and the efforts of UNICEF’s partners — are important, but they are not enough to fully address the problem of water, sanitation and hygiene in schools. More resources are clearly needed for WinS, but of equal importance is the need to refine programme strategies to use existing resources more effectively.

Improving Strategies

To better understand where to focus resources UNICEF carried out analyses of its own WinS programmes in 2012, and through this process has identified a number of bottlenecks. The most serious bottlenecks are in the area of budget allocation, hygiene promotion (the emphasis given to hygiene promotion and the methods used), maintenance, and in efforts to encourage local ownership and support for WASH in schools (see Figure 11 for an example from one country).

In response to this analysis (and to country-specific analyses), UNICEF is modifying its programme approaches, including its strategy for hygiene promotion in schools. Specifically, UNICEF is expanding efforts to introduce mass handwashing with soap as a daily part of the school routine. These group handwashing activities are designed to reinforce the habitual nature of hygiene practices using the positive power of social norms to strengthen hygiene behaviour. In 2012, UNICEF, GIZ and the Fit for Schools NGO in the Philippines (which has successfully applied the mass handwashing model in schools) hosted a ten-country training session on the practice. Group handwashing programmes have now been launched in a number of countries, notably in India, which already has much experience in this area through its large-scale mass handwashing activities for GHD.

In other countries UNICEF is introducing innovative approaches to improve programming generally, or to resolve specific issues. Examples include Guinea-Bissau, where girls’ urinals have been introduced in schools, in Uzbekistan, where

---

10 This is an estimate. Expenditure on WinS cannot be fully extracted from expenditure on WASH as a whole because of the integrated nature of the programme. The figure is likely higher than this because some service delivery outputs serve both communities and schools, a factor not taken into account in this estimate.

---
improved sanitation and hygiene in schools by fostering greater participation among local school stakeholders, and in Haiti, where UNICEF works with national NGOs to provide cholera prevention education in schools while empowering students to transmit this information to their parents.

In several countries UNICEF uses its experience working with youth to facilitate the participation of young people in WinS activities. In Bangladesh, for example, the recently completed five-year SHEWA-B project trained over one million students who led hygiene promotion activities in their schools and communities.

**Building Capacity**
Linked to new strategies and innovative approaches is the need to build capacity of WinS practitioners, both within UNICEF and among government agencies and other stakeholder organizations. UNICEF was very active in this area in 2012, starting with its flagship professional training programming, the WinS 101 distance learning course, developed with and conducted by Emory University. The intensive 13-week course, which uses webinar and “virtual classroom” technology has trained 219 practitioners from countries around the world since it was launched in late 2010, including 126 in 2012 (mainly UNICEF staff). This course is now being “nationalized” with at least three countries slated to develop their own courses in 2013.

Other capacity-building activities supported by UNICEF in 2012 include field-based training like the one held in the Philippines, the sponsorship research on WinS, support to WinS-related conferences and the publication and dissemination of a range of training materials and technical manuals (see Box 9).

**Setting Standards and Monitoring Results**
Over the last three years, UNICEF and its partners from the WASH in Schools Network have developed numerous tools to improve monitoring and to encourage and guide the development of standards. These include a set of global standards published with WHO in 2009, regional and global monitoring packages published in 2010 and 2011, and a WinS Bottleneck Analysis Monitoring toolkit issued in 2012. These and other tools – along with general advocacy efforts – are beginning to have an impact: more and more countries are developing their own national standards for WASH in Schools and are launching new monitoring initiatives.

Since 2009 at least 12 countries have developed national comprehensive WinS standards with UNICEF support, and other countries are in the process of doing so, including Bhutan, Indonesia, Malawi, Nepal, Rwanda and Sri Lanka. These new standards, Together with other regional and global packages, these tools provide a comprehensive approach to monitoring and improving WASH in Schools.

---

11 The WASH in School Network has over 70 institutional members worldwide including UN agencies, bilateral development agencies, NGOs, sectoral networks and universities.
all of which incorporate elements of the good practices outlined in the global standard, have the potential to make a significant impact on resource allocation and programme design.

More countries are carrying out surveys on the water, sanitation and hygiene education situation in schools than in the past, and some are re-designing Education Monitoring Information Systems (EMIS) to include a better set of data on WinS. In many cases the surveys show unexpected results and highlight areas of concern. For example, a survey in four provinces in China showed that fewer than half of schools have adequate sanitation and washing facilities, while a regional survey in Georgia highlighted issues of equity by showing far lower figures than the national average.

UNICEF is also doing a better job of monitoring WASH in Schools coverage in its programme countries. Five years ago (in 2008) only about half of country offices were providing data on water and sanitation coverage in schools, while in 2012 fully 80 per cent of countries were reporting. Although this dataset is used as the de-facto monitoring instrument for WinS globally, it has a number of limitations. Cognizant of this, and of the fact that UNICEF is not necessarily the appropriate repository of WinS monitoring data, the WASH in Schools Network has launched a new on-line monitoring tool\(^1\) and UNICEF is taking steps in 2013 to improve global WinS monitoring generally.

