

Annual Results Report 2015

Water, Sanitation and Hygiene

HEALTH
HIV AND AIDS
WATER, SANITATION AND HYGIENE
NUTRITION
EDUCATION
CHILD PROTECTION
SOCIAL INCLUSION
GENDER
HUMANITARIAN ACTION



UNICEF's Strategic Plan 2014–2017 guides the organization's work in support of the realization of the rights of every child, especially the most disadvantaged. At the core of the Strategic Plan, UNICEF's equity strategy – emphasizing the most disadvantaged and excluded children, caregivers and families – translates UNICEF's commitment to children's rights into action. What follows is a report summarizing how UNICEF and its partners contributed to WASH in 2015 and the impact of these accomplishments on the lives of children, caregivers and families.

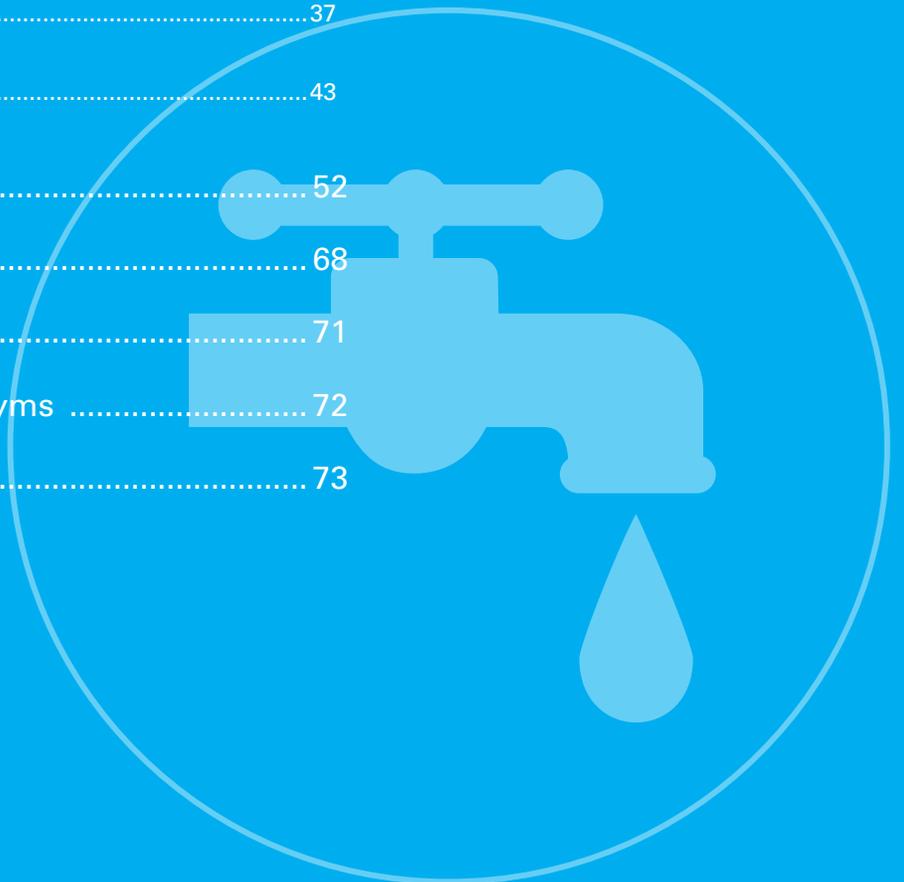
This report is one of nine on the results of UNICEF's efforts this past year, one on each of the seven outcome areas of the Strategic Plan, one on gender and one on humanitarian action. It is an annex to the 'Report on the midterm review of the Strategic Plan, 2014–2017 and annual report of the Executive Director, 2015', UNICEF's official accountability document for the past year. An additional results report on the UNICEF Gender Action Plan 2014–2017 has also been prepared as an official UNICEF Executive Board document.

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Lao People's Democratic Republic, 2015. A girl smiles while drinking at a water point in the village of Adone, Saravane Province, Lao People's Democratic Republic.

CONTENTS

Executive Summary	2
Strategic Context	5
Results by Programme Area	6
Programme Area 1: Water supply.....	14
Programme Area 2: Sanitation	20
Programme Area 3: Hygiene promotion	25
Programme Area 4: WASH in Schools, ECD and health centres	29
Programme Area 5: WASH in emergencies	37
Programme Area 6: Enabling environment	43
Financial Analysis	52
Future Work plan	68
Expression of Thanks	71
Abbreviations and Acronyms	72
ANNEX.....	73



EXECUTIVE SUMMARY

The Millennium Development Goal (MDG) period brought substantial progress in increasing people's access to water and sanitation. Since 1990, 2.6 billion people have gained access to an improved drinking-water source and 2.1 billion have gained access to an improved sanitation facility through the collective efforts of sector stakeholders. Some 147 countries met the MDG drinking-water target of halving the proportion of people without access. Over the same period, the importance of encouraging improved hygiene behaviours became entrenched in sector plans, and gains were made in the proportion of people washing their hands with soap.

Despite these gains, much remains to be done. The world missed the MDG sanitation target by a wide margin, and 946 million people are still engaging in the practice of open defecation, with consequences for the health and nutrition status of populations as well as for national economies. Five developing regions met the drinking-water target, but the Caucasus and Central Asia, North Africa, Oceania and sub-Saharan Africa did not. Ensuring the safety of water supplies remained a challenge, with sustainability a major problem, especially in sub-Saharan Africa. Across the board, there continue to be low coverage rates of adequate water, sanitation and hygiene (WASH) services in health-care facilities and schools.

UNICEF played a critical role in the formulation and finalization of the 2030 Agenda for Sustainable Development, which sets ambitious new targets for WASH that will shape global action over the next 15 years, including the challenge of prioritizing the most vulnerable while moving people up the service ladders towards safely managed services. UNICEF welcomes the emphasis placed on the key issues of equity, gender equality and the importance of hygiene (including menstrual hygiene management) in the targets of the Sustainable Development Goals (SDGs) for WASH.

Sustainable Development Goal (SDG) 6 – covering the whole water cycle – includes targets for universal access to drinking water and for sanitation and hygiene that are significantly more ambitious than those in the MDGs. Extending basic services to populations that remain unserved and increasing the quality of existing services in line with global norms and standards for water and sanitation (including accessibility, availability, quality and affordability) will require a steep change in recent rates of progress and a threefold increase in current levels of investment. It will also require developing new approaches that will work in urban areas and new partnerships with the private sector to leverage all available resources for children. Discussions on financing for development

suggest that, while some low-income and fragile states remain dependent on external support, most of the additional financing is expected to come from domestic resources, including private-sector investments.

In 2015, UNICEF also initiated the development of its new global WASH strategy in order to contribute to global efforts to meet SDG 6 and the broader sustainable development agenda, with a focus on priority interventions for children and mitigating some of the global trends that impact children, including climate change, water stress, migration, urbanization and growing inequity.

UNICEF's work and results in 2015

In 2015, UNICEF delivered results in WASH in 107 countries, through programmes managed by 608 professional staff – the majority posted in sub-Saharan Africa.

Overall, during 2014–2015, in development contexts, UNICEF helped 27.9 million people to have access to improved water supply, 23.4 million people to have access to improved sanitation and 42,413 communities in 48 countries obtain certification as open defecation-free communities in development contexts. UNICEF led the WASH Cluster response in six complex emergencies and

Table 1. Beneficiaries from direct UNICEF WASH support, people and institutions, 2014 and 2015

Direct UNICEF beneficiaries (millions of people)	2014	2015
Water (development context)	13.78	14.12
Water (emergency)	18.02	25.45
Water total	31.80	39.57
Sanitation (development context)	11.33	12.11
Sanitation (emergency)	4.37	5.97
Sanitation (total)	15.70	18.08
Hygiene (emergency)	12.94	13.77

Direct UNICEF beneficiaries, institutional WASH (number of institutions reached with WASH facilities)	2014	2015
WASH in schools	10,596 (87 countries)	25,876 (87 countries)
WASH in health centres	1,203 (95 countries)	733 (76 countries)*

* The decrease from 2014 to 2015 was due to less intervention related to WASH in health facilities in Ebola-affected countries.

helped Member States define SDG targets and high-level indicators for WASH. Programme expenditures for WASH in 2014 and 2015 amounted to about US\$1.6 billion, more than 72 per cent of the US\$2.211 billion budgeted for the Strategic Plan.

