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Water, Sanitation and Hygiene

Annual Report 2013

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Water, Sanitation and Hygiene (WASH)
June 2014

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UNICEF

Water, Sanitation and Hygiene

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EXECUTIVE SUMMARY

■ **Headline Numbers:** population gaining or maintaining WASH access from UNICEF direct support

Development programme:

7.9 million with improved drinking water
14.1 million with improved sanitation
17 million reached with hand-washing promotion initiatives
2.4 million children with WASH facilities in schools

Emergency response:

24.3 million with emergency drinking water
7.4 million with appropriate sanitation
13.1 million with hand-washing facilities
2.7 million children with WASH facilities in their learning environment

There has been significant progress in the Water, Sanitation and Hygiene (WASH) sector since 1990, the MDG baseline year. However, 748 million people still rely on unimproved sources of drinking water - almost a quarter of which rely on untreated surface water, and 2.5 billion people lack access to improved sanitation including one billion who practice open defecation.¹

Furthermore, there continue to be pronounced disparities across the sector, with some regions lagging far behind

global averages, notably the Sub-Saharan Africa region, and some countries trailing far behind their neighbours. Sub-national disparities are often even more evident: between poor and richer households, between rural and urban populations, and between geographic regions.

UNICEF continued to expand its global WASH programme in 2013; providing support for emergency preparedness, coordination and response, and for the development of sustainable and equitable WASH services in accordance with its mandate for children. The UNICEF WASH programme is active in over 100 countries with a total expenditure of \$470 million -

an increase of \$90 million from 2012.

In keeping with its focus on equity, the programme is concentrated in poor countries with 71% of expenditure in least developed and other low-income countries, and on poor and marginalized populations within countries. Increasingly the programme focuses on supporting transformational change, particularly in the enabling environment, in order to accelerate progress towards universal access. Nevertheless, service delivery remains a significant component of the WASH programme especially in the most off-track countries and in response to humanitarian crises.

¹ Progress on drinking water and sanitation: 2014 update. WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

In 2013, for the first time ever, three 'Level 3' emergencies were declared: in Syria, the Philippines and the Central African Republic. In its response to the Syria crisis, UNICEF's support included technical and supply inputs to maintain access to drinking water and sanitation to the most severely affected populations such as the City of Homs, as well as providing WASH services to refugees in neighbouring countries. For example, in Iraq UNICEF ensured access to water and sanitation for 100,000 people. In the Philippines, UNICEF restored drinking water supplies to 900,000 people, supplied latrine slabs and portable toilets to 70,000, and delivered hygiene kits to 230,000 school children. And following the coup d'état in the Central African Republic, UNICEF provided emergency WASH services to 45,000 people in country, and 60,000 refugees in neighbouring Chad.

UNICEF also led or co-led WASH cluster coordination in 65 countries, including in all of the major humanitarian crises in 2013 and most of the smaller ones. UNICEF also contributed to the global reduction in cholera cases in 2013 with an expansion of the 'Sword and Shield' (prevention and response) strategy in West and Central Africa. For example, in DRC, UNICEF assisted 206,000 people in four cholera-affected provinces with an integrated WASH package. Expenditure on emergency response and coordination totalled \$212 million in 2013, accounting for 45 per cent of spending for the overall WASH programme.

UNICEF continued to show leadership on addressing sustainability both through engagement in sector dialogue, as well as country-level initiatives. For example, UNICEF supported the 2013 Sustainability Forum hosted by the World Bank and with the participation of 70 organisations. And at the Stockholm World Water Week, UNICEF organised a seminar to address stakeholder cooperation for sustainability. At country level, in the East and Southern Africa region (ESAR), UNICEF undertook annual Sustainability Checks in five countries, including in Mozambique where the sixth annual check was completed. In 2013 the Sustainability Check system was subject to an independent evaluation, which concluded that the

checks represent value for money, have positively influenced national monitoring systems – particularly in Mozambique and Rwanda - and have led to a greater focus of attention on sustainability. The Sustainability Check was adopted in the West and Central Africa region (WCAR), where it was incorporated into the development of 'Sustainability Compacts' in six countries. The compacts establish sustainability targets and accountabilities but also involve bottleneck analysis to identify systemic problems in service delivery.

The elimination of open defecation was put firmly on the agenda of policy-makers in 2013, with the launch of the UN Deputy Secretary-General's Call to Action on Sanitation and other high-profile initiatives. This was a result of sustained effort by UNICEF and its partners to raise the profile of sanitation. And there are clear indications that high level discussion on eliminating open defecation is being translated into national policy decisions. For example, in 2013 Chad, India and Zambia all set ambitious open defecation free targets.

Through UNICEF support, Community Approaches to Total Sanitation (CATS) is becoming institutionalized in sector policy. In more than half of the countries where CATS has been introduced, the approach has been incorporated into national sanitation policies. In 2013 Burkina Faso, Chad, the Solomon Islands and Zimbabwe joined this trend. UNICEF's direct support for CATS in 2013 benefited an estimated 10.8 million people worldwide.

An external evaluation of the CATS approach in 2013 concluded that the approach is contributing to shift the sector towards a demand-led model, based on changing social norms, and that results are being achieved at scale. Among the objectives of the evaluation was an assessment of the sustainability of the CATS approach. The findings suggest that while behaviour change and establishing a new social norm around open defecation is being sustained, the supply side of the approach including the supply of materials and technical services needs strengthening. In recognition, UNICEF launched a training package on sanitation marketing for staff and partners,

and several country level initiatives to strengthen private sector supply. For example, in Pakistan UNICEF established a network of sanitation entrepreneurs, and developed mechanisms to encourage the involvement of manufacturers and investors.

Throughout 2013, UNICEF was very active in disseminating the results of an extensive sector consultation on post-2015 targets and indicators that was facilitated by the WHO/UNICEF Joint Monitoring Programme. UNICEF's engagement in the post-2015 dialogue included co-leading the UN thematic consultation on water, as well as taking a prominent role in many global and regional post-2015 fora. The success of this effort is clearly visible in the recommendations of several influential reports. For example, the report of the High Level Panel established by the Secretary General called for a goal to achieve universal access to water and sanitation, and end open defecation. This was echoed in the Sustainable Development Solutions Network Report, the Budapest Water Summit Statement, and the UN-Water recommendation for a post-2015 global goal on water.

UNICEF's new Strategic Plan for 2014-2017 focuses on equity in everything the organisation does to fulfil its mandate of promoting the rights of children. For the first time WASH is designated as one of seven key outcome areas. Over the course of the four-year plan, the WASH programme will introduce risk management approaches to drinking water safety, address sustainability through interventions focused on the enabling environment, climate change adaptation and water resource management; continue scaling up CATS but also give more emphasis to sanitation marketing to strengthen the supply side, and making hand washing a more integral component; continue engaging with key global partnerships, primarily Sanitation and Water for All and the Joint Monitoring Programme; and intensify efforts to strengthen national institutions and build staff capacity for WASH humanitarian action, and strengthen surge support mechanisms in order to meet our obligation to fulfil the Core Commitments for Children in humanitarian action.



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ABBREVIATIONS AND ACRONYMS

\$	US\$	MDG	Millennium Development Goal
ADB	Asian Development Bank	MENA	Middle East and North Africa
AfDB	African Development Bank	MHM	Menstrual Hygiene Management
BAT	Bottleneck Analysis Tool	MICS	Multiple Indicator Cluster Survey
CATS	Community Approaches to Total Sanitation	MoRES	Monitoring Results for Equity Systems
CCA	Climate Change Adaptation	NatCom	National Committee
CCCs	Core Commitments for Children	NGO	Non-governmental Organization
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States	NPRI	National Planning for Results Initiative
CFS	Child Friendly Schools	OCV	Oral cholera vaccine
CLTS	Community Led Total Sanitation	ODF	Open Defecation Free
DFID	Department for International Development (UK) (or UKaid)	OECD	Organisation for Economic Co-operation and Development
DHIS-2	District Health Information System 2	ORR	Other Regular Resources
DRR	Disaster Risk Reduction	PPP	Public-Private Partnership
EAPR	East Asia and the Pacific Region	PSI	Population Services International
EC	European Commission	RR	Regular Resources
ECHO	European Commission Humanitarian Aid Office	RWSN	Rural Water Supply Network
EMIS	Education Management Information Systems	SACOSAN	South Asian Conference on Sanitation
EMR	Evaluation Management Response Tracker	SHARE	Sanitation and Hygiene Applied Research for Equity
EOR	Emergency Resources	SHEWA-B	Sanitation, Hygiene Education and Water Supply in Bangladesh
ESAR	Eastern and Southern Africa Region	SMS	Short Message Service
EU	European Union	SWA	Sanitation and Water for All
FAO	Food and Agriculture Organisation	SWAp	Sector-Wide Approaches to Programming
GHD	Global Handwashing Day	UN	United Nations
GIZ	German International Cooperation Agency	UNDESA	United Nations Department of Economic and Social Affairs
GNI	Gross National Income	UNDP	United Nations Development Programme
GPS	Global Positioning System	UNICEF	United Nations Children's Fund
HLM	High Level Meeting (SWA)	UNISDR	UN Office for Disaster Risk Reduction
HWTS	Household Water Treatment and Safe Storage	USA	United States of America
IASC	Inter-Agency Standing Committee	USAID	United States Agency for International Development
IDP	Internally displaced persons	WASH	Water, Sanitation and Hygiene
JICA	Japan International Cooperation Agency	WCAR	West and Central Africa Region
JMP	Joint Monitoring Programme for Water Supply and Sanitation	WHO	World Health Organization
LAC	Latin America and the Caribbean	WinS	WASH in Schools
LSHTM	London School of Hygiene and Tropical Medicine	WSP	World Bank Water and Sanitation Program
MBB	Marginal Budgeting for Bottlenecks	WSSCC	Water Supply & Sanitation Collaborative Council



1 SECTOR ANALYSIS



1.1 Sector Status with a Focus on Disparities

The 2013 update report from the WHO/ UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) highlights the continuing gaps in global coverage levels. A total of 768 million people still rely on unimproved water sources, 2.5 billion use unimproved sanitation facilities of which over a

billion people are still practicing open defecation.²

However, significant progress has been made over the years. Since 1990 the number of improved sanitation users has increased by 1.9 billion and the number of improved water users by 2.1 billion, in both cases far surpassing

² The 2013 Update Report provided coverage data for 2011.

population growth. In 1990 less than half of the world's population used improved sanitation (49 per cent), while in 2011 the proportion had risen to almost two-thirds (64 per cent). Improved water use increased from 76 to 89 per cent over the same period.

But this progress is uneven. Coverage disparities between countries, regions and urban and rural populations

have become evident since sector monitoring was systematized in the 1990s; and as sector monitoring matures and more national household surveys become available, the extent of these disparities is increasingly clear. At the global level, there are many examples of these disparities, such as the global gap between urban sanitation coverage (80 per cent) and rural coverage (47 per cent), and the water coverage gap between Sub-Saharan Africa (63 per cent) and most other developing regions (about 90 per cent). At the regional level there are countries lagging far behind their neighbours, such as Cambodia with sanitation coverage less than half (33 per cent) of the regional average, or Afghanistan with water coverage almost 30 percentage points lower than the South Asia average.

Sub-national disparities can be even more pronounced. In many countries, water and sanitation coverage disparities between poor and richer households can be high together

with other gaps based on gender, on education level and on ethnicity. And the gaps are not just restricted to households, they are also evident in the availability of WASH facilities in schools and in health facilities.

Using an 'equity map' to compare national, regional and global disparities is a good way to illustrate these gaps. The one for water coverage in Timor-Leste (Figure 1),³ shows the disparities in access for rural dwellers and poor households within the country. It shows, in short, that there is still much to do in the WASH sector to meet the needs of poor, excluded and vulnerable people and groups.

1.2 Emergency WASH

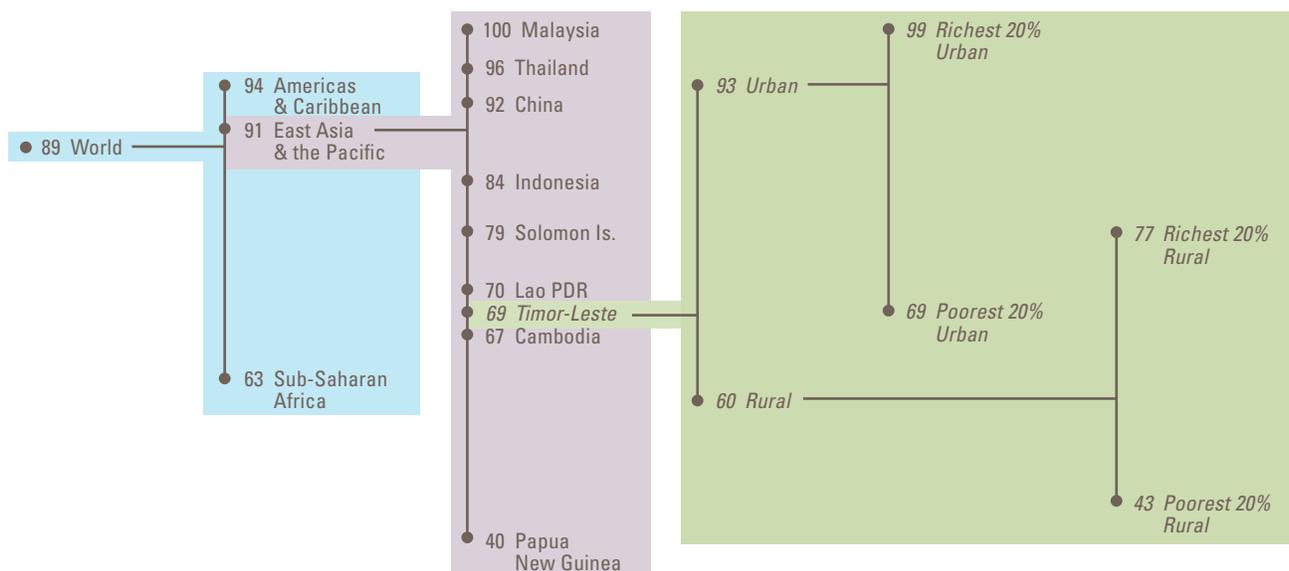
Major sudden-onset humanitarian crises triggered by natural disasters or conflicts that require system-wide mobilization by the United Nations are

classified as 'Level 3' emergencies. They are declared only in exceptional circumstances for the most serious crisis situations. In 2013, for the first time ever, three Level 3 emergencies were declared in response to crises in Syria, the Philippines and the Central African Republic. Responding to these three emergencies involved an unprecedented effort by UN agencies and partners, including the rapid deployment of staff, the mobilization of resources on a very large scale, and the activation of fast-track administrative procedures.