### Advocacy and Evidence

The benefits of WASH facilities and hygiene education in schools are increasingly recognized by WASH and Education stakeholders and by development decision-makers globally. This is due in part to efforts by the WASH in Schools Network, which in 2012 published the second update of its flagship document, *Raising Even More Clean Hands*.\(^\text{15}\) The publication, which includes a summary of the state-of-the-art evidence on WinS, lessons from the field, and a suggested course of action for organizations involved in WinS, has become the framework document for the sub-sector.

Advocacy work has also resulted in a recognition among sector professionals that WinS should have a distinct place in the post-2015 development agenda. The final aspirational goal set released by the JMP working group for WASH includes universal access to WASH in Schools by 2030 (see Section 1.2). The high participation rates in the post-2015 public consultation sessions devoted to WinS also demonstrated that there is great interest in improving the situation in schools in countries around the world.

Advocacy activities are also a major part of UNICEF’s work in WinS at the country and regional levels. A major example in 2012 was the seven-country South Asia Regional Conference on WinS, which included the participation of ministers of Water and Health and resulted in a regional plan and pledges for new funding.

Advocacy is dependent on an up-to-date evidence base of research and assessments related to WinS. Robust evidence is also required for the development of new programing strategies and for capacity building. Just five years ago evidence and learning materials related to WinS were limited, but this is changing as WinS becomes more visible and an increasing number of actors – including from the academic community – begin to treat WinS as serious field of study. Examples of research-related activities sponsored by UNICEF in 2012 include a one-day session on WinS at the annual University of North Carolina Water and Health Conference and the six-country Equity of Access to WASH in Schools study with the Center for Global Safe Water at Emory University completed in 2012.

UNICEF continued to be involved in the rapidly expanding field of Menstrual Hygiene Management (MHM). Work in 2012 included the sponsorship of the first-ever conference on Menstrual Hygiene Management (co-sponsored by Mailman School of Public Health, Columbia University), and a four-country collaborative research programme with Emory University. Other contributions in the area of MHM are detailed in Section 6.

---

\(^1\) http://www.washinschoolsmapping.com/

\(^\text{15}\) *Raising Even More Clean Hands: Advancing Health, Learning and Equity through WASH in Schools*, 2012.
In 2012, UNICEF provided emergency WASH support in 72 of the 79 countries in which it carried out humanitarian interventions. In 64 of these countries, it assumed a leadership role in the coordination of the overall WASH response effort. This dual role of fulfilling its own Core Commitments for Children in Humanitarian Action (CCCs) while leading coordination efforts means that UNICEF is rarely absent when WASH emergency support is required anywhere in the world.

UNICEF expended a total of $146 million on emergency WASH interventions throughout the year, which represents 39 per cent of total expenditure on WASH (Figure 12). Over 80 per cent of this emergency WASH expenditure was in four regions in 2012:

- in West and Central Africa, which continues to be a cholera epicentre and where WASH support was a major component of UNICEF’s response to nutrition crises in the Sahel;
- in Eastern and Southern Africa, where UNICEF leads responses to ongoing complex and acute emergencies, especially in the Horn of Africa, South Sudan and in the DR Congo;
- in South Asia, where Pakistan continues recovery efforts while responding to new flooding events and security-related crises; and
- in the Middle East and North Africa, with ongoing support in response to the Syrian crisis, along with efforts in Libya and Yemen.

In all regions emergency response, coordination, preparedness planning, and support for strengthening the resilience of communities continues to be a key part of the UNICEF overall programme for WASH.

### Figure 12: UNICEF Emergency WASH Expenditure, 1990-2012

#### 4.1 Emergency Response

UNICEF emergency interventions helped an estimated 17.1 million people gain or regain access to potable drinking water and 4.5 million to basic sanitation in 2012. These interventions range widely in scope and scale, and are carried out in all regions of the world.

Some interventions are relatively small one-off responses to natural disasters such as in Peru, where water and sanitation services were restored for 18,000 people in the flood-affected Loreto region, and similar interventions in response to earthquakes (such as in Guatemala in 2012), cyclones (Madagascar and Fiji) and other disasters.

Other interventions are large and ongoing, such as the comprehensive response in eastern DR Congo that helped over 750,000 people gain access to sanitation and 1.3 million to water supplies.
in 2012, and the programme in Somalia that assured safe water to over 950,000 internally displaced and other vulnerable people. In developing countries with ongoing and complex emergency situations, UNICEF tends to be one of the major responders both during the emergency itself and throughout the recovery and reconstruction periods.

The largest UNICEF emergency WASH programme, by expenditure, was Pakistan, for the third year running. Other large programmes included, Somalia, South Sudan and Yemen. UNICEF emergency expenditure exceeded $1 million in a total of 31 countries in 2012 and exceeded $5 million in nine countries (see Box 10), in both cases the highest number ever.