In 2015, UNICEF continued to support children and families to sustainably use safe drinking water and adopt adequate sanitation and good hygiene practices. More than 40 countries are strengthening national capacity to provide access to sustainable safe drinking water. As of 2015, 47 countries (out of 57 targeted in UNICEF's Strategic Plan) were implementing a national strategy to eliminate open defecation, 75 (out of 100) countries had established targets to provide access to drinking water to unserved populations, and at least 50 per cent of schools in 37 countries had sanitation facilities for girls. In addition, 35 countries were implementing water safety plans at the community level.

Within its large-scale service delivery, UNICEF demonstrated evidence-based models for reaching the most marginalized groups, such as accessible sanitation and washing facilities for children with disabilities, manual drilling for isolated communities and the use of real-time monitoring tools to better assess WASH coverage for marginalized groups. The following are key results in each of the five WASH programme areas:

Water: UNICEF supported the professionalization of the manual drilling sector in 18 countries in 2015. Also on the rise is UNICEF support for piped water systems in both urban and rural areas as a way to decrease costs and increase service levels. UNICEF has developed and tested a number of models for public-private partnerships for water supply systems. UNICEF has improved the sustainability of WASH in several ways: by building the capacity for system management and maintenance; embedding sustainability into planning and accountability

frameworks; and supporting innovative mobile-to-web mapping and monitoring systems to improve evidence on functionality and provide access to data for decision making.

Ten countries (out of the 15 countries targeted in the Strategic Plan) are implementing sustainability compacts or sustainability plans for WASH with evidence of continued monitoring; and 54 out of 65 countries are taking steps to integrate climate change and resiliency strategies into WASH programming.

Sanitation: The work of UNICEF and its partners to raise awareness about open defecation is making an impact. In most countries where open defecation remains a problem, governments have prioritized the issue and are taking concrete steps to eliminate it. In 2015, 23,316 communities obtained certification as open defecation free in 47 countries with the direct support of UNICEF, an increase of more than 18 per cent from 2014. UNICEF continued to work with partners, notably from the private sector, on developing appropriate sanitation marketing approaches and technologies to provide choices to consumers as they move up the sanitation ladder.

Hygiene promotion: Sixty-three countries are implementing community-based hand-washing behaviour change communication programmes on a national scale. Promoting hand-washing behaviour change continues to be a core component of the UNICEF programme.

WASH in schools, early childhood development centres and health centres: UNICEF led and supported WASH in Schools in 29 out of 48 countries, and based on the Three Star Approach with a focus on menstrual hygiene management (MHM), health and education outcomes for children.

WASH in emergencies: UNICEF humanitarian support to countries provided life-saving WASH services to more than 80 per cent of the target population in 70 countries (including in six Level 3 emergencies). UNICEF's emergency response effort directly reached more than 45 million people with WASH in new and ongoing emergencies. As the Inter-Agency Standing Committee (IASC) designated lead agency for the WASH Cluster globally, UNICEF led or co-led cluster or similar coordination mechanisms as called for by the Core Commitments for Children (CCC) in more than 66 countries, including in all of the major humanitarian crises in 2015 and most of the smaller ones.

The capacity of 11 national governments to deliver protected, reliable and sufficient WASH services to girls, boys and women in humanitarian situations increased in 2015 due to UNICEF's advocacy around strengthening

national humanitarian coordination and linking development and humanitarian interventions. UNICEF continued to build capacity for response at the country level, including support for the transition from a cluster approach to national coordination in several countries. It is relevant to note the contribution of WASH to humanitarian action as a key component of integrated humanitarian response, enabling results in other outcome areas that would not be possible otherwise. The WASH component of the Ebola response is a good example of this synergy in results, particularly with respect to waste management, and also illustrates how flexible funding can be crucial to increasing the efficiency of humanitarian interventions.

Enabling environment: UNICEF, working in collaboration with sector partners, strengthened political commitment, accountability and national capacity for the scale-up of WASH interventions in 38 countries. There has been just modest progress on strengthening the capacity of governments and partners, as duty bearers, to identify and respond to key human rights and gender equality dimensions of WASH; at the same time, 41 countries now have functional national monitoring systems reporting equity access to WASH services. To support its programmes and advocacy, UNICEF demonstrated ways to generate knowledge and data for ongoing quality improvements. This included the use of user-friendly analytical tools such as the WASH Bottleneck Analysis Tool (BAT), together with the Monitoring Results for Equity System (MoRES) for WASH programming. UNICEF also generated, supported and engaged in global-level analysis of data on WASH coverage through the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, while expanding efforts to facilitate quality research on WASH globally and in countries around the world.

UNICEF used its influence and convening power to prioritize WASH for children through regional platforms such as the AfricaSan meeting, through global collaboration mechanisms including the Sanitation and Water for All partnership and the JMP platform, and at country level through cluster leadership and other sector coordination systems. UNICEF also engaged more extensively with the private sector and other new partners in 2015 to encourage innovation, sustainable markets for WASH goods and services, and programming at scale. Partnerships with universities and research institutions were also strengthened: UNICEF increasingly used the medium of research and evidence on WASH to strengthen advocacy for children through the publication and dissemination of peer-reviewed journal papers and efforts to expand research initiatives and capacity at the country level. In 2015, such work included a 14-country research study on the challenges adolescent girls face managing

menstruation in schools. UNICEF published its WASH research in 45 peer-reviewed journal papers and reports in 2015, co-published a range of WASH reports for staff and sector partners, and chaired five key global and regional WASH initiatives.

Despite the significant progress achieved in 2015, certain factors hindered UNICEF's capacity to deliver some results. Among these were funding shortfalls, staffing gaps and the need to prioritize heavy workloads caused by a portfolio that continued to grow in size and complexity.

UNICEF expenditure on WASH was US\$869 million in 2015, an increase of 18 per cent compared with 2014, and the most UNICEF has ever spent on WASH. The programme was financed through the generous support of resource partners, notably bilateral donors and multidonor funds. Funds from the private sector increased in 2015, but still only represented 5 per cent of the total.

UNICEF remains grateful to all resource partners for their continuing support, and in particular for thematic contributions, which have been instrumental in supply innovation and in addressing critical gaps in countries that would otherwise have gone unfunded.

Looking ahead

Moving forward, in 2016 and 2017 UNICEF will focus on using lessons and evidence to meet Strategic Plan outcomes for WASH while rolling out the new global WASH strategy to meet the challenges of the 2030 Agenda for Sustainable Development.

STRATEGIC CONTEXT

The SDGs

The 2030 Agenda for Sustainable Development offers a historic opportunity to set a new course for the next era of global human development and the potential to transform the lives of millions of at-risk children. WASH is at the centre of this ambitious new agenda with a distinct water-sector goal (SDG 6) of providing universal access to safe drinking water and adequate sanitation, along with strengthened hygiene and the elimination of open defecation by 2030.

The Sustainable Development Goals (SDGs) set a high bar of 'safely managed' water and sanitation services, yet many women and children lack access to clean water and basic toilets. Sanitation coverage remains dire in many countries. Gains in water supply coverage are unevenly spread, water quality is not assured, and the sustainability of systems continues to pose challenges. Without intervention, the effects of rapid urbanization, migration and climate change will only further heighten challenges facing the delivery of these services and increase the risk among the vulnerable. UNICEF and its partners in the private sector are changing the development landscape, and these critical goals will only be met with new financing instruments and sources of funding.

Ambitious agenda – universal access AND leaving no one behind

The right to sanitation was acknowledged as a distinct human right in 2015. This right, along with the human right to water, is at the core of the UNICEF mandate for children. To achieve universal access, resources must be targeted to countries and communities in greatest need while strengthening sectors that deliver services for all.

People with disabilities, women and girls bear the brunt of inadequate WASH services. Diseases related to poor hygiene, open defecation and lack of access to safe water and sanitation systems are the leading cause of mortality and morbidity among children. Inadequate WASH services and facilities also act as barriers to girls' access to education and block economic opportunity for poor women and men. WASH is an essential part of health-care facilities, schools and early childhood development (ECD) centres, all of which offer a platform to advocate and promote behaviours that benefit all children.