WASH is among the highest priority interventions in emergency situations and was a large part of these efforts. In the Syria crisis, major WASH interventions were required to maintain safe water supplies in-country and prevent disease among the large refugee populations in camps and host communities in neighbouring countries. In the Philippines, WASH cluster partners helped over a million people quickly gain access to safe

³ Equity maps combine JMP and national survey data, in this case data from the 2011 JMP dataset and the 2009 Timor-Leste Demographic and Health Survey (DHS).

FIGURE 1 Equity Map for Timor-Leste Water Supply Coverage





2 UNICEF WASH PROGRAMME HIGHLIGHTS



The UNICEF WASH programme is active in over 100 countries in all seven UNICEF regions, with a 2013 expenditure of \$470 million, \$258 million for development programmes and \$212 million for emergencies. Programmes at country level range from large-scale, integrated programmes of support

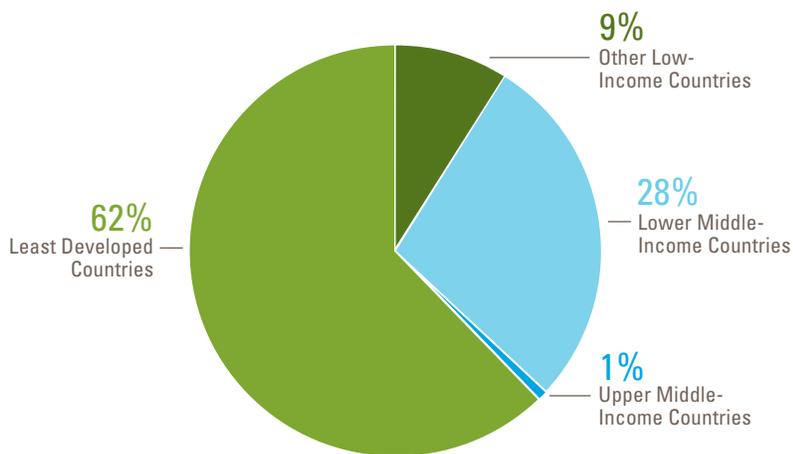
for sanitation, hygiene and water interventions to smaller interventions targeting specific outcomes in support of UNICEF country programme goals.

In keeping with UNICEF's focus on equity, most WASH programming is in poor countries: 71 per cent of 2013 WASH expenditure on its regular (non-

emergency) programme was in Least Developed Countries or Other Low-Income Countries (Figure 3).⁴ In Middle-Income Countries, programming focuses on reaching children and families from marginalized regions and communities.

⁴ As defined by the OECD Development Assistance Committee (DAC).

FIGURE 3 WASH Development Expenditure by Country Gross National Income (GNI) Status, Development Programme



Development Expenditure by Country GNI

Country programmes engage with government partners and other sector actors as well as providing strategically targeted service delivery. UNICEF influences changes to national sector policies and strategies in line with lessons learned and good practices. UNICEF strengthens government capacity to plan, implement, manage and sustain WASH services and also advocates for national WASH programmes that deliver more equitable outcomes for the most marginalised populations, reaching all children equitably. Service delivery helps increase access to WASH, while at the same time generating lessons and innovations and building the evidence to contribute to improved policy and practices. In this way UNICEF helps to ensure that efforts to strengthen the enabling environments for WASH are based on the realities on the ground.

2.1 Strengthening Enabling Environments

UNICEF has helped governments to strengthen the enabling environment

for water and sanitation, this includes more equitable WASH policies and strategies for children in 2013 as well as leveraging new resources to meet national and global goals.

UNICEF has been contributing towards efforts to ensure that the importance of WASH for poverty alleviation and sustainable development are adequately reflected in the Post-2015 Development Agenda and that key sectoral targets are included in the new set of global development goals. UNICEF co-hosted the Global Thematic Consultation on Water (along with UNDESA), and related work has helped to ensure that WASH is highlighted in key reports feeding into the goal development process.⁵ While its work through the JMP has produced a draft set of targets on water and sanitation as well as on hygiene, on WASH in schools and health facilities, and on the

⁵ Including The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, the Post 2015 Water Thematic Consultation Report and the recently released set of sustainable development goals developed through the UN Conference on Sustainable Development (Rio+20) process.

need to reduce disparities in access.

Advisory work, sector reforms and the channelling of new funding to the sector are increasingly carried out through sectoral partnership frameworks, the most important of which is the Sanitation and Water for All partnership (SWA). Since its launch in 2009, the SWA has inspired an increase in the political prioritization of sanitation and water globally, as well as a set of clear commitments from both its donor and developing country government members. Progress on commitments is good: in 2013 developing countries reported completion or good progress on almost 60 per cent of commitments made at the 2012 High Level Meeting (including increased sectoral budget allocations in nine countries) while donors reported completion or good progress on almost 80 per cent of their commitments. Good progress is also being made on the development of SWA processes, including more transparent monitoring of commitment progress (available in dashboard and detailed versions on the new SWA website), the launch of the High Level Commitments Dialogue process (designed to maintain engagement processes between the biennial High Level Meetings), and the strengthening of the National Planning Results Initiative (NPRI) that helps to strengthen sector planning processes and institutions in selected off-track countries. UNICEF actively supports the SWA as secretariat host and Steering Committee member, as well as by assuming a facilitating role in partner countries.

Another collaborative mechanism that has produced good results is the Inter-Agency Standing Committee (IASC) humanitarian cluster approach, launched in 2005. Better coordination among WASH emergency organizations has improved response effectiveness and efficiency (even in 2013 when

there were three Level 3 emergencies and dozens of other emergencies around the world) and has helped to improve emergency preparedness planning and resilience programming. UNICEF has been the lead agency for the WASH cluster since its inception, and led national clusters in 65 countries in 2013 (see Section 4).

UNICEF's work with governments and partners to prioritise WASH has also produced good results, with the launch of new national policies and strategies in a number of countries in 2013, including Cambodia (Rural WASH Strategy), Chad (National Sanitation Policy), Bangladesh (the Water Act), Lao People's Democratic Republic (National Plan of Action for Rural Water Supply, Sanitation and Hygiene) and Zimbabwe (National WASH Strategy). In India, UNICEF advisory work helped lead to a major government policy announcement making group hand-washing with soap obligatory in the 1.2 million schools covered by the mid-day meals programme.

Improved sector collaboration mechanisms and joint sector reviews help drive these results. In Myanmar, for example, a sector review involving UNICEF, the Asian Development Bank (ADB), the Japan International Co-

operation Agency (JICA), the World Bank Water and Sanitation Program (WSP) and government stakeholders produced a clear set of recommendations for sector reform. In Tanzania, a multi-stakeholder sector review highlighted equity concerns while in South Sudan, a collaborative process resulted in a multi-year action and investment plan for rural WASH at the state and national levels.

UNICEF is also increasingly involved in WASH SWAp processes, which are key mechanisms for ensuring existing sector funding is applied in high-priority areas, as well as for leveraging new resources for the sector (see Box 1).

UNICEF continued to develop its cross-sectoral work in 2013, particularly in the area of WASH and nutrition. Initiatives ranged from influencing at the highest levels (e.g. a breakfast meeting at the UN General Assembly involving the President of Liberia Ellen Johnson Sirleaf and other leaders) to a large range of activities in the field, notably work in West and Central Africa (WCAR) under the 'WASH in Nut' strategy. UNICEF also stepped up its support to operational research on the linkages between WASH and nutrition outcomes in India and other countries (see Section 6.2) and worked

with USAID on the development of technical guidance on integrating WASH and nutrition programming. Other examples of cross-sectoral work include collaboration between the Headquarters WASH Section and the Disability Unit on a guidance and learning package on WASH and disability, work on integrating cholera immunization and WASH activities (Section 4.3) and WASH with education (Section 3.3).

During 2013 UNICEF was actively engaged in raising global awareness around the need to reduce inequalities in access to WASH services and the implementation of the Human Right to Water and Sanitation through supporting the Special Rapporteur for the Human Right to Water and Sanitation. Two well-attended side events for member states at the UN General Assembly were co-organised with Friends of Water and other groups. UNICEF also supported the Special Rapporteur's mission to Thailand and regional consultations on the new handbook for the implementation of the human right to water and sanitation in Bolivia and Nepal. UNICEF is an active member of the Rural Water Supply Network (RWSN) group on equity and inclusion.

BOX 1

UNICEF and WASH SWAps

Ethiopia launched its ONEWASH sector-wide approach (SWAp) in 2013, with the stated goal of universal access to water and sanitation by 2018. UNICEF provided extensive support to the SWAp preparation process and will contribute to the pooled fund alongside DFID and the African Development Bank (other donors will contribute through complementary funding mechanisms). As a core stakeholder in this large SWAp (it has a \$2.4 billion budget, half of which is funded by government), UNICEF will have a strategic role in defining how resources are spent and in leveraging resources for priority areas.

Elsewhere, UNICEF support for WASH SWAps took on a variety of forms, including core managerial and funding support for ongoing SWAps (in Mozambique and Zambia), assistance to strengthen the sanitation and hygiene component of the Tanzania Water SWAp, technical support for the development of a rural-focused SWAp in Bolivia and for a state SWAp in Nigeria, and preparatory work for proposed SWAps in Nepal and Madagascar.

More people benefited from UNICEF emergency programming in 2013 than ever before.



The WASH Bottleneck Analysis Tool (WASH BAT), that was developed and piloted in 2012, was rolled out in 10 countries across five regions in 2013. The tool, which is based on the Marginal Budgeting for Bottlenecks (MBB) approach widely used in the health sector, is designed to help governments allocate WASH resources more efficiently in order to achieve

more sustainable and equitable outcomes. The WASH BAT is now also used as a tool in the SWA National Planning for Results Initiative (NPRI), in which donor and country stakeholders develop investment plans to address bottlenecks in a select group of countries with structural weaknesses in components of their enabling environments.

There are many other examples where UNICEF support is helping to strengthen the enabling environment for WASH programming, as described throughout the remainder of this report.

2.2 Beneficiaries

More people benefited from UNICEF emergency programming in 2013 than ever before. A total of 24.3 million people gained access to potable water through direct UNICEF emergency response including 10 million people that benefited from the procurement and delivery of treatment chemicals for water systems in Syria. A total of 7.4 million people benefited from sanitation interventions in the same period. Many of these beneficiaries were people affected by the three Level 3 emergencies in 2013 in Syria, the Philippines and the Central African Republic and neighbouring countries. However, there were also many beneficiaries from emergency programming in other countries around the world, such as in Ethiopia (498,000 water beneficiaries and 660,000 sanitation beneficiaries), Somalia (793,000 water and 229,000 sanitation) and Yemen (909,000 water and 100,000 sanitation). UNICEF support also helped an estimated 2.7 million children gain access to safe water, sanitation and hygiene facilities in their learning environment (including in existing schools where facilities were damaged or destroyed, and in temporary learning spaces set up in camps and other emergency situations).

Through development (non-emergency) programming, UNICEF support helped an additional 7.9 million people gain access to improved drinking water services, and 14.1 million people gain access to sanitation in 2013 (see Table 1). An estimated 17 million people also benefited from direct hand-washing promotion initiatives in households,

communities and schools, and hundreds of millions of people were exposed to hygiene promotion media campaigns.

Between 2007 and 2013, UNICEF direct support has helped an estimated 157 million people gain access to a safe drinking water supply and 96.5 million to sanitation (Table 2).

How people benefit from UNICEF support for WASH varies from country to country and depends on the programming context and on a set of assumptions (summarized in Box 2).

Actual beneficiary figures will be higher than these estimates suggest given UNICEF's crucial role in contributing to improved policies and help to build the capacity of national and sub-national governments and service providers, which leads to many more 'indirect' beneficiaries. It should also be noted that because UNICEF always works with government partners, donors and other stakeholders, none of these beneficiaries – direct or indirect – should be attributed to UNICEF efforts alone.

TABLE 1: Beneficiaries from UNICEF Direct Support, 2013

Water Supply (millions of people)	Emergency	24.3
	Development	7.9
	Total	32.2
Sanitation (millions of people)	Emergency	7.4
	Development	14.1
	Total	21.5
WASH Facilities in Schools	Student population (millions)	2.4
	Number of schools	9,229
Number of Children Benefiting from WASH Facilities in Learning Spaces and Schools in Emergencies (millions)		2.7
WASH Facilities in Health Centres	Number of health centres	527

Figures are compiled from reports by UNICEF Country Offices. They are based on a set of assumptions outlined in Box 2.

TABLE 2: Water and Sanitation Beneficiaries from UNICEF Direct Support, 2007 to 2013

		2007	2008	2009	2010	2011	2012	2013	Totals
Water	Emergency	9.7	15.9	11.9	12.5	15.1	17.1	24.3	106.5
	Development	5.6	8.1	8.3	6.5	6.8	7.3	7.9	50.5
	Total	15.3	24.0	20.2	19.0	21.9	24.4	32.2	157
Sanitation	Emergency	2.7	4.6	5.5	4.2	4.0	4.5	7.4	32.9
	Development	4.4	8.4	8.4	7.8	9.9	10.6	14.1	63.6
	Total	7.1	13.0	13.9	12.0	13.9	15.1	21.5	96.5

BOX 2

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 (non-emergency) 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 gain 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 PROGRAMME PROGRESS



3.1 Sanitation and Hygiene

Sanitation and the Elimination of Open Defecation

The global effort to eliminate open defecation achieved high level visibility in 2013 with the formal launch of the UN Deputy Secretary-General's Call to Action on Sanitation, a UN General Assembly resolution calling on

Member States to take action to end open defecation,⁶ the identification of improved sanitation as a key prerequisite for poverty reduction by

⁶ The General Assembly resolution "Sanitation for All" (A/RES/67/291, 24 July 2013) calls on Member States to take action to reduce the practice, which is "extremely harmful to public health". A second 2013 resolution, "The Human Right to Safe Drinking Water and Sanitation" (A/RES/68/157, 18 December 2013), outlines the scale of the problem. Open defecation has been mentioned only one other time in GA resolutions.

the President of the World Bank, and many other statements and initiatives. UNICEF is addressing the challenge by helping to put the issue on the agenda of world leaders, both as a public advocate (the UNICEF Executive Director, country representatives and other senior staff routinely stress the importance of eliminating open defecation), and as a key 'behind

the scenes' player. UNICEF played a catalytic role at all stages of the Call to Action on Sanitation campaign. With 2.5 billion people still without improved sanitation there is still a long way to go of course, but eliminating open defecation is a very important step.