### Box 10: UNICEF Emergency WASH Programmes Exceeding $5 Million in Expenditure in 2012

- Ethiopia
- Haiti
- Jordan
- Mali
- Pakistan
- Somalia
- South Sudan
- Yemen
- Zimbabwe

In comprehensive emergency programmes UNICEF takes on a variety of intervention roles covering water, sanitation and hygiene. Water interventions include both temporary life-saving measures (such as water trucking and water treatment) and more long-term measures, including the construction of water systems. Examples of the former in 2012 include South Sudan, where trucking and treatment operations maintained access to safe water for over 250,000 people, and in Ethiopia where more than 350,000 drought-affected people benefited from a two-month trucking operation. In some cases these water systems are also temporary (such as in IDP camps), but usually the systems are constructed in communities (including communities temporarily hosting displaced people and refugees) or institutions (such as schools and health posts) where they can continue to be used by people after the emergency has passed.

Sanitation emergency support follows a similar pattern, with some facilities built temporarily for people displaced by emergency events, and others for vulnerable people in their own communities or in host communities. Emergency sanitation efforts are often carried into recovery and transition phases (e.g., to prevent the recurrence of disease outbreaks, such as in Haiti). It also sometimes leads to changes in the national programming environment, such as in Pakistan, where the Pakistan Approach to Total Sanitation (PATS) introduced through emergency relief measures, has now been adopted as a standard development approach and is helping hundreds of thousands of people to abandon the practice of open defecation. UNICEF WASH humanitarian response also includes a range of hygiene interventions from face-to-face promotional activities (e.g., through handwashing promotion in camps or cholera prevention campaigns in poor urban neighbourhoods) to country-wide media campaigns. In Sudan, for example, UNICEF estimates it reached five million people through emergency hygiene promotional activities in 2012.

Part of the response involves the procurement and distribution of critical supplies, many of which are sourced in-country and, in some cases, pre-positioned in warehouses as a preparedness measure. The two most common supply items distributed by UNICEF in emergency situations are family hygiene kits (which includes soap, detergent, sanitary napkins, towels, a washing line and other supplies) and water purification tablets. In 2012 alone UNICEF procured over 56,000 kits and 371 million tablets.

There were major efforts in 2012 to step up WASH contributions to UNICEF programmes of response to nutrition crises, notably in the countries of the Sahel. In Niger, for example, UNICEF ensured that each of the country’s 898 nutrition centres had a functioning handwashing facility and a continuous supply of soap, while providing all mothers visiting the centres with soap and water purification tablets for home use. Other examples include the delivery of hygiene kits to over 100,000 affected people in Mauritania and a re-invigorated hygiene communication campaign delivered through community radio and market-day theatres in Chad. More importantly in the long term, UNICEF helped to permanently strengthen national nutrition response by rolling out its WASH-in-Nut strategy throughout the West and Central Africa region (WCAR). Some WCAR countries were affected both by nutrition crises and cholera outbreaks, and UNICEF took steps to expand its cholera prevention and response programme both in WCAR and other regions (see Box 12).

UNICEF also worked extensively in the Middle East and North Africa (MENA) region in 2012, mainly in response to the Syrian crisis and to the multi-faceted humanitarian

### Box 11: Developing Innovative Emergency WASH Technologies

Working with partners in the private sector and the academic community, UNICEF is developing new technologies to help improve humanitarian WASH interventions. These are in varying development and testing stages and include:

- a child-friendly/handicapped-accessible latrine slab for emergency use, also designed to improve odour and insect control;
- a portable chlorine generator that automatically produces chlorine locally for water purification;
- a new flexible, collapsible and robust jerrycan (below).
situation in Yemen. The Syria response included strategic interventions in-country (including water system repairs and the delivery of hygiene kits), and larger programmes of response in neighbouring countries, especially in Jordan, where UNICEF provided water and sanitation services in camps, transit sites and host communities for more than 90,000 Syrians. The UNICEF Yemen emergency WASH programme is now the third largest in the world (by expenditure). It involves a broad package of support, including crisis response (such as water trucking) in conflict-affected areas in both the north and south of the country, along with the construction and rehabilitation of water systems in the increasing number of communities affected both by water scarcity and the emergency situation. Elsewhere in MENA, UNICEF provided support for vulnerable families

| Box 12: Cholera Preparedness and Response |

Recent estimates show that there is an average of 2.8 million cases of cholera resulting in over 90,000 deaths annually in endemic countries, and that children under five account for about half of these deaths. In recent years there have been major cholera outbreaks in Haiti and in sub-Saharan Africa, and the global 2011 caseload was the highest in 20 years*.

In response UNICEF is building capacity both internally, and among its global and national partners. In 2012 this included the development of a new Cholera Toolkit that provides practical guidance for prevention, preparedness and response at the national and community level, and is supported by a multi-sectoral global task force. In West and Central Africa, UNICEF rolled out its region-specific “sword and shield” (response and prevention) strategy, which was used as the basis for a multi-country package of year-round, cross-sectoral interventions in response to the ongoing outbreak in the region.