Major policy implications for countries

External support agencies must increase efforts to support country response to this ambitious agenda and identify evidence-based programming to achieve the transformational change that is necessary. UNICEF and its partners will need to help governments become more responsive to the voices of the poor and to build their capacity to create an enabling environment for service delivery by recognizing that strong national systems, effective sector institutions and a strong accountability framework are prerequisites of long-term sustainability of WASH services.

Lessons from MDGs

The Joint Monitoring Programme (JMP) reported that there were almost as many people without access to improved sanitation in 2015 (2.37 billion) as there were in 1990 (2.45 billion). Adequate sanitation coverage remains below 50 per cent in 47 countries. The proportion of people practicing open defecation fell from 24 per cent to 13 per cent, but 946 million people still defecate in the open. The populations without sanitation access live primarily in Asia, sub-Saharan Africa, and Latin America and the Caribbean.

Five developing regions met the drinking-water target, but the Caucasus and Central Asia, North Africa, Oceania and sub-Saharan Africa did not. In 2015, a total of 663 million people still lacked access to an improved drinking-water source. Ensuring sustainable services and the safety of water supplies remains a major challenge.

Despite this, there has been much progress over the past 25 years. Key lessons that will inform UNICEF's strategic response to the SDG water goal going forward include:

- Inequalities will not be eliminated unless directly addressed and prioritized;
- Governance and accountability of service providers are essential to ensure sustainability of services;
- Changing behaviours and social norms to end open defecation, improve hygiene practices and promote water safety is essential;
- Innovation is a prerequisite for results;
- Emergencies and development activities are complementary and part of a single continuum; and
- Addressing the impacts of climate change is absolutely necessary.

RESULTS BY PROGRAMME AREA

Programme scope

This report covers the second year of the UNICEF Strategic Plan for 2014–2017 and presents UNICEF’s WASH results and conclusions on equity, gender and disability, and integration and cross-sectoral linkages. The Strategic Plan addresses challenges in the WASH sector through six main programme areas: water, sanitation, hygiene, WASH in Schools and WASH in emergencies and enabling environments, grouped in programme areas, and linked to outcomes.

The WASH programme will work to improve equitable access to and use of safe drinking water and adequate sanitation and good hygiene practices and promote health services that broadly reflect the SDGs by addressing the following:

- Ending open defecation;
- Providing universal access to safe WASH at home;
- Ensuring that schools and health centres maintain sustainable WASH practices; and
- Eliminating inequalities in access.

Two main impact indicators (proportion of population practicing open defecation and proportion of population using an improved source of drinking water), along with five output indicators, measure progress in the WASH outcome area.

UNICEF supported WASH in 107 countries in 2015. Support for WASH again expanded in 2015, with an expenditure of US\$868 million, an increase of 19 per cent from 2014. Of that, 70 per cent is used in 20 countries.¹

FIGURE 1
UNICEF professional WASH staff postings by region, 2015

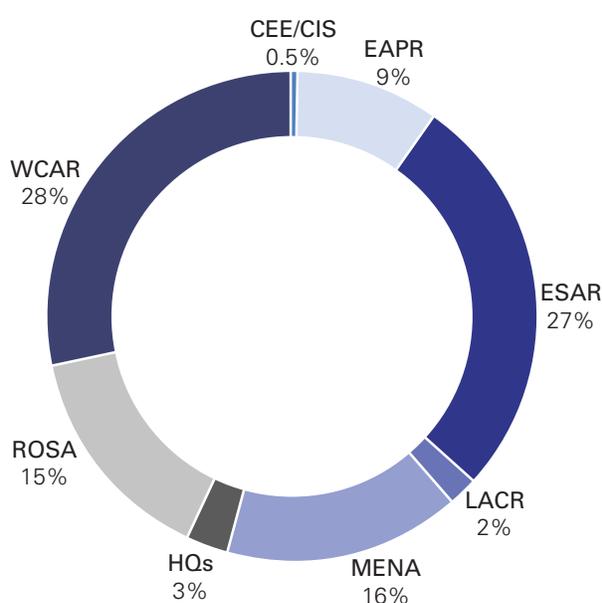
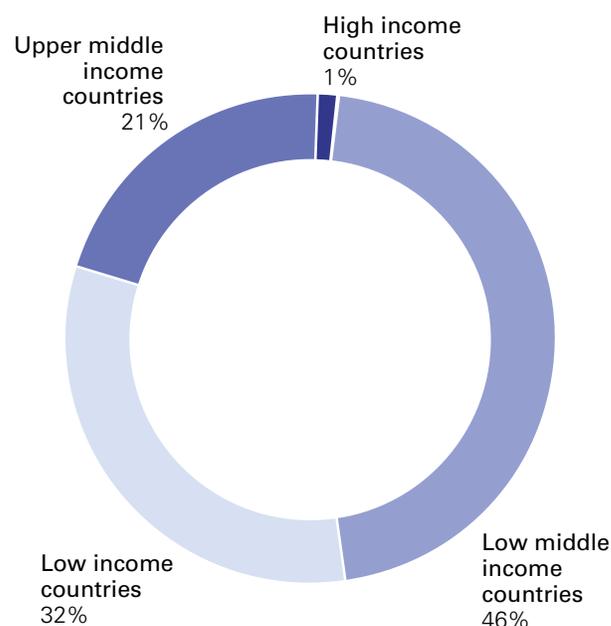


FIGURE 2
UNICEF WASH expenditure by category of gross national income, 2015



¹ Democratic Republic of the Congo; Ethiopia; Guinea; Haiti; Iraq; Jordan; Lebanon; Liberia; Malawi; Mali; Nigeria; Pakistan; the Philippines; Sierra Leone; Somalia; South Sudan; the Syrian Arab Republic; the Sudan; Yemen; and Zimbabwe.

Non-emergency programming in least developed countries, where access to WASH services tends to be lowest, accounted for 62 per cent.

UNICEF used half of these resources (US\$436 million) for humanitarian WASH in response to emergencies in 76 countries, including six Level 3 emergencies. The majority of emergency expenditure (53 per cent) was in the Middle East, mainly in response to the crises in and around the Syrian Arab Republic, including in Iraq.

A total of 608 professional staff managed the WASH programme in 2015, with the majority based in the sub-Saharan African regions of Eastern and Southern Africa (27 per cent) and West and Central Africa (28 per cent).

In 2015, UNICEF spent US\$96.4 million on water and sanitation supplies (a 3 per cent increase compared with 2014). This included 377,862,000 water purification tablets and 2,330,841 hygiene kits (Adult Hygiene Kits, and Family Hygiene and Dignity Kits). Hygiene kits are critical during the onset of emergencies and include items for water, sanitation and personal hygiene, including MHM supplies. Some 1.4 million women and girls received MHM supplies through UNICEF emergency response, mainly in the form of kits.

Strategic Plan output highlights 2015

Since 2015, UNICEF helped improve the water supply for 14.1 million people, sanitation for 12.1 million people, and supported 23,316 communities in ending open defecation. At the end of 2015, more than 75 per cent of households in 123 out of 131 targeted countries accessed improved sources of drinking water, more than 50 per cent of the population in 103 countries gained improved sanitation facilities, and 17 countries with more than 33 per cent of the population practicing open defecation saw this reduced from 22 per cent to 17 per cent. With hygiene, UNICEF focused on promoting the practice of hand washing with soap, on programme integration, strengthening monitoring mechanisms and researching new behavioural insights, resulting in 18 out of 51 targeted countries increasing by 10 per cent the proportion of households with appropriate hand-washing facilities.

OUTPUT A – Enhanced support for children and families leading to the sustained use of safe drinking water, the adoption of adequate sanitation and good hygiene practices: UNICEF worked to support children and families in long-term, sustainable strategies to ensure the use of safe drinking water, adequate sanitation and good hygiene practices. Sixty-three countries out of 86 targeted in the strategic plan are currently implementing community-based hand-washing behaviour change

programmes on a national scale, and 35 countries are implementing water safety plans within communities.