UNICEF also plays an important role at the regional level, including support to the 2013 South Asia's SACOSAN-V regional sanitation conference, and to the mechanism for monitoring progress on the Sub-Saharan Africa eThekwini commitments on sanitation.

The drive to end open defecation was also reflected at the country level. National efforts are driven by the global campaign and local advocacy efforts, as well as by SWA efforts to encourage commitments to end open defecation (by both national government and donors). Targets on eliminating open defecation are also likely feature in the Post 2015 Development Agenda, given that open defecation is still practiced by one billion people. As a reflection of this interest, an increasing number of countries are declaring national open defecation free (ODF) targets, such as Chad (ODF by 2016), India (ODF by 2022) and Zambia (ODF by 2015).

Public awareness of open defecation, which is necessary to achieve a critical mass of behaviour change, is also increasing, due in part to information campaigns sponsored by UNICEF and partners. The largest such national campaign is India's *Take Poo to the Loo* campaign, which seeks to drive nationwide change by influencing public opinion to call for an end to open defecation in India. The campaign features a "disgustingly funny" mascot starring in games, videos and songs, one of which (the Poo Dabba Dance) went viral in 2013. Public awareness campaigns also feature prominent spokespeople such as Sachin

FIGURE 4 UNICEF India 'Take Poo to the Loo' Campaign



© UNICEF 2013

Tendulkar, the famous cricketer, who became the UNICEF ambassador for sanitation and hygiene for South Asia in 2013. At the global level, there are a growing range of awareness-raising initiatives, including the growing World Toilet Day campaign. This year, UNICEF support to World Toilet Day included the development of the 'Toilet Trek' on-line and mobile phone game, which highlights barriers to access to sanitation.⁷

UNICEF is working with partners at the national level to ensure that this enthusiasm is channelled to end open defecation. For UNICEF, the focus of this effort is the continuing promotion and support of the Community Approaches to Total Sanitation (CATS) model.

UNICEF support enables government to scale up sanitation approaches and the CATS approach is becoming institutionalized in national policy frameworks. In over 60 per cent of countries where CATS has been introduced by UNICEF and/or other agencies, it has been incorporated into national sanitation policies, often as the primary model for sanitation programming. Examples from 2013

⁷ Poo2Loo site: www.poo2loo.com, Toilet Trek site: www.unicef.org/toilets4all/

include Burkina Faso, Chad, the Solomon Islands and Zimbabwe. The institutionalization of Total Sanitation Approaches is also taking place at sub-national levels, such as in India where UNICEF engagement with government partners is leading to the endorsement of CATS approaches at the state level. At regional level technical assistance and training has resulted in a rapidly reinforced capacity for CATS implementation in these countries, from national to community levels. In some programme countries UNICEF supports this through continuing training activities, often at a large scale (including in India, Indonesia, Kenya, Mozambique, Timor-Leste and many other countries in 2013). This growing capacity is leading to a number of local CATS-related innovations, such as in Bolivia where traditional adobe building techniques are adopted for toilets, in Nigeria where a local design solution to reduce flies is being widely adopted and in Sierra Leone where the school-led total sanitation approach is accelerating triggering activities in host communities.

As a result of this work, CATS programmes continue to expand, and the number of people living in ODF communities continues to grow. UNICEF direct support for CATS initiatives

benefited an estimated 10.8 million people worldwide in 2013, about half of whom are living in communities certified as ODF (an estimated 15,000 new communities were ODF certified in 2013).⁸ The total number of communities and population gaining ODF

⁸ The total number of UNICEF direct sanitation beneficiaries is higher (14.1 million) because in some countries (e.g., Iraq) the CATS approach is not used.

status in 2013 was significantly higher than this due to expanding national programmes, in part the results of efforts by UNICEF and other stakeholders to help strengthen enabling environments.

UNICEF commissioned an external evaluation of the CATS approach in 2013 to ensure progress is on track, and to make strategic adjustments

as necessary. The findings from the evaluation were largely positive, showing that the CATS approach is helping to shift the sector towards a demand-driven model with a focus on changing social norms, and that the interventions are leading to progress at scale (Box 3). UNICEF will use the findings of the evaluation in its

BOX 3

Global Evaluation of the CATS Approach

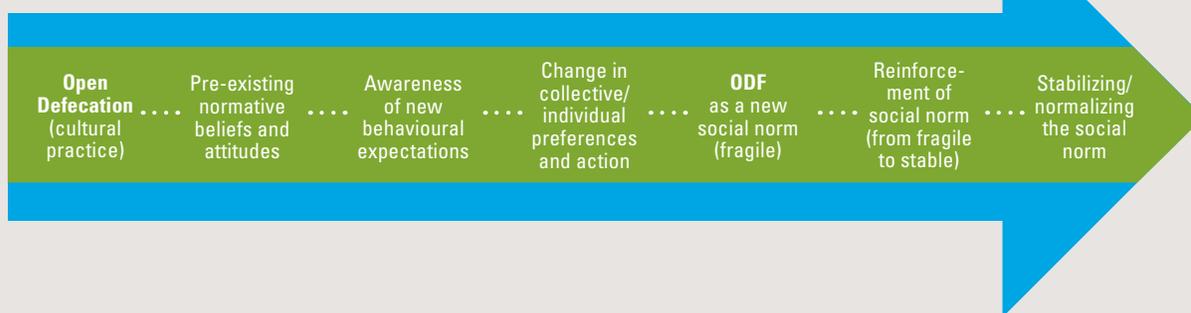
Objectives

- Assess outcomes, technical effectiveness, financial efficiency and sustainability of the approach.
- Provide a benchmark document to identify strengths and weaknesses of the approach, and point the way to course adjustments.

Methodology

- Carry out extensive literature review and consultations with key UNICEF and external stakeholders, plus field reviews in five countries (India, Nepal, Mozambique, Sierra Leone and Mauritania).
- Develop a CATS Theory of Change as the framework on which to base the evaluation (see below).

Process of change: from open defecation to a new social norm



Key Findings

- CATS has prompted a “dramatic and positive” shift in the sanitation sector from the prevailing heavily subsidized, low-efficiency model to a successful demand-driven approach.
- CATS is promoting behaviour change and is helping to set new social norms around the elimination of open defecation.
- There is a high degree of acceptance and ownership of CATS principles in supported countries, at all levels of government, which is in turn contributing to a rapid scaling up of the approach.
- There is room for improvement in the area of sustainability and on the supply side of the approach (a need for improved sanitation marketing and involvement of the private sector).



expansion of the approach within countries and to new countries, and as a learning tool to share with all sanitation stakeholders.

UNICEF stepped up efforts to strengthen the 'supply side' of the sanitation equation in 2013, in response to evidence (including from the CATS evaluation) that improved supply chains, better designs and strengthened private-sector service delivery are key requirements to meet demand for affordable sustainable sanitation solutions and to help households move up the sanitation ladder. These efforts were spearheaded by a new UNICEF Sanitation Marketing (SanMark) training package developed with the University of California Davis and rolled out to staff and partners in 2013. The learning initiative involved the development of a set of guidance

notes for UNICEF programmes that stress a comprehensive seven-step approach to SanMark programming, backed up with a series of online learning and face-to-face courses.

In parallel to this training effort, UNICEF has launched processes to improve sanitation marketing in several countries in 2013. In Pakistan this involved a large-scale training programme for rural sanitation mart (SaniMarts) owners, the establishment of a network of sanitation entrepreneurs (with a help line for technical assistance) and mechanisms to encourage the involvement of manufacturers and investors. In Ethiopia, UNICEF helped to establish a Sanitation Marketing Learning Platform and national guidelines endorsed by government. In Nigeria, UNICEF supports a latrine demonstration centre with a focus on

designs for difficult soil conditions, while in Malawi UNICEF is tapping local knowledge to improve designs through an operational research, training and participatory design process (Box 4).

Another effort to improve the sustainability of sanitation programming in 2013 was the development of 'Sustainability Compacts' with government partners for WASH projects in WCAR and the continuing assessment of ongoing projects through Sustainability Audits. In addition to being exercises in accountability, these processes are providing valuable lessons on sanitation sustainability. In 2013, UNICEF also initiated efforts to define appropriate protocols for monitoring the progress and sustainability of CATS programming through the use of indicators covering the full life cycle of a programme.

BOX 4

Sanitation Marketing in Malawi

In 2012, UNICEF sponsored an operational research programme that highlighted the lack of locally available, durable and affordable toilet options in the country, in particular in areas with difficult soil conditions. This led to an in-depth participatory design exercise conducted in a number of communities in 2013 that capitalized on local knowledge (including of local builders) to develop a set of latrine options better suited to household requirements and preferences. The set of new and innovative options are under revision and testing at Mzuzu University, a partner in the programme. UNICEF also supports a capacity-building programme in which community sanitation entrepreneurs are selected through a competitive process and then trained and supported in the areas of marketing, business and construction skills.

FIGURE 5 Participatory Latrine Design in Malawi



©UNICEF/2013/Malawi

Promotion of Hand-washing with Soap

UNICEF supported hand-washing with soap activities in countries across all UNICEF regions in 2013, including support to national hand-washing communication campaigns, usually involving mass media like radio or television (109 countries reported such programmes in 2013). In some cases this occurs over a short period, often around Global Handwashing Day on October 15 every year (which was celebrated in more than 100 countries again in 2013, and estimated to have reached over a billion people). In other cases they are of longer duration. National celebrities are often recruited to act as spokespeople in these campaigns, such as the captain of the Nepal cricket team in 2013. UNICEF supports these campaigns in a variety of ways, often providing extensive support from inception to implementation. In 2013, an estimated 300

million people were reached through the campaigns⁹.

Hand-washing messages are also transmitted through SMS messaging and other media, such as in Haiti where hand-washing with soap and cholera prevention messages reached over 400,000 people, in Maldives where 300,000 people were reached and in Somalia, where an interactive SMS-based system combining polio and hygiene education sessions targeted a million people. In Democratic People's Republic of Korea, UNICEF produced and distributed a hand-washing comic book to reach people with intermittent access to television (due to power cuts). Global on-line tools and other resources reinforce national efforts, including the Global Handwashing Day site and efforts from stakeholders

⁹ A rough estimate based on actual or potential audience sizes of the media platform being used, tested in some cases with message recall surveys (such as in Bangladesh in 2013)

such as the UNICEF 'iwashmyhands' microsite.

These efforts are reinforced with direct promotional activities in communities through government outreach workers, voluntary community activists and through peer-to-peer approaches. In UNICEF programmes, much of this kind of direct hygiene promotion is incorporated into CATS activities, with the majority of national CATS programmes now formally incorporating hygiene benchmarks (such as the construction and demonstrated use of hand-washing facilities near toilets) as a requirement for the certification of a community as ODF. In 2013, UNICEF and the Institute of Development Studies published practical guidance on 'How to Trigger for Handwashing with Soap' based on experiences in Malawi, to help build capacity in this area. In total, UNICEF support to direct promotional activities reached an estimated

17 million people in 2013.

In addition to single focus hygiene promotion programmes, UNICEF also supports the integration of hygiene messaging into other sectoral and cross-sectoral outreach programmes, such as in the Solomon Islands where hygiene promotion has been included in the Key Family Practices outreach programme, in Mali where hygiene is now part of the national teacher training curriculum, and in India where four key WASH behavioural change messages (hand-washing, toilet construction, disposal of children's faeces and safe water handling) were jointly defined through a process of engagement with state governments and are now integrated into the training programmes for midwives and community health and child-care workers.

Hand-washing promotion programmes (including campaigns and direct promotion) were stepped up in cholera endemic countries in 2013, and were a key strategy for disease prevention in UNICEF's extensive WASH emergency relief effort (see Section 4).

Through its WASH in Schools (WinS) programme, UNICEF is reinforcing school hygiene education efforts by encouraging children to wash their hands with soap as a group each and every day they are at school, helping them to develop the *habit* of hand-washing (Section 3.3).

SOPO, a two-year hygiene promotion programme in Kenya featuring an animated bar of soap, "SOPO", combined direct promotional activities (mainly in schools) with media campaigns, and was independently evaluated in 2013. The findings (from interviews and hygiene practices observations) were mixed, showing better hygiene message recall among some participants, but little evidence of improved

hand-washing practices in schools and homes. The study also underlined the methodological challenges of hygiene impact evaluations, including issues relating to population sampling and study intervention frequency. Studies and baseline surveys on hygiene behaviour were also conducted in Nepal and Indonesia in 2013.

UNICEF concluded a major exercise initiated in 2012 to align hygiene monitoring and evaluation efforts within its programmes with global best practices. A new resource was developed, the Hand-washing Promotion Monitoring and Evaluation Module, by the University at Buffalo with inputs from UNICEF field and advisory staff. It was launched and rolled out globally to UNICEF staff and partners in 2013.

3.2 Water and the Environment

Cost-Effective and Sustainable Water Supply

UNICEF provides direct service-delivery support for water supply in certain high-priority countries: direct support for water supply benefited 7.9 million people, including 1.2 million beneficiaries

in Ethiopia, 1.9 million in Nigeria and 725,000 in the Democratic Republic of the Congo in 2013. Outside of Sub-Saharan Africa, support continues in several countries such as Afghanistan, Timor-Leste and in the Democratic People's Republic of Korea where UNICEF continues to support the construction of gravity feed systems for small towns, helping over 130,000 people gain access to improved water supplies in 2013.

In these and other countries, UNICEF focus is shifting from water supply service delivery towards efforts to strengthen national sector capacity in the areas of cost effectiveness and sustainability.

Work by UNICEF and its partners over several years has helped to popularize the cost-effective technology of manual drilling, in particular in West Africa. In Niger, for example, manual drilling is now widely used, while in Chad the sector is growing fast, with over 50 registered drilling companies. In addition to reducing drilling costs, the portability of manual drilling equipment also enables well drilling in communities with no road access, a common situation in WCAR (Figure 6).