The UNICEF WASH-related cholera prevention and response programme has grown substantially, now supporting activities in over 30 countries in Africa, Asia and the Americas. These include:
- coordinated, multi-agency cross-border planning and interventions to limit the spread of cases (in West Africa, Southern Africa and on Hispaniola island for Haiti and the Dominican Republic);
- sponsoring studies on cholera, such as the multi-country Lake Chad study;
- developing country-specific prevention and response strategies;
- supporting multi-channel communication and prevention campaigns;
- adapting and focusing ongoing HWTS interventions for cholera prevention;
- the construction or rehabilitation of water points in particularly vulnerable communities;
- using schools as centres for cholera prevention education programmes, including support for children as agents of change in their households and communities;
- prioritizing cholera-prone areas for CATS programming to reduce open defecation.


Cholera prevention radio campaign in Niger
in Libya, and for drought affected people in Djibouti and continued to lead the response to the complex emergency situation in Sudan.

4.2 Emergency Coordination and Capacity Building

Coordination
UNICEF continued to lead the coordination of WASH humanitarian response in 2012. It maintained its role as lead agency of the IASC global WASH cluster, while leading (or co-leading) the WASH cluster or equivalent emergency coordination mechanism in a total of 64 countries, the most ever. These countries include most sub-Saharan Africa countries, many of which are affected by nutrition crises, drought and complex emergencies (Figure 13). Other countries include those in MENA affected by the Syria crisis, countries in the Americas and Asia affected by natural disasters, and countries with ongoing emergency situations like Pakistan and DPR Korea.

UNICEF’s contribution to global level cluster coordination is guided by the cluster strategic plan for the 2011 to 2015 period. The plan includes outputs designed to improve coordination, preparedness, accountability and overall capacity to deliver emergency WASH response effectively and efficiently. Cluster partners achieved good progress in 2012, realizing 87 per cent of planned activities.

In 2012 UNICEF consolidated its cluster leadership responsibilities into a single global coordination unit, which includes WASH and other cluster leadership professionals (UNICEF currently leads or co-leads the Nutrition, Education and WASH clusters, along with the Child Protection component of the Protection cluster).

Coordination at all levels requires substantial UNICEF staffing inputs. This is especially the case in countries experiencing acute and/or complex emergencies such as Afghanistan, DR Congo and the Philippines. In these and some other countries (a total of 16 countries in 2012) a dedicated WASH coordinator is posted to lead coordination efforts, and in some cases a second information management professional is also posted. However, in most countries in which UNICEF is the cluster lead, no dedicated staff member is appointed and the existing WASH team is responsible for all emergency activities, including implementation and coordination (Figure 14), along with continuing to manage the non-emergency WASH programme.

UNICEF is supporting national governments to build and maintain humanitarian WASH coordination capacity in a number of countries. In Kenya, for example, government has taken over responsibility for coordination (through the WESCORD platform), while in Afghanistan coordination responsibility is in the process of being transferred from UNICEF to government. In the Philippines, where coordination is carried out jointly by government and UNICEF, the coordination unit is embarking on a recently finalized five-year plan that aims to build the WASH-related resilience of communities prone to climate change-related disasters.

Capacity Building
UNICEF works on a number of levels to build capacity for WASH emergency preparedness and response. It cooperates with cluster partners at the global level on training activities, it carries out similar support through coordination platforms at country level, and it continues to train and equip its own staff.

A highlight of capacity-building efforts is the ongoing global WASH in Emergencies
(WiE) course, a comprehensive training programme covering both emergency response and coordination. By the end of 2012, the majority of UNICEF WASH staff had been trained, a total of 251 professionals. This three-year effort has given UNICEF substantial in-house capacity for humanitarian WASH programming for the first time, and there are clear indications from the field that this has contributed to improved effectiveness of UNICEF coordination and response efforts.

Demand for the course has increased. The three WiE course sessions that were held in 2012 (two regional sessions held in Afghanistan and Ghana, and a global session in Sweden, with support from the government of Sweden) included non-WASH UNICEF participants, participants from external partner agencies, and some government participants. UNICEF has produced an external version of the course to handle this demand, including modules targeted at standby staff to be seconded to UNICEF to help them gain a good understanding of UNICEF processes and delivery mechanisms before they arrive in-country.

Additional capacity-building efforts for staff in 2012 included the development of the Cholera Toolkit and related actions, and a series of webinars for staff, including sessions on staffing in emergencies, emergency hygiene education tools, and menstrual hygiene management in emergencies.

At country level, UNICEF and its partners are continuously involved in capacity-building activities for government and civil society stakeholders. There are many examples of this: in Nicaragua UNICEF worked with partners to produce technical and community manuals for emergency water and sanitation infrastructure, in Indonesia UNICEF sponsored preparedness training for NGOs, and in Angola and other WCAR countries UNICEF developed training materials on WASH in nutrition treatment centres. In addition, UNICEF’s guidebook for teachers on WASH in emergencies was translated and rolled out in three regions in 2012, complete with region-specific flashcards and a companion compendium on emergency WASH facilities in schools.

Finally, UNICEF continued to supplement response capacity in countries through surge deployments. In 2012 this included the posting of 81 professionals, with 46 supporting UNICEF programmes and 35 supporting WASH clusters and other coordination mechanisms. In addition, other cluster partners, in coordination with UNICEF, have setup the global Rapid Assessment Team (with five deployments in 2012), while regional cluster advisors provided support to 12 high-risk countries on capacity assessment and development.
5 WASH, the Environment and Climate Change

Children are one of the largest and most vulnerable groups at risk from climate change and environmental degradation, and UNICEF works on a number fronts to reduce this risk. WASH is at the forefront of these efforts, working to increase the resilience of communities to adapt to the water-related impacts of climate change.