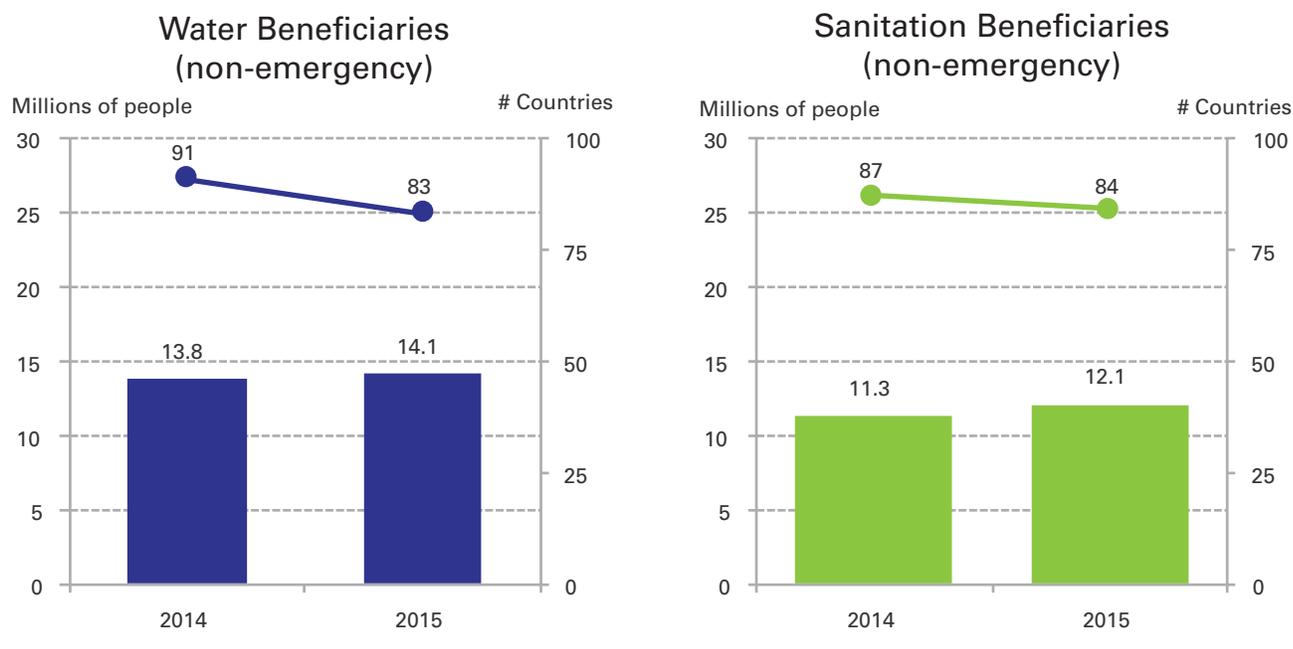
OUTPUT B – Increased national capacity to provide access to sustainable safe drinking water and adequate sanitation: 75 out of 100 countries targeted in the Strategic Plan established targets to provide access to drinking water to underserved populations. Adequate sanitation is at the core of UNICEF WASH programmes. As of 2015, 47 out of 57 countries targeted in the Strategic Plan had under way a national strategy to eliminate open defecation.

In 2015, UNICEF helped more than 39 million people secure access to drinking water and more than 18 million people secure access to sanitation (see Table 2). This is an increase of 20 per cent since 2014 and the second-highest number of total direct UNICEF beneficiaries in the past 10 years. The greatest increase was in emergency water beneficiaries, due to a growing crisis in and around the Syrian Arab Republic; in response to natural disasters (such as the earthquake in Nepal); and for needs related to ongoing complex emergencies in the Democratic Republic of the Congo, the Sudan and other countries. UNICEF reacts quickly in times of crisis to ensure that affected populations have the knowledge, supplies and facilities for hand washing with soap, which is critical in preventing the spread of disease. These efforts reached more than 14 million people in 2015.

Table 2. Beneficiaries from direct UNICEF WASH support, 2014 and 2015

Direct UNICEF beneficiaries (millions of people)	2014	2015
Water (development)	13.78	14.12
Water (emergency)	18.02	25.45
Water (total)	31.80	39.57
Sanitation (development)	11.33	12.11
Sanitation (emergency)	4.37	6.0
Sanitation (total)	15.70	18.08
Hygiene (emergency)	12.94	13.77

FIGURE 3
Water and sanitation beneficiaries



Currently, 54 countries have national standards for accessible and inclusive WASH in Schools, and 20 country offices are using school WASH as an entry point for accessible WASH: Iraq is empowering disabled people’s organizations; Rwanda established an internal, multi-sectoral Abilities Task Force to ensure that all programming is disabilities-informed and inclusive; Angola, Chad and Uganda are using Community-Led Total Sanitation (CLTS) as a springboard for inclusion; and Mozambique is building inclusive sanitation facilities for small towns. In some countries, UNICEF has invested in disabilities-specific Situation Analysis for children’s rights to education and to safe and accessible water and sanitation.

At least 50 per cent of schools in 37 countries provided sanitation facilities for girls. UNICEF led and supported WASH in Schools in 37 out of 65 targeted countries based on the Three Star Approach, which focuses on MHM and health and education outcomes for children.

In 2015, new WASH facilities were built in more than 25,876 schools in 87 countries and in 733 health centres in 76 countries (see Table 3), efforts that particularly benefited countries in crisis and those with very low WASH coverage rates. The number of these countries is dropping, even as the number of beneficiaries increases

Table 3. Institutional beneficiaries from UNICEF direct support

Direct UNICEF beneficiaries, institutional WASH (number of institutions reached with WASH facilities, thousands)	2014	2015
WASH in schools	10,596	25,876
WASH in health centres	1,203	733

(see Figure 3), due to the growing scale of emergencies, especially in the Middle East.

UNICEF programmes result in many ‘indirect’ beneficiaries, those who ultimately benefit from national policy development efforts, capacity-building support and other actions that build the enabling environment for WASH in programme countries (see discussion on the enabling environment, below).

OUTPUT C – Strengthened political commitment, accountability and national capacity to legislate, plan and budget for the scaling up of interventions to promote safe drinking water, adequate sanitation and good hygiene practices: UNICEF, working in collaboration with sector partners, strengthened political commitment, accountability and national capacity for scaling up WASH interventions in 38 countries. While there has been modest progress on strengthening government and partner capacity, there is much work to be done identifying and responding to key human rights and gender equality dimensions of WASH. Ten of the 15 Strategic Plan target countries are implementing sustainability compacts or sustainability plans for WASH with evidence of continued monitoring, while 54 out of 65 targeted countries are taking steps to integrate climate change and resilient strategies into WASH programming.

In 2015, UNICEF strengthened joint programming in Afghanistan, Kiribati and Somalia for children through integrated WASH interventions, including immunization campaigns and outreach programmes, which provide useful entry points for promoting safe hygiene among caregivers for young children. In Pakistan, UNICEF combined WASH and polio services in high-risk urban areas, providing WASH services and awareness and also decreasing vaccine refusals. Hand-washing messages are now commonly included in integrated child health

outreach programmes, such as in Gabon's Essential Family Practices interventions and Haiti's polyvalent Community Health Agent programme. In Ethiopia, joint interventions with WASH on MHM, adolescent girls' nutrition, education and reproductive health support the national goal of ending child marriage and female genital mutilation/cutting by 2025.

Unsafe water and poor sanitation and hygiene practices can lead to stunting and undernutrition in vulnerable children. A number of countries are mobilizing to support WASH programmes alongside nutrition-specific interventions in order to decrease stunting. In Djibouti, for example, UNICEF with Action Contre la Faim (ACF), the Ministry of Health and the Ministry of Agriculture, systematically integrated WASH interventions into health and nutrition projects. Geographic convergence between nutrition and Community Approaches to Total Sanitation (CATS) programmes is also under way in Timor-Leste, with the participation of nutrition and health workers in CATS triggering sessions and open defecation free (ODF) progress monitoring. UNICEF helped integrate WASH and hygiene indicators into the national community nutrition surveillance system in the Plurinational State of Bolivia, and developed and integrated a mobile-to-web monitoring framework for WASH, health and nutrition in Zambia to study stock-outs and supply shortfalls. In Lao People's Democratic Republic, the new 2016–2020 National

WASH committees as an entry point for child survival in Nigeria

In 2015, UNICEF piloted cross-sectoral integration to promote child survival through WASH committees in 29 communities across two Nigerian states (Benue and Jigawa).

WASH committees comprise between 15 and 20 members, 40 per cent of whom are women. Traditionally, their roles and responsibilities include record keeping and the management of WASH facilities. Evidence shows that once WASH committees are empowered, they take additional responsibility to address other developmental challenges in their communities.

Through this initiative, WASH committees received expanded training across the health, nutrition, child protection and education sectors in order to address birth registration and immunization challenges in these communities.