FIGURE 6 Manual Drilling in an Area of Limited Access, Democratic Republic of the Congo Example



©UNICEF/2013/ Democratic Republic of the Congo

UNICEF and its core partner in this area (RWSN, the Rural Water Supply Network) are taking further steps to professionalize and expand the manual drilling sector, including a multi-country survey of practitioners, the expansion of the international manual drilling directory (to cover 15 countries), and developing a compendium of technologies and the promotion of an online community of practitioners. UNICEF is also capitalizing on the installed base of manual drilling expertise by promoting South-South exchanges, the most notable in 2013 being a capacity-building mission by engineers from the Chad Association of Professional Manual Drillers to Democratic Republic of the Congo, a populous country with great potential for manual drilling (due to its hydrogeology and limited transportation network).

Other UNICEF efforts to improve water supply cost effectiveness include the continued promotion of the UNICEF/RWSN Code of Practice for Cost-Effective Boreholes, work on reducing costs in urban and peri-urban areas, and increasing involvement in the use of solar pumps to reduce costs in areas with deep groundwater levels, including in Mauritania, Myanmar, Sierra Leone, Somalia and Sudan in 2013.

There was progress in the area of sustainability of water supplies on a number of fronts in 2013. The WCAR Sustainability Initiative became operational in 2013, with six countries in the region developing and signing Sustainability Compacts for UNICEF-Government WASH projects (funded by the Netherlands). The compacts set sustainability targets and define accountabilities, but their key added value is that they include an assessment of sectoral sustainability determinants in each country, based on bottleneck analysis processes informed by the UNICEF

MoRES (Monitoring Results for Equity System) framework (see Section 6.1). For example, the sustainability analysis in Mauritania identified problems in the national enabling environment, including the non-functionality of the National Water Council and regional councils, and shortcomings in monitoring and evaluation systems.

Linked to Sustainability Compacts is the Sustainability Check System in which the sustainability of UNICEF-supported water systems is audited by third-party agencies during and after the project implementation period. Sustainability Checks were completed in Ethiopia, Madagascar, Malawi, Zambia and in Mozambique, which completed its sixth annual check in 2013. In these and other countries, the Sustainability Check has evolved into a key monitoring tool that draws attention to sustainability issues sector-wide.

UNICEF supported the introduction of mobile phone-based data entry tools, including in Guinea, Mozambique and Mali in 2013. These techniques, coupled with improved and more transparent reporting systems (including Web-based systems) have the potential to significantly improve response times to breakdowns, and to improve accountability.

Guinea Worm Eradication

The world moved to closer to the goal of eradicating guinea worm disease in 2013. There were only 148 cases throughout the year, compared to 542 in 2012. This represents a case load reduction of 73 per cent, most of which was in South Sudan, which made very good progress despite the security situation and other programming challenges. And in December 2013, the previously endemic countries of Niger, Nigeria and Cote d'Ivoire were formally certified as guinea worm free.

There were some setbacks, however, with three new cases in Sudan (which had not had any cases for several years) and signs of previously unknown transmission channels for the disease in Chad.

Eradicating guinea worm requires implementing specific interventions such as ensuring access to safe water, health education, community mobilisation, filters and vector control. UNICEF continued to lead efforts to improve water supplies in endemic areas, mainly in South Sudan. In 2013, UNICEF constructed 107 new boreholes with hand pumps, 10 with solar pumps, and rehabilitated 602 water points in communities, schools and health centres in endemic areas, benefiting a population of over 350,000 people. Additionally UNICEF contributed to the certifying missions and continued to participate in planning efforts.

Water Safety

UNICEF efforts to develop a community-based framework for water safety planning expanded in 2013. The water safety planning approach is more commonly applied to city and town water supply systems, but with UNICEF support, it is increasingly being used for smaller community systems.

This support takes a number of forms, but with a particular focus on capacity building and the development of strategies and guidelines. In 2013, for example, UNICEF funded training programmes for technical personnel in Bhutan, Mongolia, Mozambique and Vanuatu, and sponsored regional and global strategy development workshops. Elsewhere UNICEF helped government counterparts to develop water safety planning guidelines, including in China and Viet Nam. In Democratic Republic of the Congo UNICEF and partners developed a new strategic

BOX 5

More Water-Related Activities

In addition to the water programming described in this section, UNICEF is engaged in a number of other water-related interventions, including:

- Emergency water supply for 24.3 million people (Section 4.1)
- Large-scale chlorination in emergencies and for cholera prevention (Section 4.3)
- Encouraging the meaningful participation of women on water system management committees (Section 5)
- Supporting new designs for group hand-washing water systems in schools (Section 3.3)
- Introducing water quality indicators to global sector monitoring (Section 6.1)
- Research on water supply (Section 6.3)

approach to the protection of community water supplies, incorporating an adaptable methodology for water safety planning coupled with water quality testing and monitoring protocol in high-risk areas.

Long-term engagement and support for water safety planning also leads to strengthened enabling environments, such as in Nepal where national water safety planning targets and budget lines have been incorporated into government budgets for the first time. In Bangladesh, a UNICEF-sponsored study of faecal contamination in water supplies (which found contamination in 25 per cent of sources and over 90 per cent contamination at point-of-use) has informed technical advice for a more rigorous safety planning approach.

UNICEF also continued to provide support in the area of household water treatment and safe storage (HWTS) in 2013. Results at the policy level include the development of a national framework for HWTS promotion in Tanzania (informed by operational research results) and national guidelines in Cambodia, the integration of HWTS into the CATS strategy in Mali, and, in several countries, efforts to incorporate HWTS into broader water safety planning efforts.

HWTS is also widely used as a cholera prevention strategy, and in emergencies, treatment products are distributed to vulnerable populations. In 2013 alone, UNICEF procured 463 million water purification tablets, most for emergency preparedness and response (see Section 4).

Finally, in the area of water quality, UNICEF continued to support interventions in select countries to mitigate the impact of specific water contamination threats in 2013. Examples include interventions such as desalinization in



the State of Palestine and elsewhere, and the introduction of systems to minimize the high iron content of drinking water in Mali. In several countries arsenic mitigation efforts continued, including testing in Afghanistan, Cambodia and Myanmar and the installation of arsenic-safe water sources in Bangladesh, where 50,000 people in 36 highly affected communities benefited in 2013.

The Environment and Climate Change

UNICEF is expanding its support for climate change adaptation (CCA) and resilience programming for vulnerable countries and communities, as articulated in its new Strategic Plan for 2014-2017 (see Section 8), including through capacity building of its professional WASH staff cadre in the areas of WASH-related CCA programming and water resource management. To date, about 100 staff have been trained through a variety of distance and face-to-face courses, and through technical assistance field missions. UNICEF is also developing new strategies for orienting its programmes towards a greater focus on building resilience of communities, and entering into new partnerships (including the Global Water Partnership and UNDP).

This growing capacity is beginning to yield results, with an increasing number of UNICEF Country Offices involved in CCA initiatives with partners in 2013. One example is the UN Joint Programme on Climate Change and Disaster Risk Reduction in Zambia, in which UNICEF focuses on WASH-related activities, including the formulation of a national rural water climate change action plan and developing community-based mechanisms for climate-resilient sanitation and water supply systems. Other examples include a training programme for community

BOX 6

The Managed Aquifer Recharge Approach for Climate Change Resilience

In the coastal regions of Bangladesh water security is under threat due to salt water intrusion into freshwater aquifers caused by increasingly frequent and severe cyclones and by tidal surges. UNICEF and its partners (Dhaka University, the Department of Public Health Engineering, and the Acacia Institute) are responding to these threats through the Managed Aquifer Recharge initiative.

In the approach, water is collected from surface ponds and roofs (after passing through a sand filter), and injected into saline shallow aquifers through a ring of infiltration wells (see Figure 7). This creates a lens of potable water that is protected from storm surges and flooding, and can be accessed throughout Bangladesh’s long dry season (using standard hand pumps). The technique is also a way of reducing bacteriological and arsenic contamination of water sources. The systems can serve several hundred people, and are easily managed at the community level.

After successful pilots at an initial 20 sites, the initiative is being scaled up to 100 sites. Of the additional 80 sites, hydrogeological surveys and feasibility assessments have been carried out and 75 sites selected. It is anticipated that the construction of the additional sites will be completed in mid-2014.

FIGURE 7 The Managed Aquifer Recharge Approach

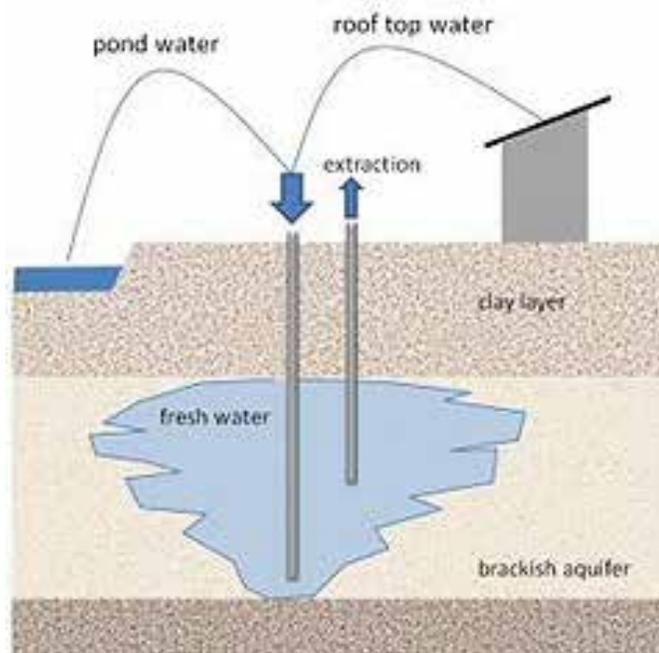
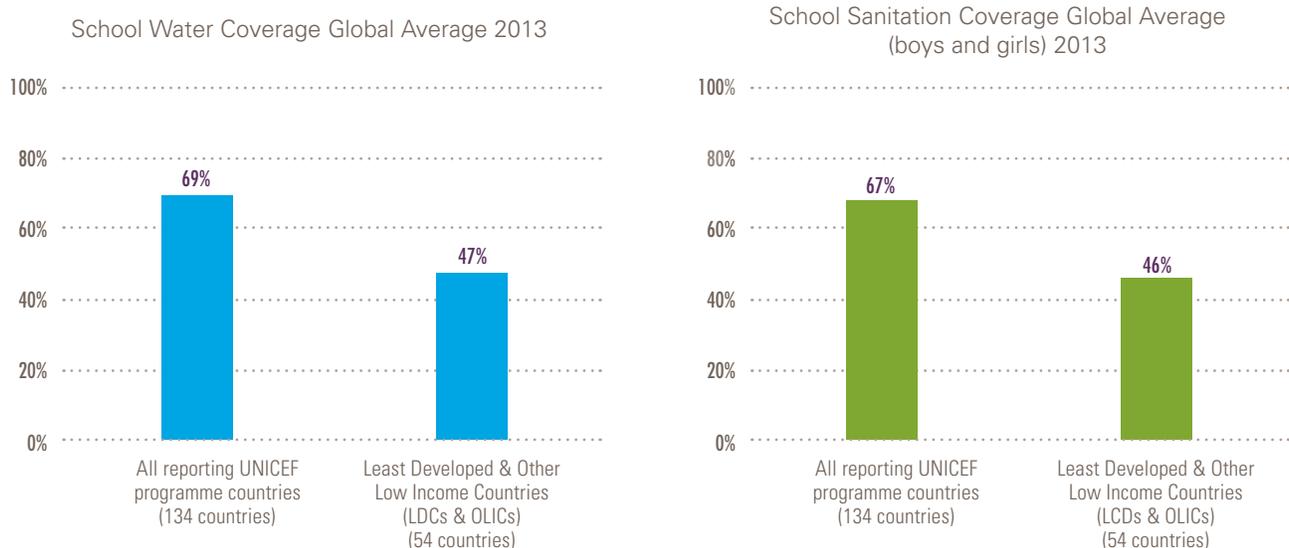


FIGURE 8 Water and Sanitation Facilities in Primary Schools, 2013¹⁰

representatives in Vanuatu on undertaking vulnerability and capacity assessments for disaster risk reduction and climate change adaptation, and work with schools on building resilience (including in Nicaragua and China in 2013).

UNICEF supports partners to strengthen CCA and disaster risk reduction (DRR) strategies and plans. Examples include collaboration with the UN Office for Disaster Risk Reduction (UNISDR) and other stakeholders on a joint regional strategy for CCA/DRR in the Pacific, support for WASH DRR action plans in six high-risk provinces in Viet Nam, and technical assistance in Gambia to mainstream WASH CCA into the national disaster response policy. Meanwhile in Nepal, UNICEF has worked with the government to create a separate WASH budget with a disaster risk management component to respond to emerging climate change issues.

Finally, UNICEF continued to support innovation in the area of climate

change-resilient WASH technologies in 2013, including testing disaster-resilient designs for school WASH facilities in Lao People's Democratic Republic, the use of solar power pumping as a resilience measure in the Philippines, and the managed aquifer research project in Bangladesh (see Box 6).

3.3 WASH in Schools (WinS)

The proportion of primary schools in developing countries with basic water and sanitation facilities is less than 70 per cent, and in least developed and other low-income countries it is less than 50 per cent (Figure 8). These coverage levels are lower than in 2012; with better monitoring systems and more nuanced standards we are now seeing a more realistic picture of the situation of WinS in developing countries.

Despite these relatively low coverage figures, there has been good progress on improving WinS in a number of countries in 2013. One important example is

¹⁰ Global coverage levels are an un-weighted average of national coverage figures compiled by UNICEF Country Offices from various national sources.

India, where an analysis of government data in 2010 and 2013 of the country's large number of schools shows a significant increase in the proportion of schools with functional toilets (from 47 per cent to 63 per cent) and a large drop in the number of schools without separate toilets for girls (from 31 per cent to 19 per cent).

UNICEF support is helping to scale up programmes and increase coverage in two ways: to improve the national enabling environment for WinS (through advocacy, and support to policy and strategy development) and through direct support in schools.

In many countries, this direct support benefits large numbers of schools and students, including in Ethiopia, Indonesia, Kenya and elsewhere. In total in 2013, an estimated 2.4 million children and 9,229 schools benefited from direct UNICEF support. In many instances, this direct support focuses on disparity reduction by directing resources to marginalized communities, such as in Honduras and Nicaragua

where support in indigenous communities is increasing coverage levels substantially. There was also progress in 2013 on improving access to WASH facilities for children with disabilities, including in Cameroon, Kenya, Lao People’s Democratic Republic and Zambia where new designs have been developed for accessible facilities in schools.