One area of UNICEF support is working with government and other WASH sector actors to develop sector strategies for climate change adaption (CCA), which in turn builds on past efforts to identify and map climate risks in programme countries (risk assessments have been completed in 50 countries). In Lao PDR, Nepal and Zambia, for example, UNICEF supported consultations to formulate national sector adaptation strategies in 2012, and similar work was initiated in other countries. UNICEF also supports these efforts sub-nationally, such as in the Philippines with its programme of building community resilience to climate change and related natural disasters at the municipality level.

The area of greatest focus is capacity building for WASH-related climate change adaption. In this area, UNICEF starts with its own staff, delivering a webinar-based training programme on “Climate Change and WASH” that reached 50 programme countries by the end of the year. Within country support was provided on a number of training initiatives such as in Nigeria where a training curriculum on CCA for WASH sector professionals was drafted for use by the national sector training institute, and in the Philippines where almost 3,000 people were trained.

Related to CCA training are efforts to strengthen capacity in the area of reducing the vulnerability of groundwater resources to climate change and related threats. A webinar on integrated water resources management (IWRM) was developed and launched, a new field guide on sustainable groundwater development was finalized and disseminated with RWSN, and a variety of related support activities were carried out in-country.

Work continued on the development of climate change-resilient WASH technologies such as in Bangladesh, where UNICEF supported the piloting of low-cost desalinization to secure year-round availability of drinking water supplies in areas affected by sea-level rise and aquifer salinization. Elsewhere UNICEF supported the installation of rainwater harvesting systems and efforts to further improve the technology.

UNICEF also continued its work on enhancing the resilience of WASH infrastructure to climate change-related natural disasters, notably on the flood-proofing of both water points and toilets. Much of this effort is concentrated in schools because they tend to be community focal points (communities often use school water systems for domestic use) and because in many countries schools serve as designated shelters during natural disasters.

In all of its work on climate change and the environment, UNICEF collaborates with a wide range of partners, including line ministries responsible for water and sanitation and for the environment, with UNDP and UNEP within joint programmes, and with a wide range of NGOs.
Gender inequality is entrenched in the social norms of most societies, and this leads to the disproportionately negative impact that poor WASH services has on women and girls, while also affecting the extent to which they benefit from service improvements. In addition, gender inequality has a negative impact on the involvement of women in sector processes, making meaningful change a slow process.

UNICEF tries to address social norms that have a negative impact on women through its overall programme, and works to do this within WASH programming as well.

Gender is mainstreamed within UNICEF-supported WASH activities in a number of ways: when UNICEF programmes involve the formation of community WASH committees, for example, it takes steps to encourage the participation of women in leadership roles; when UNICEF funds water point construction, it works with implementing partners to ensure that women are involved in siting decisions; and when it works with partners to revise standards on WASH facilities in schools, it ensures that the special needs of girls are fully taken into account.

However, these efforts are not enough, and UNICEF is working to improve the impact it has on the role of women in the sector, and on the extent to which water and sanitation services are geared towards the needs of women and girls.

One way is to highlight gender issues through advocacy linked to gender-disaggregated monitoring. For example, a 2012 survey of rural schools in Uzbekistan sponsored by UNICEF showed that there were far fewer toilets for girls than for boys, while a survey in China showed that most schools do not have provisions for menstrual hygiene management. Meanwhile in Sierra Leone a baseline survey has shown the correlation between girls’ absenteeism with adequacy of WASH facilities in schools. In all of these cases, study results are leading to changes in programme designs. UNICEF is also well-placed to do this at the global level through the JMP, which is helping to ensure that gender-related indicators are included in the proposed post-2015 WASH target set.

UNICEF continued to sponsor national sector gender audits in its programme countries. In 2012 these include new studies in Ghana and Mozambique and in Ethiopia, where audit results are being used to develop a national gender action plan that will include a gender-indexed monitoring system and checklists to mainstream gender in the national WASH programme.

UNICEF supports a number of in-depth studies that focus attention on gender and WASH. Examples from 2012 include a study in Nepal that analyzes the needs and motivation of women regarding sanitation facilities, the six-country Equity of Access to WASH in Schools study, and research in five countries on menstrual hygiene (see Box 13). In Ghana, there are indications that government-mandated quotas for women in community WASH committees are having an impact on the sustainability of water systems; UNICEF will sponsor a study in 2013 to track this.

UNICEF is also working to ensure that gender is more actively considered within sector processes and institutions. In India, for example, UNICEF technical assistance and engagement with national partners has led to the inclusion of gender on government meeting agendas, to a discussion on gender budgeting for the sector, and to an agreement to hold a national gender and WASH conference in 2013.