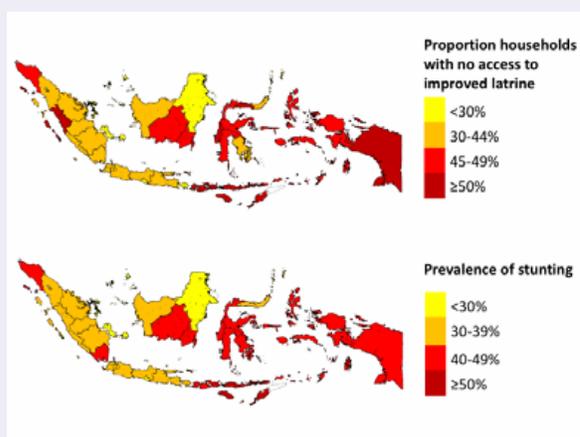
The results were immediate: within three months of implementation, 100 per cent of births were registered in the 29 communities, with 12,323 children registered and issued national birth certificates. This represented a 448 per cent increase in birth registration compared with three months prior to the intervention. WASH committees also promoted uptake of immunization services: 289 children between 0–5 years old who had never been vaccinated, as well as 367 children who had discontinued their vaccinations, were immunized.

Overall, capacities of 116 WASH committees, 16 officers of state agencies and 34 officers of local governments in pilot areas were bolstered to promote child survival and development at the community level. The strong results demonstrate the viability of scaling up this approach through close collaboration between WASH committees and sector stakeholders to advance key child survival interventions with the potential to expand across the 21 states where the WASH programme is well established.

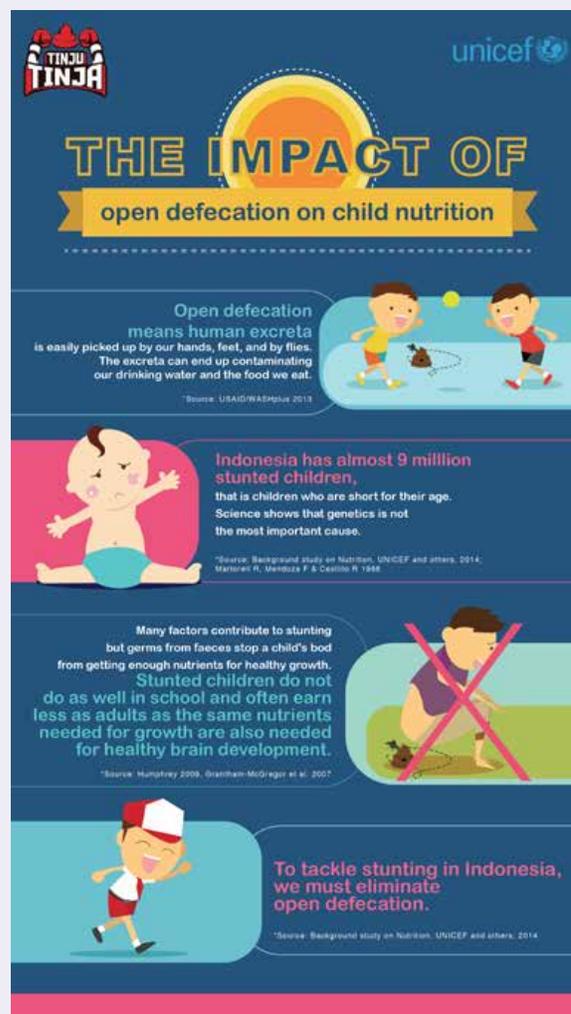
WASH and nutrition in Indonesia

Indonesia continues to have dire levels of open defecation (51 million people) and stunting (9 million children affected). UNICEF WASH and nutrition teams jointly examined the associations between sanitation and stunting using UNICEF data to identify factors associated with stunting among children 0–23 months old. The combination of unimproved latrines and untreated drinking water was associated with an increased probability of stunting in Indonesia compared with improved conditions. The map below shows the prevalence of stunting and lack of access to improved sanitation.

Strengthening the evidence base on WASH and stunting linkages in Indonesia helped raise this as a key issue in the Government’s development agenda. Based on the analysis, UNICEF is examining how best to integrate WASH interventions into a broader multi-sectoral approach to reduce stunting in Indonesia, as well as into the community-based management of acute malnutrition in East Nusa Tenggara Province. UNICEF has used the results to strengthen a social media advocacy campaign (<www.tinjutinja.com>) and create public information infographics used in training and advocacy materials.



Source: Torlesse, H., Cronin, A.A., Sebayang, S.K., Nandy, R. Determinants of stunting in Indonesian children: evidence from a cross-sectional survey indicate a prominent role for the water, sanitation and hygiene sector in stunting reduction. BMC Public Health, submitted.



Nutrition Strategy and Action Plan references WASH and was launched with UNICEF support at the first-ever National Nutrition Forum in 2015. And, in South Sudan, the UNICEF WASH team worked with nutrition and education sectors to develop a WASH in Nut Strategy to provide

an integrated approach to the nutritional crisis facing the country. At the regional level, UNICEF revised its WASH in Nut Strategy for West and Central Africa in 2015; eight countries have begun roll-out.

OUTPUT D – Humanitarian WASH (increased country capacity and delivery of services to ensure that girls, boys and women have protected and reliable access to sufficient safe WASH facilities in humanitarian situations): UNICEF humanitarian support to countries helped reach more than 80 per cent of the target population in 70 countries (including in six Level 3 emergencies) with life-saving WASH services. In 2014 and 2015, the UNICEF emergency response effort directly reached more than 45 million people with WASH in new and ongoing emergencies. As the Inter-Agency Standing Committee (IASC)-designated lead agency for the WASH Cluster globally, UNICEF led or co-led cluster or similar coordination mechanisms as per the Core Commitments for Children in more than 73 countries.

As a result of UNICEF's advocacy efforts to link development and humanitarian interventions, the capacity of 11 national governments to deliver protected, reliable access and sufficient WASH services to girls, boys and women in humanitarian situations increased during the past two years. The WASH component of the Ebola response is a good example of synergy in results, especially waste management, and also illustrates how flexible funding can be crucial to increasing the efficiency of humanitarian interventions.

OUTPUT E – Increased capacity of governments and partners, including the private sector, as duty bearers, to identify and respond to key human rights and gender; equality dimensions of WASH practices: Globally, UNICEF worked with the Special Rapporteur on the Human Right to Water and Sanitation during the SDG development process and prepared the Secretary-General's Report on the Girl Child and WASH. Currently, 41 countries out of the 47 targeted in the Strategic Plan have functional national monitoring systems reporting equitable access to WASH services. UNICEF published its WASH research in peer-reviewed journal papers, co-published a range of WASH reports for staff and sector partners and chaired five key global and regional WASH initiatives.

Under UNICEF leadership, advocacy and capacity-building efforts, MHM for schoolgirls scaled up in 2015: 29 countries out of 48 targeted in the Strategic Plan included MHM targets in WASH in Schools strategies and operational plans. The gender-based violence toolkit and WASH and Dignity Kits are being rolled out to address the needs of girls and women in humanitarian situations. UNICEF conducts gender assessments and, where possible, disaggregates results by gender, using the information to encourage policy reform. UNICEF is strengthening the enabling environment to include disability, consulting with and involving children with disabilities and disabled people's organizations, and to comprehensively define accessibility in WASH programming.

Programmes address inequalities that are relevant in every country, such as those based on sex/ gender, age and disability both inside and beyond the household. UNICEF also encourages all partners, including government counterparts, to prioritize support for the most disadvantaged and vulnerable children wherever they are. Effectively using Multiple Indicator Cluster Surveys (MICS) and other household survey data to highlight access to disparities and support for strengthened national monitoring systems underpin efforts to identify the most vulnerable and disadvantaged groups. In China, for example, UNICEF contributed to the standardization of WASH-related indicators using internationally comparable definitions, and, in Angola, UNICEF continues to support development of the national information management system. In other countries, mobile phone and other real-time monitoring are increasingly being used to supplement national monitoring systems and highlight disparities in access.