In many countries UNICEF is also helping to scale up hygiene education in schools in various ways, including through teacher training and curriculum development on hygiene promotion (e.g., in Mali, Mongolia, Madagascar and Georgia in 2013). In addition, the daily group hand-washing model is being introduced in schools in a number of countries through the Three Star Approach to WASH in Schools (see below).

In 2013, UNICEF spent an estimated \$65 million on WinS programmes globally, the most ever.¹¹

Substantial direct support is also provided in emergency situations, including in all three Level 3 emergencies in 2013 and in ongoing complex humanitarian emergencies, such as in Somalia and Democratic Republic of the Congo. Globally, an estimated 2.7 million children gained access to safe water, sanitation and hygiene facilities in their learning environment through UNICEF direct response in emergencies (including in existing schools where facilities were damaged or destroyed, and in temporary learning spaces set up in camps and other emergency situations).

While direct support is important and will continue to be provided as needed, UNICEF cannot make an appreciable impact on WinS coverage rates

¹¹ 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.

through service delivery alone. Increasingly, UNICEF promotes WinS among decision makers and provides technical advice to improve programme models. In 2013, these efforts were focused in four priority areas, as discussed below.

Daily Group Hand-washing in Schools

UNICEF rolled out a new programming approach in 2013, the Three Star Approach for WASH in Schools, which is designed to improve the effectiveness of hygiene behaviour change programmes through daily group hand-washing, while ensuring that schools meet the essential criteria for providing a healthy learning environment for children. The approach was developed in response to bottleneck analyses of WinS programmes worldwide and is modelled on successful experiences such as the Fit for School programme in the Philippines (supported by GIZ) and recent UNICEF efforts on the promotion of hand-washing in schools.

In the approach, schools are encouraged to take simple steps to make sure that all students wash their hands with soap, have drinking water in the class-

room, and have access to clean, gender-segregated and child-friendly toilets at school every day. The approach emphasizes a system of daily supervised hand-washing sessions in which all students as a group wash their hands with soap once a day, reinforcing the habit of good hygiene behaviour through the positive power of social norms and peer encouragement. The sanitation and water components of the approach are also centred on daily group activities.

A fundamental principle behind the approach is that expensive WASH infrastructure in schools is not necessary to meet health goals. To meet the minimum standards under the approach (to be certified as a ‘One Star School’), only modest investments will be required in most schools. Schools can then move up the star ladder, eventually meeting national standards for WinS.

Assisted by UNICEF, national versions of the approach are already being launched in a number of countries, including the Philippines, Lao People’s Democratic Republic, Mauritania, Nepal, Sierra Leone, Sri Lanka and in four Pacific Island nations. In India, the approach is linked to a major

FIGURE 9 Daily Group Hand-washing with Soap at School in India



© UNICEF India

government policy announcement that makes group hand-washing with soap obligatory in the 1.2 million schools and 110 million children reached by the mid-day meals programme.

Elsewhere, elements of the approach are being used in different ways to influence monitoring and standards, such as in the Maldives where the Three-Star standards are being used for national goal setting, and in Kyrgyzstan where it is being used a benchmark to assess ongoing projects.

Monitoring and Standards

UNICEF prioritises efforts to improve monitoring systems for WinS, and supports efforts to institutionalise monitoring within the education sector.

There are signs of improvement on this front. The size of the dataset currently used to estimate coverage (which consists of data from UNICEF Country Offices compiled from a variety of national sources) is growing. In 2008 data was available from just 57 per cent of UNICEF programme countries, a figure which has grown to 85 per cent, or 134 countries in 2013 (Figure 10).

FIGURE 10

Number of UNICEF Programme Countries Reporting WinS Coverage Data



The quality of reporting is also improving, albeit at a slower rate. An increasing number of countries have modified national WinS standards based on global best practices (e.g., by setting toilet standards for both boys and girls, and by reducing toilet-to-pupil ratios) and are monitoring progress on that basis. Examples include Fiji, the Solomon Islands and Mongolia, all of which adopted new standards in 2013, and Bangladesh, where the revised set of standards take into account the presence of WASH facilities and student-toilet ratios, as well as criteria related to toilet cleanliness and accessibility.

More countries are also incorporating WASH indicators into the national Education Management and Information System (EMIS), which is considered a key prerequisite for a mature WinS programme because it is an important step towards the institutionalization of WinS into the national education system. Bhutan, Georgia and Indonesia reported positive progress in improving the WinS dataset in EMIS in 2013, while in other countries (including Bolivia and Zambia) EMIS WinS data is being used to influence policy decisions. In India, UNICEF expertise and support has resulted in a much richer WinS dataset in the national EMIS (called DISE in India) in 2013, with additional new indicators covering the availability of water in girls' and boys' toilets, the existence of hand-washing facilities and an improved definition of functionality.

However, despite such progress, monitoring systems for WinS generally remain quite weak. This was highlighted in a 2013 UNICEF study that compared actual WinS indicators currently used in 19 country EMIS systems with the recommended indicators from the UNICEF global WinS monitoring package. The findings showed that

only a small minority of the participant countries included an adequate set of core indicators within the water, sanitation and hygiene categories in their EMIS. In addition, key monitoring parameters were absent in many national systems, notably indicators related to hygiene generally, and any measure of whether or not water and sanitation facilities are actually functional.

As the form and structure of the Post-2015 Development Agenda takes shape, there are strong signals that WinS will be included within the new set of goals, which would represent a significant opportunity for policy influence and action. Both the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda and the JMP have indicated that WinS should be part of the target structure for the new set of goals. To make the most of this opportunity, it is essential that all countries have targets, standards and monitoring systems in place.

Menstrual Hygiene Management

Support to improved menstrual hygiene management (MHM) in schools – from policy, advocacy and research to direct support in schools – has become a key component of the UNICEF WinS programme. In 2013 UNICEF supported MHM programmes and interventions in 27 countries, the most ever. These fall into two categories: one, support for initiatives designed to facilitate improved MHM in schools, and two, sponsoring MHM-related research.

WinS programmes are a good entry point to improve menstrual hygiene management and to initiate discussions on broader issues related to menstruation. Support for MHM in schools covers both 'hardware' and 'software' aspects, both of which are important for encouraging girls

to continue to attend school after menarche. The need to ensure that schools have safe and private places to wash, plus facilities for changing clothes and disposing of pads (or washing clothes or re-usable pads) is increasingly understood. UNICEF supports efforts to achieve this by helping to design appropriate facilities and by ensuring that such girl-friendly features are institutionalized in national standards. On the software front, UNICEF supports the writing and distribution of guidance material for girls and provides support for programmes that train teachers on MHM (including in Bhutan, Ghana, Mali and other countries in 2013). In total, an estimated 1.8 million children were reached with MHM messages through UNICEF-supported programmes in 2013.

In some cases, MHM activities in schools are extended to community outreach initiatives, such as in Nepal where girls are involved in efforts to declare villages 'Chaupadi Free' (Chaupadi is the practice of confining menstruating women to a cow shed or similar outhouse in the belief that they are unclean during their period).

Although the number of programmes is expanding, this is still a new area of intervention and more research is required to understand social norms and cultural practices related to menstruation and to inform the development of improved programme designs. UNICEF has thus significantly expanded its involvement in this area. Activities in 2013 included the sponsorship of the Second Annual Global Conference on MHM that brought together almost 200 participants (both virtually and in-person) and extensive support to country level research projects, including in four countries in collaboration with Emory University (Bolivia, the Philippines, Rwanda and Sierra Leone) and similar studies in Burkina Faso, Niger and Mali.

FIGURE 11 Menstruation Comic Book in Nepal (extract from draft)



Ayush Joshi and Preena Shrestha

BOX 7

UNICEF Wins 2013: By the Numbers

- Beneficiaries of improved WASH facilities in schools: 2.4 million students
- Number of schools with improved WASH facilities: 9,229 schools
- Expenditure on WinS programmes globally: an estimated \$65 million
- Number of UNICEF Programme Countries reporting WinS coverage data: 134 countries
- Number of countries with a UNICEF-supported MHM programmes and interventions: 27
- Number of children reached with MHM messages through UNICEF-supported programmes: an estimated 1.8 million children

Scaling up WinS

UNICEF direct support and engagement with government leads to increased resources for WinS, such as in Myanmar where the Ministry of Education has recently invested funds to build 72,000 toilets in schools and in Nepal where government has installed girls' toilets in 11,500 schools. UNICEF support led to improved standards and monitoring systems, and to the institutionalization of WinS into the national education system.

Increasingly, technical assistance and support at the country level is centred on the Three Star Approach to WinS, which points the way to a mechanism in which governments can scale up key aspects of WinS programming – and especially daily group hand-washing – at an affordable cost. The approach is new, but group hand-washing is already being expanded in many countries, with India a notable example.

At the global level, UNICEF has strengthened the WinS Global Network and joint initiatives with network partners. These efforts include support to network coordination, including online tools, and regional and global meetings, as well as the publication of key materials (such as the Raising Clean Hands document). Finally, UNICEF facilitated coordinated action among network members to improve policy influencing and programming efforts. This was recently formalized in an agreed set of four priority thematic areas for the next two years (up to the end of 2015), that was formulated through a process involving an online poll, thematic group discussions and a general meeting in December (see Box 8).

BOX 8

Priority Thematic Areas for WinS Partners

Daily Group Hand-washing: Building good hygiene habits through the incorporation of supervised daily group hand-washing with soap sessions in schools.

Menstrual Hygiene Management through WinS: Using schools to foster safe MHM practices and to reduce menstruation-related stigma and absenteeism.

WinS Evidence Base: Identifying research strengths and gaps, and taking collective action to improve the evidence base.

WinS in the Post-2015 Development Agenda: Improving monitoring and standards to capitalize on the visibility of WinS in the Post-2015 target set.





4 EMERGENCY PREPAREDNESS, COORDINATION AND RESPONSE

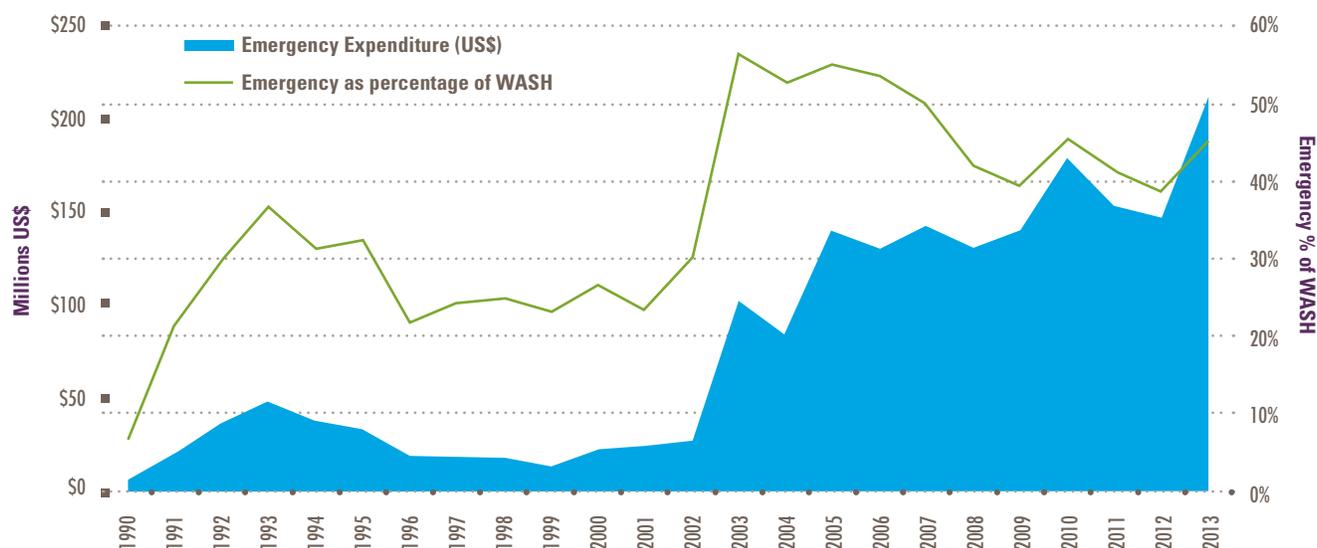
Emergency WASH was a major part of the overall UNICEF WASH programme in 2013. UNICEF responded to emergencies in Syria, the Philippines, the Central African Republic and over 60 other countries around the world. This response helped 24.3 million people gain access to water and 7.4 million to sanitation services and 13.1 million people benefited from access to soap and hand washing facilities.

An additional 2.7 million children were provided with access to safe water, sanitation and hygiene facilities in their learning environment during emergencies.

UNICEF also continued to play a leadership role in WASH emergency coordination in 2013. UNICEF was the WASH cluster lead agency at the global level, and led or co-led the WASH

cluster in 65 countries, including in all of the major humanitarian crises in 2013 and most of the smaller ones.

Expenditure on emergency response and coordination totalled \$212 million in 2013, the highest ever, accounting for 45 per cent of spending for the overall WASH programme. This included unprecedented expenditure on WASH in Syria and surrounding countries:

FIGURE 12 UNICEF Emergency WASH Expenditure, 1990-2013

in Jordan alone, UNICEF emergency WASH expenditure in camps and host communities was \$56 million, the most ever in a single country.

In parallel with coordination and response activities, UNICEF continued its long-running work with government and civil society partners on building emergency preparedness and response capacity, and strengthening national emergency WASH coordination. UNICEF also expanded its efforts to build national capacity to reduce cholera morbidity and mortality in 2013.

4.1 Emergency Response

Responding concurrently to three Level 3 emergencies while also responding to ongoing large-scale complex emergencies and to smaller crises in countries throughout the world required a tremendous effort by UNICEF in 2013. It was only possible by using the full extent of the emergency response capacity built up in recent years throughout the organization, backstopped by staff and other resources brought in from the regular WASH programme.