To help ensure its programmes adequately address local gender issues, UNICEF builds partnerships with national bodies involved in gender and WASH, such as the Women’s Development and
Empowerment Forum in Sri Lanka and the Fertility Care Center in Nepal. UNICEF also takes steps to encourage gender sensitivity on behalf of its implementing partners by emphasizing gender markers in the contract bid scoring system. Finally, UNICEF continues to take steps through its organizational hiring practices to encourage women candidates. In 2012 the proportion of female WASH professionals in UNICEF was 23 per cent overall, about the same as last year, but the proportion of senior professionals (at P5 level) rose to 26 per cent.

Box 13: UNICEF and Menstrual Hygiene Management

UNICEF has taken a leadership role in the area of menstrual hygiene management, primarily in the context of the WASH in Schools programming. Examples from the 2012 programme include:

- The Menstrual Hygiene Management international conference (co-sponsored by Columbia University) with over 300 participants from sectoral agencies and the academic community.
- A new collaborative research programme with the Center for Global Safe Water at Emory University, focusing specifically on exploring the MHM barriers faced by female students in four countries.
- A global review of MHM in Emergencies programming of UNICEF and partners.
- The development and distribution of MHM education material, such as the popular Sierra Leone booklet, 150,000 copies of which have been distributed through schools nationwide.
- The use of evidence to successfully advocate for the inclusion of an MHM target and indicator in the proposed post-2015 sector goals.
- Sanitary napkins are included in UNICEF emergency hygiene kits as a standard item (along with soap, detergent, towels, etc.). UNICEF procured over 56,000 hygiene kits in 2012.
- Support for the local manufacture of re-usable sanitary napkins in several countries.
- The development of new national standards for WASH in Schools with provisions for MHM in Indonesia, Malawi, Rwanda and other countries. The testing of new designs for school facilities with improved privacy and washing areas in China, Sierra Leone and other countries.
The JMP issued its biennial report in March 2012 providing a comprehensive update of the situation in the sector based on the 2010 water and sanitation coverage dataset, which is in turn based on data from over 1,200 surveys and censuses. The “headline” featured the achievement of the MDG water target five years ahead of the target date, attracting wide coverage of the report in the global media. However, the report was careful to qualify this success, explaining that the achievement is in the context of the official indicator of “improved” water, that there has been unequal progress among and within countries, that there are challenges in measuring water safety on a global scale, and that the remainder of people without access are often the hardest to reach.

The JMP (managed by UNICEF and WHO), continued to maintain the coverage database, expand the wssinfo.org site, and release more extensive datasets to the public. The JMP also commissioned research related to sector monitoring (see Box 14), held data harmonization exercises in a number of countries and provided webinar-based training to over 100 UNICEF staff and government counterparts in 32 countries.

The JMP facilitated the technical consultation process on post-2015 targets and indicators over a two-year span, led by four working groups that covered drinking water, sanitation, hygiene and equity. The working groups were charged with producing a menu of “politically bankable” and relevant targets based on the principles of the human right to safe water and sanitation, complete with a set of realistic indicators that build on existing monitoring mechanisms. The process culminated with an agreement by stakeholders on a set of aspirational targets (see Box 1) and realistic indicators, which will be used to underpin continuing wider discussions on the post-2015 agenda for the sector.

The JMP also made progress developing appropriate water quality indicators and monitoring protocols for use in household surveys, a process that will ultimately lead to a viable system for including water quality in the JMP parameter set. A decision was made on a standard method for testing microbiological water quality (a commercially available US Food and Drug Administration approved test for E.coli), which was piloted by the Swiss Institute for Aquatic Sciences and Technologies (EAWAG) in Bangladesh. Based on the pilot results, a module and training manual was developed and water quality was introduced as a full module in the Ghana Living Standard and Measurement Survey and the Bangladesh MICS, both initiated in 2012.

---

**Box 14: JMP Research Activities 2012**

1. Study on the reliability of household water treatment question in MICS and DHS.
2. Research on alternative statistical projection and modelling methods for improved inter-country comparison.
3. Pictorial and descriptive inventory of latrines and toilets in China to assist in training survey enumerators.
4. Analysis of 20 years of data on child faeces disposal practices.
5. Research on the public health impact of using shared or public sanitation facilities.
6. Investigation into future options for global monitoring of WASH in urban areas.

---

15 The indicator for the MDG water target (and for the JMP) is that drinking water comes from an “improved” source, not from a “safe” source. An improved source is defined as a standpost tap, a tubewell with a handpump or other types of systems that generally provide protection against contamination (see the JMP reports for the complete definition). This definition represents a compromise between what is possible to measure and what would be desirable to know.
8 UNICEF Expenditure for WASH

8.1 Expenditure Patterns and Funding Status

UNICEF WASH expenditure in 2012 was $380 million, $8 million more than in 2011, and the second highest total ever. This increase is due to growing donor partner support for regular WASH programmes; funding for emergency WASH programmes dropped slightly from $154 million in 2011 to $146 in 2012 but support for non-emergency programming increased by 7 per cent in the same period.