UNICEF programmes focus attention on areas with persistently low water and sanitation coverage. In Nepal, for example, successful efforts to foster a sanitation social movement and build local sanitation marketing capacity in eight low sanitation coverage districts led to the launch of a new government initiative focusing on all districts with less than 30 per cent coverage. In India, UNICEF supported groundwater monitoring initiatives in the indigenous populations in Maharashtra, while in Latin America and the Caribbean (including in the Plurinational State of Bolivia, Honduras and Peru), UNICEF delivered a range of support focused on indigenous groups, including the development of water system management models replicated by municipalities and culturally appropriate approaches to eliminating open defecation and promoting hand washing with soap. UNICEF also increasingly worked to address urban disparities, for example by providing water connections for 40,000 slum dwellers in Dhaka, developing Zambia's new equity-focused Urban Sanitation Strategy and conducting an equity-focused survey of town water and sanitation access in Zimbabwe. In Viet Nam, UNICEF addressed inequities in access to sanitation by supporting the Ministry of Health to promote affordable low-cost sanitation options to meet the aspirations of the poorest populations in all provinces across the country.

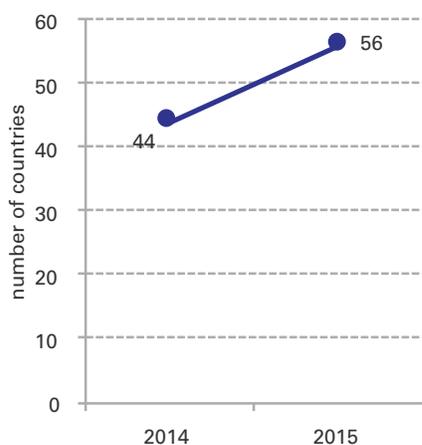
In 2015, UNICEF provided global leadership and advocacy on gender, through its advocacy and networking efforts on MHM, working with the Special Rapporteur on Human Rights to Water and Sanitation to raise awareness of equity and non-discrimination during the SDG development process, and providing WASH-related inputs for the Secretary-General's Report on the Girl Child 2015.

In Cambodia, in consultation with ministries of education and rural development and WASH non-governmental

organization (NGO) partners, UNICEF reviewed the cost, sustainability and utility of different WASH in Schools designs and recommended disability- and gender-friendly facilities, with a special focus on accessibility in MHM. This is an example of how UNICEF brings together gender and disability inclusion for a broad equity approach to WASH. UNICEF also increased efforts to comprehensively promote disability inclusion and accessibility in WASH programming. In Rwanda, for example, UNICEF has established an internal, multi-sectoral Abilities Task Force to ensure that all programming is disability-informed and inclusive, while in Iraq, Mozambique and other countries, UNICEF consults with children with disabilities and disabled people's organizations on policies and designs. In many countries, UNICEF is constructing inclusive sanitation facilities in institutional settings, in urban water projects and in emergency settings. In the former Yugoslav Republic of Macedonia, UNICEF constructed accessible latrines for refugees and migrants with disabilities who were travelling through the country. In some contexts, UNICEF has invested in disabilities-specific Situation Analysis for children's rights to education and to safe and accessible water and sanitation.

National WASH in Schools standards that include an accessibility component for children with a disability are on the rise, in many cases formulated with UNICEF's support (see Figure 4): 56 countries have national standards for accessible and inclusive WASH in Schools

FIGURE 4
Countries in which national WASH in Schools standards include a disability accessibility component



and 20 country offices are using school WASH as an entry point for accessible WASH. Guidelines on accessible construction, focusing on inclusive WASH facilities in schools, were published in 2015.

UNICEF's commitment to gender equity in WASH programmes, and to promoting the voice and leadership of women and girls, includes supporting women's active participation and leadership in community WASH committees. For example, in Uganda, a UNICEF initiative helped ensure that two thirds of community sanitation user committees have women in key positions (chairperson, treasurer or secretary) and helped to train the country's first women hand-pump mechanics. In Timor-Leste, UNICEF promoted greater representation of women on water management groups established through a WASH project (2011–2015). UNICEF also uses capacity building and direct engagement with partners to guarantee that the safety, security and dignity of women are core design criteria for community WASH services in development and humanitarian situations.

UNICEF continued to provide global leadership on advocacy, research and capacity-building efforts on MHM, with a range of encouraging results at the enabling environment level and on the ground. Examples include a major information campaign in India challenging MHM-related gender norms/misconceptions that reached some 394,000 adolescent girls from disadvantaged communities. The delivery of MHM supplies to millions of women in humanitarian situations around the world allowed women and girls to maintain menstrual hygiene, dignity and personal safety under difficult circumstances. (See the discussion in Programme Area 4 for a more detailed discussion on MHM.)

Training female plumbers in Nicaragua

Traditionally, women have been assigned roles in the WASH sector that do not require technological knowledge. In Nicaragua, UNICEF supported the southern autonomous regional government with vocational training in masonry and plumbing for adolescents. Girls were encouraged to participate in the training: a total of 57 adolescents graduated and, of those, 25 per cent were girls. The training paves the way for girls and women to take up different roles within the traditionally male-dominated sector, including those that are economically empowering.

UNICEF supported the development of the Gender, Violence and WASH toolkit in 2014, an important new resource introduced in 2015 to address the needs of girls and women, including in humanitarian situations. Many UNICEF country offices facilitated information campaigns and events on World Toilet Day (on 19 November) under the theme of Equality, Dignity and the Link between Gender-Based Violence and Sanitation, and otherwise worked to reduce risks for women and girls.

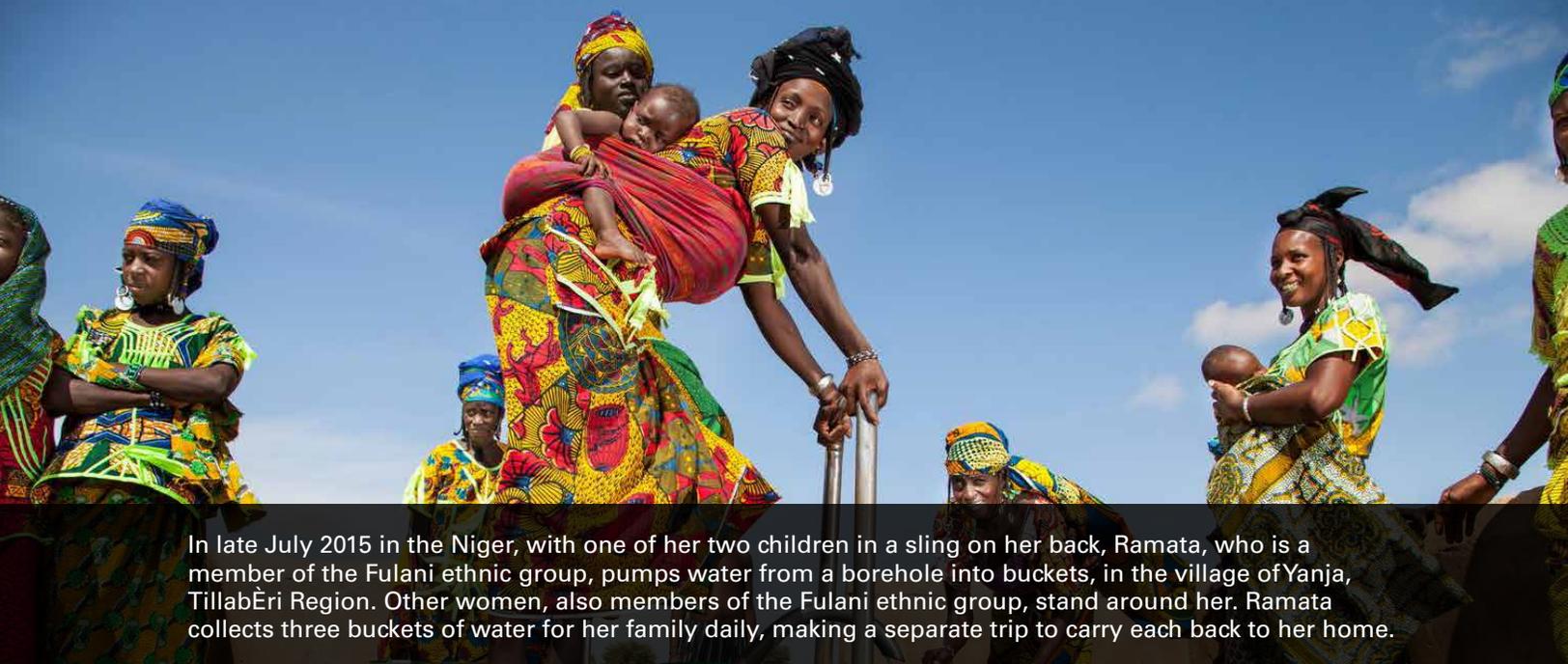
UNICEF conducts a range of gender assessments (and other studies with sex-disaggregated results), using the information to guide policy reform and action. In East Asia and the Pacific, WASH and education units jointly initiated a regional assessment of MHM. In West and Central Africa, a WASH Gender Fact Sheet was developed providing evidence on the strong linkages between access to WASH and gender equality, along with recommendations and resources to better address gender in WASH programming. A Gender Response WASH Assessment Card will track and report progress on gender-responsive WASH actions. In the Democratic Republic of the Congo, UNICEF supported a gender study of the national Healthy Villages and Schools programme and provided concrete programme tools and training modules to strengthen the gender component in WASH programmes. In the Sudan, UNICEF completed a WASH National Gender Equality Review along with an Action Plan. In Vanuatu, the results of an 'Assessment of Gender mainstreaming of WASH Implementing Partners' are informing government and UNICEF policies and practices at national, provincial, community and household levels.