The largest effort in 2013 was responding to the urgent WASH-related needs of children and families in Syria, and in camps and host communities in neighbouring countries. UNICEF was able to provide substantial relief inside the country within a very challenging environment by successfully advocating for access to some of the most severely affected populations and delivering key technical and supply inputs on a large scale. This included the procurement of chlorine for water systems serving 10 million people, repairs and supplies for water and sewage systems in hard-hit areas such as Homs, and the delivery of soap and hygiene supplies for 580,000

internally displaced people. In Jordan, UNICEF led efforts to provide WASH services in the Za'atari camp, including hygiene and sanitation inputs and the provision of four million litres of water daily, as well as drilling boreholes and providing other support to host communities. UNICEF also provided critical WASH supplies in Lebanon (including the distribution of over 75,000 hygiene kits), Turkey (technical support and trans-border hygiene kit shipments) and Iraq, where UNICEF secured access to WASH for some 100,000 people, about half of the Syrian refugees in the country.

BOX 9

UNICEF Emergency WASH Response 2013: By the Numbers

- Emergency water beneficiaries: 24.3 million people
- Emergency sanitation beneficiaries: 7.4 million people
- Beneficiaries from access to soap and hand washing facilities: 13.1 million people
- Beneficiaries from school emergency WASH: 2.7 million children
- Expenditure on emergency WASH: \$212 million
- Concurrent Level 3 emergencies: 3



UNICEF was on the ground at the disaster site within 48 hours of Super Typhoon Haiyan/Yolanda in the Philippines providing life-saving emergency WASH services.



The response to Super Typhoon Haiyan/Yolanda in the Philippines was also a major effort due to the severity and scale of the storm, which was unprecedented even by Philippines standards. UNICEF was on the ground at the disaster site within 48 hours providing life-saving emergency WASH services, which ranged from the distribution of water purification tablets to families to the provision of generators and fuel for water systems. Within a week, UNICEF, local authorities and humanitarian partners were able to repair the Leyte Province water system, restoring supplies to 200,000 people. By the end of the year (eight weeks after the typhoon struck) UNICEF interventions restored water supplies to over 900,000 people, provided latrine slabs and portable toilets for over 70,000 and delivered hygiene kits to 230,000 school children, while using a variety of communication methods (including loudspeakers on

trucks) to transmit critical hygiene information. Work continues in 2014, focusing on building local resilience through community-led toilet construction programmes and innovative technologies such as solar-powered pumps.

In the Central African Republic UNICEF significantly expanded the scale and scope of its integrated emergency response programme as the number of IDPs (internally displaced persons) and refugees increased, a difficult exercise in an insecure and rapidly changing emergency situation. By the end of the year, UNICEF was providing WASH services to 45,000 people in country, and to some 60,000 people in Chad, many of them in host communities.

Meanwhile, UNICEF responded to emergencies with WASH inputs in over 60 other countries around the world. The largest of these response

programmes were in the complex emergencies in Sub-Saharan African countries, including Sudan and South Sudan, Somalia, Democratic Republic of the Congo, Mali and Ethiopia, along with ongoing emergency and reconstruction programmes in the Yemen, Pakistan, Haiti and Afghanistan. All of these efforts involve an integrated set of water, sanitation and hygiene interventions in coordination with government and WASH cluster partners. In Democratic Republic of the Congo, for example, UNICEF support resulted in almost 3 million people gaining access to water supplies and hygiene supplies and education, and about half a million to emergency sanitation through a variety of interventions in different parts of the country. In many of these complex emergencies, UNICEF responds to more than one emergency throughout the year. In Ethiopia, for example, WASH interventions were required for localized droughts, sporadic flooding and two different conflict situations, all in the same year. Similarly, the Afghanistan office responded to flooding, drought and conflict crises in 2013, while in Sudan UNICEF managed separate programmes of response in five distinct emergencies.

UNICEF also provided critical and timely interventions in numerous smaller (but still serious) emergencies in countries around the world, in accordance with its Core Commitments for Children in Humanitarian Action (CCCs). In some cases response programmes are ongoing, such as in Myanmar where WASH services are being provided to IDPs in the conflict affected regions of Rakhine and Kachin, in the State of Palestine where UNICEF provides water purification chemicals and repairs damaged infrastructure, and in cholera response programmes throughout WCAR (see Section 4.3). Other interventions are one-off efforts in response to natu-

ral disasters, such as the provision of hygiene kits to victims of the Solomon Islands tsunami; emergency water and sanitation to communities, health centres and schools affected by Cyclone Haruna in Madagascar; and the supply of soap, purification chemicals and water storage containers in response to severe flooding in Cambodia.

Spending on supplies increased from a total of \$47 million in 2012 to \$91 million in 2013, an increase driven mainly by emergency supply procurement (which accounts for over 40 per cent of WASH supply expenditure). Major supply items include family water kits, water purification chemicals, latrine squatting plates and hygiene kits. A total of 211,908 hygiene kits were procured in 2013 (compared to 56,546 in 2012), many of them for the Syria emergency. There was also a major increase in the number of water purification tablets procured, from 371 million tablets in 2012 to 463 million in 2013.

In all of its emergency interventions, UNICEF can draw on a range of organizational resources and expertise to mount effective and rapid responses. These include stockpiled supplies, technical expertise and a network of implementing agencies already in place in the many countries in which UNICEF manages an ongoing WASH programme. In these and other countries, UNICEF can also draw on in-house emergency-specific response capacity that can be rapidly deployed to countries as needed, as well as on the response capacity of cluster partners. Ultimately the most effective emergency responses are in countries where government has assumed responsibility and has the capacity to respond to emergencies with its own resources. In recognition and support of this, UNICEF is putting more effort and resources into building national capacity for emergency WASH, as described below.

4.2 Coordination and Capacity Building

UNICEF led the WASH cluster in 65 countries in 2013, the same number as last year (although some of the countries are different). The majority of these countries are in Sub-Saharan Africa, but country cluster leadership is a world-wide responsibility (see Table 3), covering many different types of emergency situations. In disaster-prone countries such as the Philippines and in countries with ongoing emergencies such as Sudan, UNICEF has led the WASH cluster continuously for many years. Elsewhere, clusters are activated for shorter periods of time, such as in the Marshall Islands and Peru in 2013. UNICEF also continued to act as the global cluster lead agency for WASH, for the eighth consecutive year.

The cluster approach is acknowledged as having improved the effectiveness of emergency response. Many of the

coordination-related problems that hampered earlier large emergency programmes (such as the response to the 2004 Indian Ocean tsunami) have been largely resolved. However, there is still much room for improvement: assessments point to weaknesses in the areas of continuity of coordination mechanisms, the relatively high costs of the cluster approach, and the need for improved accountability. There is a growing consensus in the sector that long-term effectiveness of WASH emergency response can best be improved through a greater focus on strengthening capacity at the national level. This was reiterated in the 2013 United Nations resolution on improving UN humanitarian assistance.¹²

In recognition of this, UNICEF is developing a new strategy in coordination with global cluster

¹² *Strengthening of the Coordination of Emergency Humanitarian Assistance of the United Nations. A/RES/63/139.*

TABLE 3: WASH Cluster Coordination by Region

Region	Number of Countries
Central, Eastern Europe and the Commonwealth of Independent States	3
East Asia and the Pacific	11
Eastern and Southern Africa	16
Middle East and North Africa	7
South Asia	3
Latin America and the Caribbean	7
West and Central Africa	18
Total	65

BOX 10

UNICEF Emergency WASH Interventions Reaching 500,000 or more People in 2013

- Congo
- Democratic Republic of the Congo
- Ethiopia
- Jordan
- Niger
- Palestine
- Philippines
- Somalia
- Sudan
- Syria
- Yemen

partners and donors that prioritizes the strengthening of national emergency WASH coordination mechanisms as well as overall sector resilience. The new strategy is not designed to replace the cluster approach (which will continue to be necessary in cases where national governments are not able or ready to respond effectively) but as a key step towards the goal of governments assuming responsibility for effective national emergency response. In its first phase, the strategy is being rolled out in a set of five pilot countries chosen on the basis of existing interest and progress on strengthening national WASH emergency capacity (part of a larger group of 12 countries where capacity building efforts are ongoing). In some of these countries, such as Bangladesh and Indonesia, governments are already assuming leadership roles in the WASH cluster and lessons will be drawn from that experience. In other countries the strategy builds on a range of ongoing capacity-building efforts supported by UNICEF. Examples include Kenya where UNICEF is helping to build resilience of community water systems in areas affected by climate change and recurring emergency events, and in the Philippines where long-running UNICEF support building WASH cluster coordination capacity at both national and sub-national level was an important factor in the effectiveness of the response to Super Typhoon Haiyan.

UNICEF continued to build its in-house capacity, and the capacity of its implementing partners, in 2013 through the global WASH in Emergencies course. Some 60 professional staff and partners were trained in 2013 in three sessions. Since the course's inception in 2009, over 311 professionals have taken it. The course has proven to be critical in building UNICEF's in-house response capacity, especially in 2013

when WASH staff from Headquarters, regional offices and other country offices were redeployed on a large scale to Level 3 emergency countries and to other large response programmes. This in-house capacity was backstopped by outside resources through a surge deployment system, in which qualified 'field-ready' professionals from outside the organization (but familiar with UNICEF systems) are posted as required. In 2013 a total of 111 people were deployed, of which 44 were standby partners, 33 were internal staff and 34 were externally recruited. Regionally-based experts were mobilised through the emergency support personnel mechanism.

4.3 Cholera Prevention and Response

The core rationale for UNICEF's work in WASH is to prevent diarrhoea in children. Preventing cholera, which is a form of diarrhoea, is thus part of the regular WASH programme and 'everyday' activities – from influencing policy to hand-washing promotion in community. However, because cholera is such a severe and rapidly spreading form of diarrhoea, special steps are necessary for cholera prevention and urgent action must be taken in response to outbreaks.

The cholera pandemic continued in 2013, resulting in tens of thousands of deaths in more than 40 endemic countries.¹³ Progress was made, however, on reducing the case load in the regions with the highest mortality rates: in both Hispaniola (Haiti and the Dominican Republic) and the endemic countries in WCAR, preliminary estimates show the number of cases falling by over 50 per

¹³ Complete cholera data for 2013 are not yet available. In 2012 cholera was endemic in 48 countries, with 245,393 cases and 3,034 deaths reported to WHO. Due to the large number of unreported cases, the actual death toll is estimated to be 20 to 30 times higher than these figures.

cent from 2012 levels (which were already significantly lower than outbreak peaks in 2011). This is due in part to the large-scale comprehensive prevention programmes in both of these areas, in which UNICEF plays a key role.

In Haiti, UNICEF leads the WASH component of the large UN and government cholera elimination programmes, including technical assistance, support to national and sub-national coordination bodies, water system construction and maintenance, chlorination, and comprehensive hygiene promotion campaigns (Box 11).

In WCAR, UNICEF support continued to be structured within the cross-border multi-agency 'Shield and Sword' (prevention and response) strategy that ultimately reached 4 million people in the region though WASH interventions alone. UNICEF support ranged from high-priority field activities such as borehole drilling and mass chlorination in high-risk areas to support for national planning efforts (including Democratic Republic of the Congo's new five-year cholera elimination plan), the development and piloting of new strategies for community-led prevention and response (including Guinea's new sentinel site initiative that reached over 500,000 people with hygiene messaging and supplies), and ongoing support to cross-border coordination efforts throughout the region.

Also in 2013 the UNICEF Cholera Toolkit was published and quickly became the key reference for state-of-the-art programming guidance for both prevention and response. UNICEF also worked with WHO and partners on the phased introduction of oral cholera vaccines (OCV), which are used preemptively in high-risk areas (such as camps) to complement WASH-based prevention efforts. This effort included co-management of an emergency

BOX 11

UNICEF Support for Cholera Prevention in Haiti: By the Numbers

425,230 people reached with SMS text messages on hygiene, more people reached through **52** radio broadcasts on hand-washing with soap

11,532 schools, **538** communities and **253** health institutions reached with direct hygiene promotion activities

41,600 people gained access to water in vulnerable rural areas through water system construction and rehabilitation

21,991 households reached with household water treatment promotion and support

stockpile of 2 million OCV doses, the procurement and use of 200,000 doses in Haiti, and training and policy influencing efforts.

Another area of focus was on improving prevention and response strategies for urban and peri-urban areas where outbreaks often are the most severe. In Zimbabwe, for example, UNICEF and partners have developed new prevention strategies that stress high-impact interventions tailored to

work within the country's particular urban environment, ranging from the use of low-cost techniques for de-sludging clogged sewers, ensuring an uninterrupted chlorine supply, and new hygiene promotion techniques for the types of large gatherings that have been linked to outbreaks (including funerals and large religious services). The new strategies are credited with helping to reduce the death toll from a high of 4,282 in 2008 to zero in 2013.





5 GENDER AND WASH

UNICEF focuses on gender issues related to WASH in a number of ways. It supports approaches that encourage the meaningful participation of women in WASH management bodies and planning processes, it champions girl-friendly strategies for WinS programmes, it continues to lead global efforts in the area of menstrual hygiene management, and it supports research on gender and WASH.

UNICEF promotes and supports systems that encourage the meaningful participation of women on community WASH management committees. In Angola, for example, a pro-active system to promote greater leadership of women on WASH committees has not only improved WASH-related decision-making, it has helped create forums for community discussion on other gender issues such as domestic violence

and HIV/AIDS stigma. Elsewhere, UNICEF promoted techniques to encourage gender-sensitive planning at the community level, such as in Pakistan where a tool that maps the daily routines of women and men has been incorporated into the planning of community-led sanitation programmes, and in Zimbabwe where gender training of urban residents' associations enhanced their capacity to identify



gender gaps in WASH service provision.

UNICEF also continued to provide substantial expertise and knowledge for gender-sensitive programming for WinS. One example is the continuing development and institutionalization of new toilet design standards that emphasize the needs of girls, including in China, Kenya, Mongolia and Zambia in 2013. Design criteria for gender-friendly designs include the need for privacy (including features such as privacy screens, functional locks, and the physical separation of girls' toilet blocks from boys'), the need for an adequate number of stalls for girls, and the need for special washing, changing and sanitary napkin disposal facilities.

Support to initiatives to reduce stigma and discrimination related to menstruation, and to facilitate improved menstrual hygiene management, is also part of the UNICEF WASH programme. Most activities are centred on schools, as described in detail in Section 3.3. Other activities include the distribution of sanitary napkins in emergency

situations (211,908 emergency hygiene kits, which include sanitary napkins, were procured in 2013) and efforts to improve the availability of pads in communities, such as in Bangladesh where SaniMarts managed by trained adolescent girls in poor communities sell sanitary napkins and provide advice to young girls on safe menstrual hygiene management.