The West and Central Africa Region accounted for more expenditure than any other region in 2012 as UNICEF stepped up support for countries lagging in progress towards the MDG targets and in response to emergencies. In total, sub-Saharan Africa accounted for just under 60 per cent of all expenditure (Figure 17). The majority of UNICEF’s WASH staff are also posted in sub-Saharan Africa: 63% in 2012.

For the third year in a row the most WASH expenditure in a single country was in Pakistan, where UNICEF continues to support transitional programmes from the flooding of 2010 and 2011 while responding to new emergencies (reaching over 7 million people in 2012). Tables 3 and 4 also show the other high-expenditure countries for emergency WASH (including Somalia and Yemen) and for development WASH (including Nigeria and Bangladesh). Ethiopia and DR Congo appear on both the top ten funding lists due to their comprehensive WASH programmes with large emergency and development components. Both of these countries have been on the top ten WASH list expenditure list since 2006.

The top ten countries by overall WASH expenditure account for 47 per cent of all field WASH expenditure, a somewhat lower figure than in most previous years (the six-year average is 53 per cent), but still a reflection of the importance attributed to these ten countries by both UNICEF and its funding partners.

UNICEF continued its strong focus on the field in 2012, with 98 per cent of expenditure occurring at the country level and the remainder in its New York headquarters, Copenhagen supply office and in the regional offices in Dakar, Nairobi, Amman, Kathmandu and Bangkok. Advisory and management costs are kept low through a range of efficiencies including a greater reliance on electronic media and management tools, and the use of distance education techniques for staff capacity building.

8.2 Funding Sources

Most funding for the UNICEF WASH programme is through funds provided directly by donor partners, either on a thematic basis for WASH generally or for specific projects in countries. In 2012 these donor-provided funds accounted for $323 million or 85 per cent of all expenditure. The balance was from UNICEF core funds (Figure 18).

The government of the United Kingdom was once again UNICEF’s largest donor partner for WASH in 2012, accounting for $67 million or 18 per cent of all expenditure. The UK funds were used in a total of 22 countries in five of UNICEF’s seven regions, mostly for non-emergency programming.

The Netherlands and the European Union were the next largest donors (Table 5). These three (the UK, the Netherlands and the EU) have been UNICEF’s top three WASH donors for the last six years, accounting for about one-third of all donations each year.

---

16 All figures on donor funding in this section are based on donor funds expended in 2012, not funds donated in 2012.
17 Donors also provide some of the funds for regular resources through annual funding commitments to UNICEF.
The largest donors for the emergency portion of the programme were the governments of Japan, the USA and the EU (Table 6).

Most donor funds are from bilateral government sources and from the EU. These are rounded off by funding from UNICEF National Committees (NatComs), which in 2012 provided $19 million. The US, German, Swedish, Japanese and French NatComs each provided more than $1 million in WASH expenditure in 2012.

The majority of donor funds are earmarked for specific projects at the country level but the governments of Norway and Australia also provide WASH thematic funding that is used in multiple countries. Such funding is important as it allows UNICEF to engage in longer-term planning, to respond quickly to challenges and opportunities, and to fill gaps in countries where sector funding is limited. UNICEF is currently working with other donor partners to develop similar funding arrangements.

Most donor funds are from bilateral government sources and from the EU. These are rounded off by funding from UNICEF National Committees (NatComs), which in 2012 provided $19 million. The US, German, Swedish, Japanese and French NatComs each provided more than $1 million in WASH expenditure in 2012.

Table 3: Top Ten Countries by Total WASH Expenditure, 2009-2012 (millions of $)

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2011</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>25.3</td>
<td>43.5</td>
<td>51.1</td>
<td>23.3</td>
</tr>
<tr>
<td>Nigeria</td>
<td>24.8</td>
<td>24.4</td>
<td>29.8</td>
<td>22.8</td>
</tr>
<tr>
<td>DR Congo</td>
<td>22.1</td>
<td>20.6</td>
<td>25.5</td>
<td>20.8</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>19.8</td>
<td>16.2</td>
<td>19.1</td>
<td>18.9</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>17.4</td>
<td>15.6</td>
<td>16.4</td>
<td>17.6</td>
</tr>
<tr>
<td>Somalia</td>
<td>13.3</td>
<td>15.5</td>
<td>15.8</td>
<td>15.9</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>11.9</td>
<td>14.9</td>
<td>15.8</td>
<td>15.1</td>
</tr>
<tr>
<td>Kenya</td>
<td>11.4</td>
<td>12.7</td>
<td>15.2</td>
<td>14.3</td>
</tr>
<tr>
<td>South Sudan</td>
<td>10.0</td>
<td>12.4</td>
<td>14.8</td>
<td>12.0</td>
</tr>
<tr>
<td>India</td>
<td>9.6</td>
<td>10.9</td>
<td>12.7</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Table 5: Top Ten Donors by Total WASH Expenditure, 2008-2012 (descending order by size of total contribution)