OUTPUT F – Enhanced global and regional capacity to accelerate progress in safe water, sanitation and hygiene practices: UNICEF continued to play a leading role in five key global WASH initiatives: the Sanitation and Water All (SWA) partnership; the IASC and the Global WASH Cluster platform for humanitarian action; WASH in Schools action network; the Public-Private Partnership for Handwashing (PPPHW); and the WHO/UNICEF Joint Monitoring Programme for water and sanitation. UNICEF helped shape the SWA partnership, which involves 50 governments and other partners, to develop a new vision and strategy, to ensure better alignment with the principles of the SDGs and to support countries in reaching universal access and tackling inequalities. Together with the World Health Organization (WHO), UNICEF continued to support the JMP to adapt from the MDGs to the SDGs. UNICEF has used its convening power to encourage a common framework and set of tools for strengthening and expanding the application of evidence-based strategies. For example, 15 countries have used the WASH BAT – a tool that UNICEF is also 'unbranding' for use by sector stakeholders and donors, reflecting a steady progression towards more significant programming efforts to address long-standing

weaknesses in the enabling environment. UNICEF used regional platforms such as AfricaSan, SacoSan and LatinoSan to ensure alignment and prioritization.

Lessons learned in implementing the Strategic Plan

- Although there has been substantial global progress on access to basic drinking water, UNICEF needs to intensify efforts to improve water quality, sustainability of services and accessibility (i.e., closer to the home, improved access for people living with disabilities).
- UNICEF's focus on behaviour change related to sanitation has achieved tangible results in reducing open defecation. However, locally tailored approaches involving local markets and the private sector are required to sustain changes and further scale-up.
- Further evidence shows that WASH interventions can have a significant impact on stunting. More work is being done to capture lessons of programming models that combine WASH and nutrition interventions.
- Achieving the SDGs on 'safely managed' drinking water and sanitation will require fundamental policy changes, increased budgets and system strengthening in many countries.
- The coordination of humanitarian response in the WASH sector has improved. In the medium term, however, UNICEF needs to focus on supporting governments to take on a leadership role for coordination during emergencies and in the transition to a more stable environment.
- UNICEF programming on MHM in 14 countries has helped governments to prioritize interventions in this area using schools as an entry point for supporting adolescent girls.
- Under the SDG agenda, WASH in health facilities will be a component of achieving outcomes in maternal, newborn and child health.



In late July 2015 in the Niger, with one of her two children in a sling on her back, Ramata, who is a member of the Fulani ethnic group, pumps water from a borehole into buckets, in the village of Yanja, TillabÉri Region. Other women, also members of the Fulani ethnic group, stand around her. Ramata collects three buckets of water for her family daily, making a separate trip to carry each back to her home.

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PROGRAMME AREA 1: WATER SUPPLY

This section contributes to the Strategic Plan outputs A and B on supply and to outcome indicators P3.1 (countries in which more than 75 per cent of households have an improved source of drinking water) and P3.6 (access to water in humanitarian contexts). This section presents specific interventions: access to water in rural and peri-urban areas, intervention to reduce guinea worm, water safety planning and sustainability of the water programme.

Table 4. Programme Area 1: Water supply

Strategic Plan indicators	Baseline 2014	2015 target	2015 value
Countries with an established target to provide access to drinking water to unserved populations	74	80	75
Countries implementing water safety plans at community level	35	50	35
Countries implementing a 'sustainability compact' or sustainability plan for WASH with evidence of continuous monitoring	5	9	10

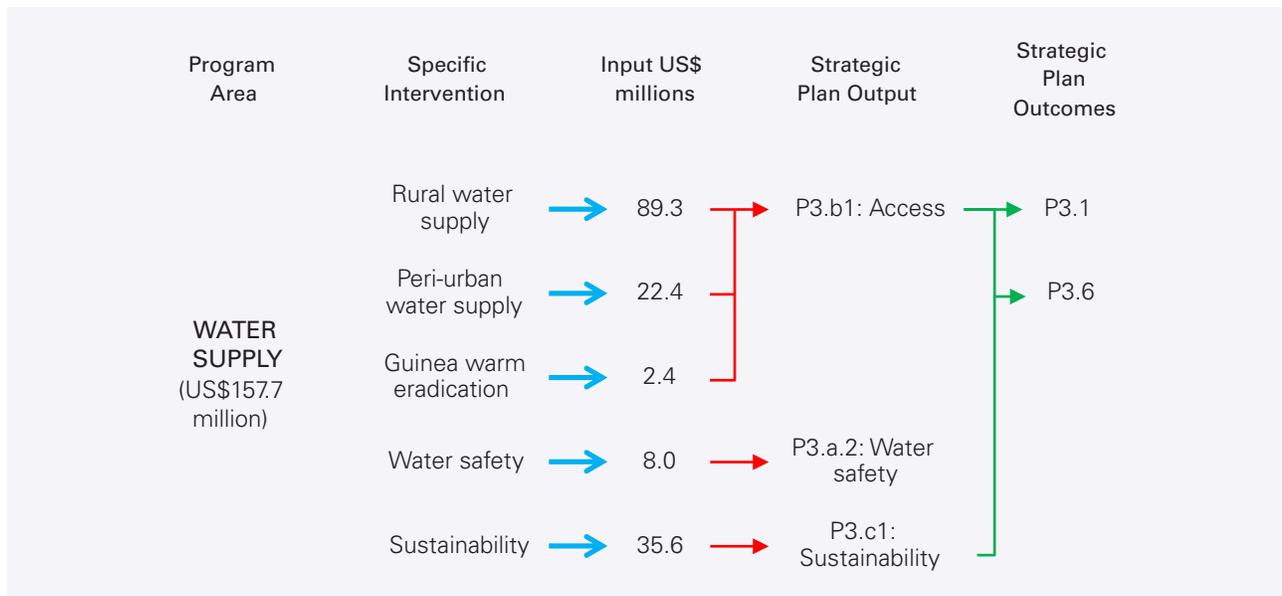
The following are indicators related to the water supply programme area, linked to the Strategic Plan:

Table 4 shows that, to establish targets, countries are reviewing their country WASH plans to align them with the SDGs. The expectation is that 2016 will bring an improvement in this indicator.

To establish targets to provide access to drinking water to unserved populations, countries are reviewing their country WASH plans to align them with the SDGs. The expectation is that 2016 will bring an improvement in this indicator.

Progress on the indicator of water safety has not changed since 2014 due to the fact that the concept is new; UNICEF and partners must work to familiarize countries with this area before implementation.

FIGURE 5
Schematic for Programme Area 1: Water supply



The target for countries implementing a sustainability plan or compact was exceeded. However, there was more limited progress on targets for providing access to drinking water to unserved populations and for implementing community-level water safety plans.

Significant progress has been made in the specific intervention areas of access in rural and peri-urban areas and in addressing sustainability. The schematic below illustrates the total amount spent in this programme area in 2015 and a breakdown by specific intervention.

Increasing access to water supply in rural and peri-urban areas

Since systematic tracking of beneficiary numbers at the global level started nine years ago, UNICEF has helped 213 million people gain access to improved water supplies. About two-thirds of these beneficiaries (140 million) were in humanitarian situations and one-third in development contexts (see Figure 6). In addition to this direct support for increasing access to water, UNICEF is active in building enabling environments for water supply in programme countries through extensive support to governments at all levels and engagement with stakeholders.