UNICEF supported government partners to perform sector gender analyses and audits and subsequently institute policy reforms based on audit findings. By the end of 2013, a total of 29 UNICEF Country Offices had provided support in this area during the programme cycle. Examples include Nepal where UNICEF is developing sectoral Gender and Social Inclusion guidelines, and Ethiopia where a sector-wide gender gap assessment was carried out as a precondition for the establishment of a national WASH SWAp. In Ghana, UNICEF provided technical advice and financial support for a major new government initiative to assess progress in the sector and to

develop a set of gender mainstreaming guidelines and toolkits. To date the exercise has identified key gaps and developed a set of appropriate policy responses currently being incorporated into sectoral guidelines.

UNICEF also sponsored a variety of operational research examining the nexus between gender roles and WASH in communities in 2013. This includes an assessment of women's participation on WASH management committees in Ethiopia, a gender-sensitive appraisal of sanitation behaviour change in Pakistan, and an assessment of field data in Bangladesh highlighting the time-savings for women in the SHEWA-B project area. In Democratic Republic of the Congo, UNICEF and the University of Kinshasa completed a 10-week community immersion study (where researchers live in communities) examining in depth WASH- and gender-related relationships and conflicts, and role of female leadership in the WASH committees.



6 BUILDING KNOWLEDGE FOR RESULTS

6.1 Sector Monitoring

WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)

In 2013 the JMP issued its first annual sector update report with coverage estimates for the year 2011 (previously, sector updates were bi-annual). For this report the JMP updated 117 coun-

try files, adding 230 household surveys to its database and bringing the total of surveys and census data on file to over 1,400. As expected for an annual update, global coverage figures changed only marginally from the previous year, but issuing the report stimulated global advocacy efforts by highlighting gaps with less than three years to go to meet the MDG sanitation target. The report documents significant changes

at the country level in cases where data is newly available, notably in the Pacific sub-region where new data shows that coverage levels are lower than previously estimated.

Work continued on incorporating water quality indicators and monitoring protocols into the JMP, including piloting of water quality testing in household surveys such as Multiple Indicator

Cluster Survey (MICS) (Pakistan and Nepal in 2013). The Technical Taskforce confirmed *E. coli*, arsenic and fluoride as the three global indicators for JMP reporting on water quality, and refined decisions related to safe water cut-off levels and the classification of improved sources. Additionally, the JMP, working with WaterAid and the Water Institute at the University of North Carolina, conducted a comprehensive review of existing drinking water quality findings of improved drinking water sources.

The JMP sponsored or participated in other monitoring-related research, including a study on the public health impact of shared or public sanitation facilities and the study on the safe disposal of child faeces (see Section 3.1). JMP staff also continued to provide technical support and assistance with data harmonization processes, with missions to 10 countries in 2013.

The JMP team contributed to ongoing consultations on the Post-2015 Development Agenda with evidence-based advice and support at various sectoral conferences and meetings, and technical inputs to the High Level Meeting on the MDGs and the Post-2015 Development Agenda at the UN General Assembly in September 2013. As part of this effort, a portfolio of five fact sheets on Post-2015 WASH Targets and Indicators was produced and disseminated together with WSSCC (Box 12).

Monitoring at Country Level

UNICEF ongoing support to government partners for improved sector monitoring at the country level also continued in 2013. Results include strengthened national monitoring information tools in several countries (including Cambodia, Ghana, Madagascar and Mozambique), improvements at the systems level in several states in India (including a new framework for

measuring implementation behaviour change communication plans) and a more systematic model for monitoring training outputs in Indonesia.

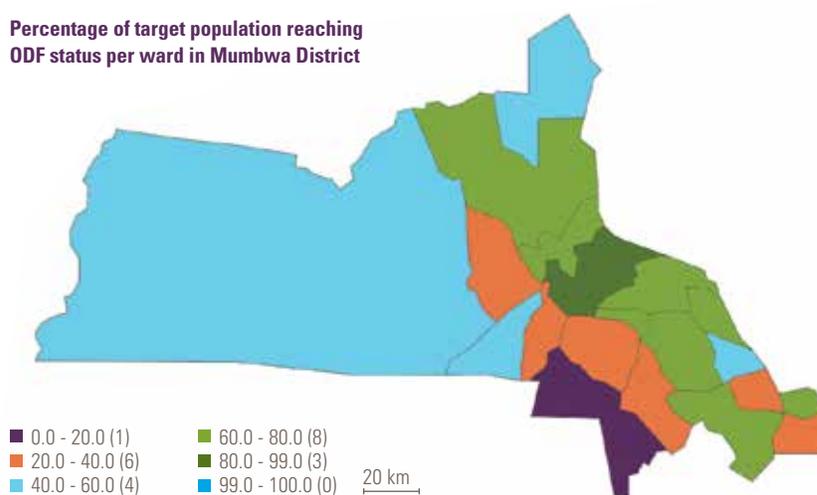
UNICEF also introduced new monitoring methodologies in programme countries using improving communication technology. In Zambia, for example, UNICEF and partners are piloting a mobile-to-web surveillance system for monitoring ODF status using the District Health Information System 2 (DHIS2) open software platform (which is already widely used in many countries for health system monitoring). In

the system, community sanitation activists gather and transmit data using mobile phones, and results are presented on a highly visual web-based platform (Figure 13).

In Afghanistan, the introduction of a monitoring system that links GPS-enabled cameras and Google Earth mapping has led to improved documentation of programming results, while mobile data collection systems in Vanuatu and Fiji are improving monitoring of activities in remote locations. As described in Section 3.2, a growing number of countries are introduc-

FIGURE 13 Mobile-to-Web Surveillance of ODF Status in Zambia

Percentage of target population reaching ODF status per ward in Mumbwa District



BOX 12

JMP Fact Sheets on Post-2015 WASH Targets

- Fact Sheet 1 - WASH water supply, sanitation and hygiene: Human rights that are crucial to health and development
- Fact Sheet 2 - WASH Post-2015: Proposed targets and indicators for households, schools and health centres
- Fact Sheet 3 - Towards a Post-2015 Development Agenda: WASH targets and indicators post-2015 – Outcomes of an expert consultation
- Fact Sheet 4 - Post-2015 WASH targets and indicators
- Fact Sheet 5 - Ending Inequalities: A cornerstone of the post-2015 development agenda

ing mobile phone-based monitoring of water point functionality.

Significant steps were made on the institutionalization of WinS monitoring systems, and on building capacity for monitoring hygiene promotion results (see Sections 3.1 and 3.3).

UNICEF expanded the use of the WASH BAT (see Section 2.1) and of the MoRES framework in WASH programmes. The MoRES framework, now a core component of the overall UNICEF programme, was used specifically for WASH in a number of countries in 2013, such as in WCAR where it was used to analyse sustainability bottlenecks and develop the Sustainabil-

ity Compacts in nine countries, and in Pakistan, Indonesia and Kenya for assessing CATS programming bottlenecks.

6.2 Evaluations and Operational Research

In 2013, UNICEF carried out an evaluation of the global CATS programme with the objective of assessing outcomes to date along with the effectiveness, efficiency and sustainability of the overall approach. This was a major exercise involving operational research in five countries along with extensive consultation with global stakeholders (see Section 3.1 for information on the results of the evaluation). At the country level, UNICEF carries out many

evaluations every year, including evaluations of donor-funded projects as well as assessments of specific initiatives or methodologies (Box 13). All evaluations are used to improve programmes and to document lessons learned. Progress on implementing recommendations from evaluations is monitored through the UNICEF Evaluation Management Response Tracker (EMR) system. In addition to evaluations, UNICEF also conducts impact assessments (such as the ongoing assessment of the Bangladesh SHEWA-B project, and a recently initiated study of the WASH programme in Zambia) and periodic Sustainability Audits (see Section 3.2).

Operational research is an increasingly

BOX 13

Examples of Country-level UNICEF WASH Evaluations in 2012 and 2013

The list is a selection of programmes and projects evaluated in 2012 and 2013. In most cases they are final evaluations conducted by third parties.

- **Accelerating Progress towards the MDGs on Water and Sanitation in Ethiopia**, a five-year programme funded by the EC
- **Water, Sanitation and Hygiene Programme in Eastern Indonesia**, a large five-year programme funded by the governments of the Netherlands and Sweden
- **The Pakistan Approach to Total Sanitation (PATS) in Emergencies**, a large-scale application of the CATS approach as part of the flooding emergency transition programme
- **Managing the Transition between Emergency WASH and Development**, an urban WASH project in Liberia financed by ECHO
- **A UNICEF school WASH rehabilitation project in Haiti**, covering 50 schools and managed by multiple NGO partners
- **WASH Initiative for the Rural Poor in Uganda**, a project covering 21 districts over a period of four years
- **Enhancing Access to and Provision of Water Services with the Active Participation of the Poor**, a Millennium Development Goals Achievement Fund (MDG-F) joint project implemented by UNICEF and UNDP
- **The overall UNICEF WASH programme in the Occupied Palestinian Territory**, covering a five-year period
- **The overall UNICEF WASH programme in Sudan**, covering a 10-year period
- **Participatory policy development for rural water and sanitation in Colombia**, a review of this innovative process
- **Making PPPs Work for Rural Water Supply in Somalia**, a five-year programme funded by the EU Water Facility
- **The SOPO Programme**, a hand-washing with soap promotion programme in Kenya
- **Integrated Reintegration Project for Former Refugees in Burundi**, a multi-sectoral project with a WASH component implemented by UNICEF, FAO and UNDP

important component of UNICEF country programmes of support with findings used for evidence-based policy advice and for informing the development of programme and sector strategies and plans. Examples in 2013 are many, including a socio-anthropological study analysing WASH-related community gender roles in Democratic Republic of the Congo, a sector status review in Myanmar, a sanitation marketing study in Kenya, and a secondary analysis of census data in India highlighting disparity in access to sanitation for lower caste and indigenous groups. UNICEF has taken a central role in supporting research in the area of MHM (a relatively new programme area in developing countries) through the sponsorship

of a series of county-level MHM studies (three of which were published in 2013) and of the Second Annual International Conference on MHM, which focused exclusively on research tools (see Section 3.3).

UNICEF is also contributing to the growing body of work studying the links between WASH and nutrition, including, for example, data analysis of MICS and other household survey data documenting the association between sanitation and nutrition indicators (including in Lao People's Democratic Republic and India in 2013), and a major ongoing study in Mali with preliminary results showing statistically significant positive impact of CATS programmes

on height-for-age and stunting indicators. UNICEF also sponsored research on the disposal of the faeces of babies and children too young to use toilets, an important issue since the contribution of open defecation to stunting is an area of growing concern.

UNICEF and partner capacity in the area of research and impact evaluation will be further strengthened through a new initiative with the SHARE Consortium based at the London School of Hygiene and Tropical Medicine to develop and deliver a webinar series on research management. At the country level UNICEF works to strengthen the capacity of the local research institutions in a variety of ways, including in



Zimbabwe where UNICEF recently launched a research grant programme for studies related to children. Finally, UNICEF has taken steps to build in-house research management capacity in 2013 through an agreement to post a WASH staff member in the UNICEF evaluation office.

6.3 Capacity Building

In all programme countries, UNICEF prioritizes efforts to strengthen WASH sector capacity. Support ranges from work with government partners to design and deliver core sectoral training programmes, targeted assistance to training institutions, technical support in selected sub-sectoral areas and the day-to-day engagement of UNICEF staff with counterparts at national and sub-national levels.

Given its extensive presence in coun-

tries, UNICEF is well placed to facilitate South-South exchanges. Examples include study visits on WASH SWAps (involving Nepal, Ethiopia and Uganda), professional support on manual drilling across West Africa, the sponsorship of peer-to-peer capacity building among guinea worm-affected countries, and extensive inter- and intra-regional exchange visits on CATS programme design. UNICEF also promotes South-South exchanges through regional and global WASH-Net meetings, and through the sponsorship of participants in sectoral forums and learning exchanges.

UNICEF also produces a wide range of guidelines and other training materials every year. Some are global in scope, including this year's Cholera Toolkit and Hand-washing Promotion Monitoring and Evaluation Module. At the national level examples are many, ranging

from training materials for front-line practitioners (e.g., a teacher's guide for hygiene education in Georgia, a set of standardized CATS guidance modules in Indonesia) to resources for programme managers (e.g., the implementation guidelines for the Sanitation and Hygiene Master Plan in Nepal, rural water safety plan guidelines in China).

UNICEF continued to sponsor training courses in 2013 as well, including the WinS 101 distance-learning course with Emory University that is now in its fifth cohort (286 graduates to date) and the WASH in Emergencies course (311 professionals trained to date). The WASH webinar training and learning series continued in 2013, with 27 distinct topics in which several hundred people participated. In all cases, trainees include both UNICEF field staff and partners.

BOX 14

WASH Webinar Training and Learning Series, 2013

- Monitoring Results for Equity System (MoRES)
- Disparities in Sanitation-Related Health Risks for Children
- WinS Priority Mapping
- Sanitation Marketing Learning Series
- Handwashing Monitoring and Evaluation
- Introduction to WinS Companion to Child Friendly Schools (CFS) manual
- Enhancing Efficiency and Effectiveness of WASH Teams
- CATS Documentation Training Overview
- Sector Monitoring and the JMP
- Global Handwashing Day Planning
- Emergency Supply List
- Accelerating Development with Information and Communication Technologies
- Safe Disposal of Children's Faeces
- WASH Bottleneck Analysis Tool (WASH BAT)
- Global Handwashing Day Preparation and Partnering with the Private Sector
- Innovations in WASH Supplies and Technologies



7 PROGRAMME STRUCTURE AND FINANCE

7.1 Programme Structure

UNICEF worked in the area of WASH in over 100 countries in 2013. Programme scale ranges from large, comprehensive programmes in countries of focus to small-scale interventions targeting specific outcomes in other countries.

In 78 of these countries, WASH pro-

grammes are run by a total of 498 full-time WASH professional staff members. In the other countries, activities are managed by professional staff from a related sector acting as a WASH focal point (e.g., a Health or Education staff member), and in some cases (usually emergencies) by staff seconded from other offices or by consultants.

More than half (57 per cent) of the UNICEF WASH professional staff cadre are posted in UNICEF's two Sub-Saharan Africa regions: Eastern and Southern Africa, and West and Central Africa (Figure 14). Only five per cent of staff are in headquarter offices (in New York, Copenhagen and Geneva); the rest are posted in country and regional offices.