<table>
<thead>
<tr>
<th>Year</th>
<th>2012 (millions of $)</th>
<th>2011</th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>66.8</td>
<td>United Kingdom</td>
<td>United Kingdom</td>
<td>EU</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Netherlands</td>
<td>28.5</td>
<td>EU (EC + ECHO)</td>
<td>EU</td>
<td>Netherlands</td>
<td>EU</td>
</tr>
<tr>
<td>EU (EC + ECHO)</td>
<td>25.8</td>
<td>Netherlands</td>
<td>Netherlands</td>
<td>United Kingdom</td>
<td>Netherlands</td>
</tr>
<tr>
<td>USA</td>
<td>18.0</td>
<td>Japan</td>
<td>Japan</td>
<td>Japan</td>
<td>Japan</td>
</tr>
<tr>
<td>Japan</td>
<td>17.8</td>
<td>USA</td>
<td>Australia</td>
<td>USA</td>
<td>USA</td>
</tr>
<tr>
<td>Australia</td>
<td>16.8</td>
<td>Australia</td>
<td>USA</td>
<td>Australia</td>
<td>Australia</td>
</tr>
<tr>
<td>Canada</td>
<td>5.5</td>
<td>Swedish NatCom</td>
<td>Sweden</td>
<td>Canada</td>
<td>Canada</td>
</tr>
<tr>
<td>Norway</td>
<td>5.1</td>
<td>Sweden</td>
<td>Spain</td>
<td>Swedish NatCom</td>
<td>Spain</td>
</tr>
<tr>
<td>Sweden</td>
<td>4.3</td>
<td>Canada</td>
<td>Canada</td>
<td>Denmark</td>
<td>Norway</td>
</tr>
<tr>
<td>US NatCom</td>
<td>3.4</td>
<td>Spain</td>
<td>Swedish NatCom</td>
<td>Sweden</td>
<td>US NatCom</td>
</tr>
</tbody>
</table>

The largest donors for the emergency portion of the programme were the governments of Japan, the USA and the EU (Table 6).

The majority of donor funds are earmarked for specific projects at the country level but the governments of Norway and Australia also provide WASH thematic funding that is used in multiple countries. Such funding is important as it allows UNICEF to engage in longer-term planning, to respond quickly to challenges and opportunities, and to fill gaps in countries where sector funding is limited. UNICEF is currently working with other donor partners to develop similar funding arrangements.

Most donor funds are from bilateral government sources and from the EU. These are rounded off by funding from UNICEF National Committees (NatComs), which in 2012 provided $19 million. The US, German, Swedish, Japanese and French NatComs each provided more than $1 million in WASH expenditure in 2012.
At the end of 2011 UNICEF identified key challenge areas on which to focus efforts throughout 2012. Prominent among these were the need to accelerate efforts to scale up sanitation. This is an ongoing challenge to be sure, but there are clear signs that CATS and related efforts are beginning to turn the tide in the effort to reduce open defecation.

UNICEF also committed to putting more emphasis on sustainability in its water-related programme, and to increasing its emergency programming capacity, meeting both goals in 2012. Other commitments included the need to put equity at the centre of WASH programmes and to strengthen sector-wide monitoring systems, and progress is being made in each of these areas. Finally, UNICEF committed to improving outcomes for children through coordinated multi-sectoral programming, and significant steps were made, most notably in the integration of WASH and nutrition activities in WCAR.

In 2012 UNICEF began a visioning exercise for its programming in WASH in preparation for the new organization-wide strategic plan (the MTSP, which will begin in 2014) and for a new global WASH strategy (the current strategy runs to 2015). This exercise has resulted in a set of five goals for UNICEF’s work in WASH designed to result in programmes that:

- are recognized as the benchmark of best practice;
- achieve scale and transformational change;
- demonstrate outcomes across sectors and corporate agendas;
- provide leadership in responding to emergencies;
- make the best use of UNICEF’s global network of knowledge and expertise.

These aspirational shifts are being incorporated into existing programme designs, in part by emphasizing upstream work to ensure that UNICEF’s inputs lead to results at scale. This includes work at the global level (including UNICEF’s core support for SWA), the regional level (such as efforts to develop region-wide sustainability frameworks in ESAR and WCAR) and at national level, through increasing engagement with government partners on WASH policy.

These programming shifts are also being incorporated into the design of the new 2014-2017 MTSP, which is nearing completion. The MTSP will have seven areas of operational focus, one of which will be water, sanitation and hygiene (a change from the current MTSP in which WASH was a component of the child survival and development focus area). Each of the new MTSP focus areas is designed to lead to outputs and outcomes in four distinct areas: strengthened provision of services; improved key behaviours and increased demand; an enhanced enabling environment; and improved humanitarian response. The entire MTSP framework, including its WASH component, is based on a framework of three normative principles: human rights and equity, gender equality and environmental sustainability.

The new WASH focus area is designed to contribute to the proposed post-2015 sector targets, which are founded on a shared vision that: no one practices open defecation; everyone has safe water, sanitation and hygiene at home; all schools and health centres have water, sanitation and hygiene; and that water, sanitation and hygiene are sustainable and inequalities have been progressively eliminated. It is also designed to contribute to UNICEF’s overall goal of ensuring all children survive and thrive.
UNICEF Water, Sanitation and Hygiene Annual Report 2012

UNICEF WASH Section
Programme Division
UNICEF New York

May 2013