Examples of very large WASH programmes are Ethiopia (with \$24 million in total expenditure in 2013 and 31 professional staff) and Bangladesh (\$16 million, 13 professional staff). In these and other large programmes UNICEF works at both the policy and service delivery levels, in both development and emergency programming, and in all major sub-sectoral

areas (sanitation, hygiene, water, and WinS). Smaller programmes involve specific interventions targeting strategic outcomes linked to the goals of the overall UNICEF country programme (such as a school hygiene education initiative in Georgia) or for emergency preparedness and response (e.g., response to a drought in the Marshall Islands, and capacity building for

WASH flood resilience in El Salvador).

7.2 Programme Expenditure and Funding Sources

UNICEF expenditure on WASH totalled \$470 million in 2013, an increase of \$90 million from 2012. About 75 per cent of this increase was from increased expenditure on emergencies, and 25 per cent from growth in the regular development programme (Figure 15).

As detailed in Section 2.1, the majority (71 per cent) of UNICEF spending on WASH in the development programme is in Least Developed and Other Low Income countries.

UNICEF expenditure was highly concentrated on field programming again in 2013, with over 98 per cent of expenditure at country level. The two Sub-Saharan Africa regions accounted for 53 per cent the country and regional level expenditure in 2013, while the Middle East and North Africa region – with its large emergency programmes – accounted for 27 per cent of expenditure (Figure 16).

FIGURE 14 Professional Staff Posting, by Region

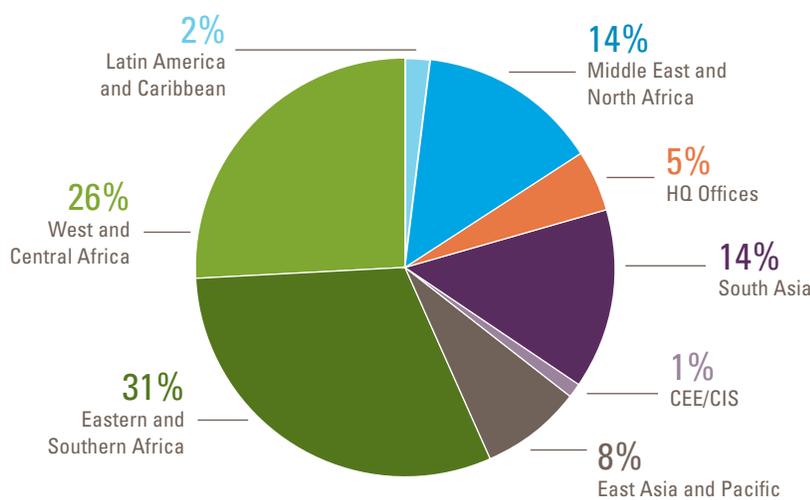


FIGURE 15 UNICEF WASH Expenditure, 1990-2013

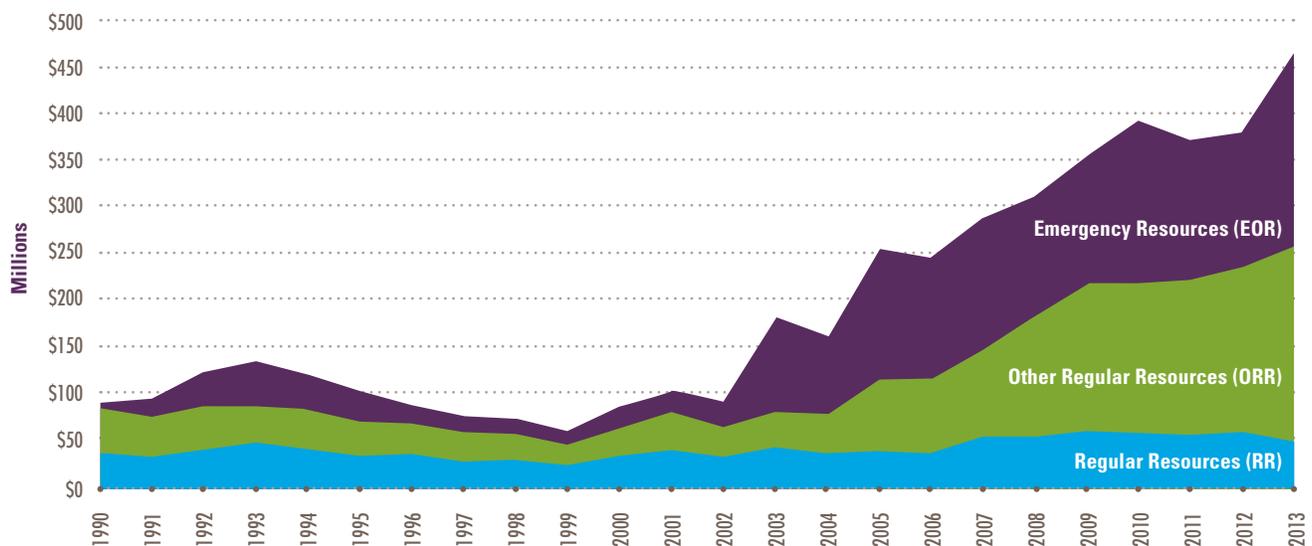
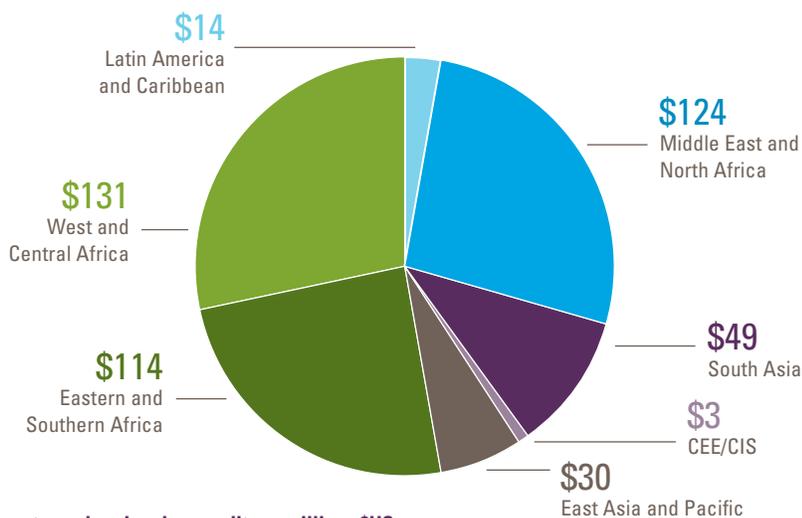


FIGURE 16 Country and Regional Expenditure, 2013, by Region



Country and regional expenditure, millions \$US

The highest total (development plus emergency) expenditure in 2013, at \$56 million, was in Jordan, due to the large emergency relief effort for Syrian refugees (Table 5). This is the most ever spent by UNICEF on WASH in a single country in a one-year period.

The highest expenditure for development (non-emergency) programming alone was in Nigeria in 2013, at \$34.7 million, followed by the Democratic Republic of the Congo and Ethiopia (Table 5). All but one of the top 10 development expenditure countries (Bangladesh) are in Sub-Saharan Africa. Emergency expenditure is spread out over more regions, meeting WASH requirements in emergency crises as they arise.

TABLE 4: Top Ten Countries by Total WASH Expenditure, 2009-2013 (millions \$US)

2013		2012		2011		2010	
Jordan	56.9	Pakistan	25.3	Pakistan	43.5	Zimbabwe	23.3
Nigeria	36.6	Nigeria	24.8	Ethiopia	24.4	Sudan	22.8
DR Congo	26.9	DR Congo	22.1	DR Congo	20.6	Pakistan	20.8
Ethiopia	24.1	Ethiopia	19.8	Zimbabwe	16.2	Somalia	18.9
Syria	18.1	Bangladesh	17.4	Somalia	15.6	Ethiopia	17.6
Mali	17.6	Somalia	13.3	Bangladesh	15.5	Bangladesh	15.9
Bangladesh	15.6	Sierra Leone	11.9	Nigeria	14.9	DR Congo	15.1
Yemen	14.8	Kenya	11.4	Afghanistan	12.7	Afghanistan	14.3
Sierra Leone	13.8	South Sudan	10.0	Haiti	12.4	Mozambique	12.0
Pakistan	13.7	India	9.6	Sudan	10.9	India	10.9

TABLE 5: Top Ten Countries by Emergency and by Non-Emergency Expenditure, 2013 (millions \$US)

Non-Emergency Expenditure		Emergency Expenditure	
Nigeria	34.7	Jordan	55.8
DR Congo	23.7	Syria	16.4
Ethiopia	16.6	Yemen	12.4
Bangladesh	15.6	Pakistan	10.7
Sierra Leone	12.3	Somalia	9.5
Mali	11.7	South Sudan	9.0
Zimbabwe	11.0	Sudan	8.6
Mozambique	9.6	Haiti	7.6
Rwanda	7.6	Ethiopia	7.6
Zambia	7.1	Lebanon	7.5

7.3 Funding Sources¹⁴

In 2013 for the fourth year in a row, the United Kingdom was the largest donor to UNICEF for WASH programmes. Expenditure from United Kingdom funding in 2013 totalled \$100.2 million, the highest amount from one donor in a single year ever (Table 6). All of the other top five donors in 2013 (the Netherlands, the European Union, USA and Japan) also substantially increased

¹⁴ All figures on donor funding in this section are based on donor funds expended in 2013, not funds donated in 2013.

funding over 2012 levels.

Considering development (non-emergency) funding only, the largest donor was also the United Kingdom, followed by the Netherlands and the European Union (Table 7). The largest donor for emergency WASH funding was the USA, followed by Japan.

Donations from bilateral donors and the European Union accounted for two-thirds of all WASH expenditure. Other funds are from UNICEF National Committees, UNICEF core funding,

inter-UN transfers and from private sector partners, such as Unilever, which is funding CATS programmes in 11 countries.

Most donations are for specific projects, mainly at the country or sub-national levels. Norway also provides thematic funds, which are managed by the WASH Section in Headquarters, and allow UNICEF to respond to opportunities and fill gaps not covered by project funding (new thematic funding for WASH from Sweden have been earmarked for the 2014-2017 period).

TABLE 6: Top Ten Donors by Total WASH Expenditure, 2009-2013 (descending order by size of total contribution)

2013 (millions \$)		2012	2011	2010	2009
United Kingdom	100.2	United Kingdom	United Kingdom	United Kingdom	EU (EC + ECHO)
Netherlands	31.0	Netherlands	EU (EC + ECHO)	EU (EC + ECHO)	Netherlands
EU (EC + ECHO)	30.5	EU (EC + ECHO)	Netherlands	Netherlands	United Kingdom
USA	28.7	USA	Japan	Japan	Japan
Japan	27.6	Japan	USA	Australia	USA
Australia	24.8	Australia	Australia	USA	Australia
Germany	20.4	Canada	Swedish NatCom	Sweden	Canada
Kuwait	12.2	Norway	Sweden	Spain	Swedish NatCom
Canada	11.4	Sweden	Canada	Canada	Denmark
Sweden	6.3	US NatCom	Spain	Swedish NatCom	Sweden

TABLE 7: Top Ten Donors by 2013 Emergency and Development Programme Expenditure (millions \$)

Development (non-emergency) Programmes		Emergency Programmes	
United Kingdom	83.1	USA	25.8
Netherlands	30.0	Japan	23.5
Australia	16.5	Germany	20.3
EU (EC + ECHO)	12.9	EU (EC + ECHO)	17.6
Canada	5.4	United Kingdom	17.1
Japan	4.1	Kuwait	12.2
United Arab Emirates	3.9	Australia	8.2
United States Fund for UNICEF	3.7	Sweden	6.1
Norway	3.6	Canada	6.0
Finland	3.5	Denmark	3.1



8 CHALLENGES FOR 2014 AND BEYOND

'Realizing the rights of every child, especially the most disadvantaged' is the title of the new UNICEF Strategic Plan for the 2014-2017 period, which focuses on equity in everything the organization does to fulfil its mandate of promoting the rights of children. In addition to its overarching focus on equity, the new Strategic Plan introduces

other new approaches and emphasizes:

- Seven key outcomes areas for children (Health, HIV and AIDS, WASH, Nutrition, Education, Child Protection, Social Inclusion);
- Strategies to capitalize on emergency programming opportunities, especially cross-sectoral synergies;
- That both development and humanitarian action are required to achieve outcomes, and emphasizes risk-informed programming strategies;
- Mainstreaming gender equality both as a normative principle and as a core element of the refocus on equity;
- Results-based management and reporting.

UNICEF Strategic Plan 2014-2017: WASH Outcome and Outputs

- Outcome: Improved and equitable use of safe drinking water, sanitation and healthy environments, and improved hygiene
- Output A: Enhanced support for children and families leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene practices
- Output B: Increased national capacity to provide access to sustainable safe drinking water and adequate sanitation
- Output C: Strengthened political commitment, accountability and national capacity to legislate, plan and budget for scaling up of interventions to promote safe drinking water, adequate sanitation and good hygiene practices
- Output D: Increased country capacity and delivery of services to ensure girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations
- Output E: Increased capacity of governments and partners, as duty-bearers, to identify and respond to key human rights and gender equality dimensions of water, sanitation and hygiene practices
- Output F: Enhanced global and regional capacity to accelerate progress in safe water, sanitation and hygiene practices

In recognition of the importance of WASH for children and for human development generally, this is the first UNICEF Strategic Plan that designates WASH as a distinct outcome area. The planned WASH outcome and outputs from the four-year plan (see Box 15) emphasizes equitable results through a focus on capacity development at all levels, from households to national government partners to global collaboration mechanisms. In response

to the evidence base and to lessons learned from the previous plan, the plan stresses the elimination of open defecation, improved water safety and improved hygiene practices; the need for WinS and in health centres; and increased preparedness to respond to emergencies.

In 2014, UNICEF will be adjusting strategies and procedures at all programming levels in order to better fulfil these outputs. This is

an evolutionary process: in most countries, this shift had already started in 2013 or earlier through the Strategic Plan development process and in anticipation of the Post-2015 Development Agenda. The UNICEF Strategic Plan and the expected Post-2015 targets for WASH will influence the development of a new global WASH Strategy (to replace the existing UNICEF Board-approved Strategy Paper which runs to 2015).





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