UNICEF supports innovative technologies to reduce costs and expand its reach, including the use of gravity-fed water supply schemes, solar pumping and desalination. Such schemes have long been supported by UNICEF in the Democratic People's Republic of Korea, where they provide hundreds of thousands of people with a consistent water supply without relying on scarce fuel for pumping. Training has also been provided to communities for operation and maintenance of gravity-fed water schemes to achieve community self-sufficiency. The schemes are also supported in Afghanistan, Madagascar, Timor-Leste and in Lao People's Democratic Republic, where UNICEF provides technical assistance on system design for communities and institutions.

As technology costs drop and reliability increases, solar pumping systems are becoming a mainstay of UNICEF-supported programmes, with more than 20 countries providing support in 2015. The use of the technology has also increased in emergency situations. In Eritrea, for example, UNICEF support produced standard designs for solar water supply schemes that will provide improved access to safe water for an estimated 41,000 people in 24 communities. In Afghanistan, UNICEF facilitated the compilation and sharing of experiences with solar pumping in order to scale up its use for rural small-scale community water supply, while in Nigeria, UNICEF

Solar-powered pumping systems in Karamoja

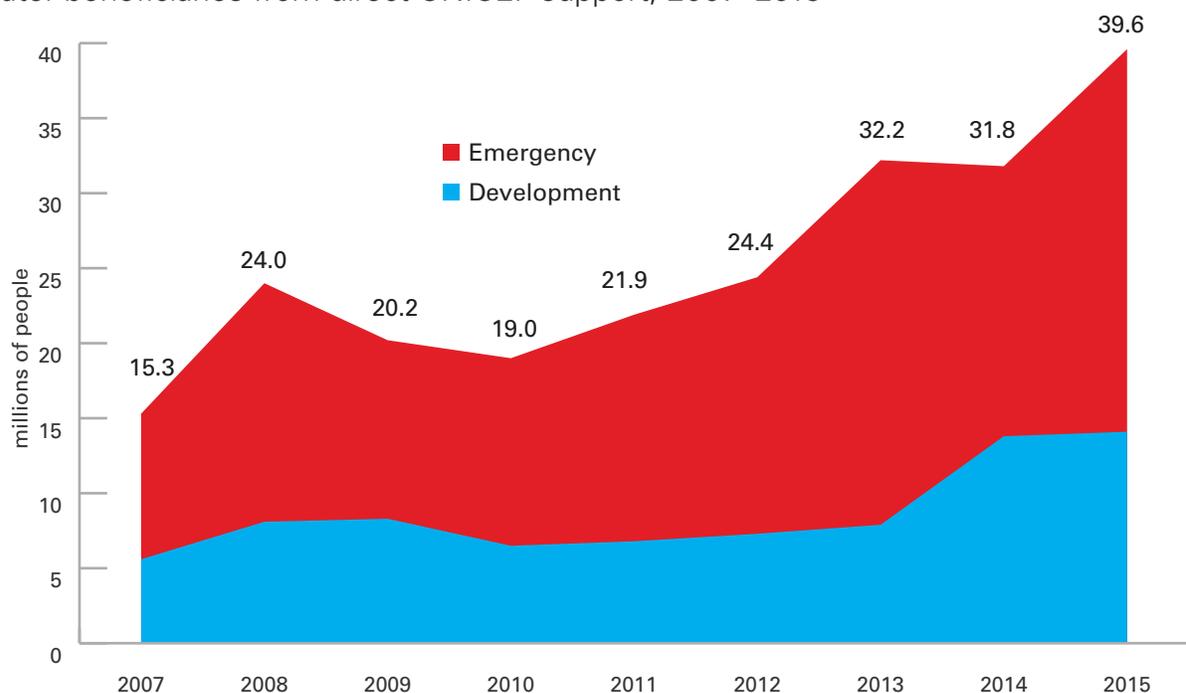
In Uganda, UNICEF worked in partnership with government and private-sector partners in 2015 to introduce solar-powered pumping systems to Karamoja, an agro-pastoralist region in the country's north-east, as well as in refugee settlement areas in West Nile region. Training was provided to the community to ensure sustainability and ownership of the facilities. In Kanawat, the Karamoja region, the solar-powered system serves 6,200 people (including 3,480 children) in five villages, with a safe water supply that is resilient to climate shocks and stresses. The project has contributed to a significant reduction of waterborne disease such as diarrhoea (which is 46 per cent lower for January to June 2015 compared with the same period in 2014), hepatitis E, cholera and parasitic infections.

conducted feasibility studies for the adoption of solar-powered boreholes.

The use of manual drilling as a means of creating an affordable water supply that reaches isolated populations and the urban poor is growing. To advance this agenda, UNICEF supported the professionalization of the manual drilling sector in 18 countries in 2015.

In some countries in West and Central Africa, support for the professionalization and expansion of the manual drilling sector increased through training, policy and strategy development, advocacy, and strengthening the capacity of private-sector actors. In the Democratic Republic of the Congo, for example, UNICEF, with the support of the Association of Manual Drillers of Chad (a country with a long track record in manual drilling,) helped identify and train staff in small and medium-sized companies, as well as government supervisors. This support has led to a rapid expansion in the number of companies involved in manual drilling (see Figure 7), an important development in a country with a huge unserved water population (34 million people, fifth-largest unserved population in the world). The initiative's focus was not only to increase the number of drilling companies, but also to regulate the operations, strengthening good-quality

FIGURE 6
Water beneficiaries from direct UNICEF support, 2007–2015



standards, with due respect given to environmental and community consideration.

In 2015, UNICEF continued to support the construction of a seawater desalination plant in Gaza to provide 75,000 Palestinians with safe drinking water while reducing pressure on Gaza's sole aquifer. Given the limited availability of electricity within Gaza, UNICEF has focused on identifying innovative means of generating and conserving energy. Part of the plant is operated by solar energy and the treatment process uses lower energy technology developed with the Massachusetts Institute of Technology.

Also on the rise is UNICEF support for piped water systems in both urban and rural areas as a way to decrease costs and increase service levels. Successful examples include 20 new piped water systems in regions in Ghana that are prone to guinea worm, piped systems for more than 60,000 people in arsenic-contaminated regions in Cambodia, water kiosks for poor urban neighbourhoods in Liberia, and support to system operators in emergency situations in countries such as Jordan, Lebanon, the Syrian Arab Republic and Yemen. In Kyrgyzstan, new, 'winter-proof' water supply systems were constructed in schools, resulting in the saving of water resources (many taps work on a 24-hour basis to prevent water pipes from freezing).

In Bangladesh, UNICEF provided technical and financial support to the Dhaka Water and Sewerage Authority to provide 40,000 marginalized people with metered access to water in the Shattala Slum. The process emphasized equity and sustainability through dialogue and engagement with the community, and training on operation and maintenance. A national dissemination workshop was convened to facilitate the scaling up of this successful pilot.

UNICEF has also developed and tested a number of models for public-private partnerships of water supply systems. In Somaliland, for example, UNICEF partnered with the Ministry of Water Resources and the local government to improve water service delivery in urban and peri-urban areas through establishment of such a partnership in Tog-Wajaale town. The initiative is based on the successful 10-year public-private partnership in Boroma town and will establish a town water committee and training programmes.

UNICEF contributed to a study, 'Unsettled: Water and sanitation in urban settlement communities of the Pacific', covering Fiji, Papua New Guinea, Solomon Islands and Vanuatu. The findings were reviewed with government representatives and resource partners at the Pacific Urban Forum in March 2015 and will help guide legislation, planning and budgeting for equitable urban WASH services.

UNICEF also used advocacy efforts to raise awareness on behalf of the millions of women and children without access to clean water. On World Water Day on 22 March, UNICEF, together with UN Water and other partners, ran a social media campaign, 'Water Is'; 65,000 people posted messages about what water means to them using the hashtag #WaterIs. During World Water Week in 2015, UNICEF launched a photo series that showed how families in seven countries around the world access and use water. These global efforts complement the wide range of activities supported by UNICEF at the country level.

FIGURE 7
Small and medium-sized manual drilling companies in the Democratic Republic of the Congo, 2010-2015

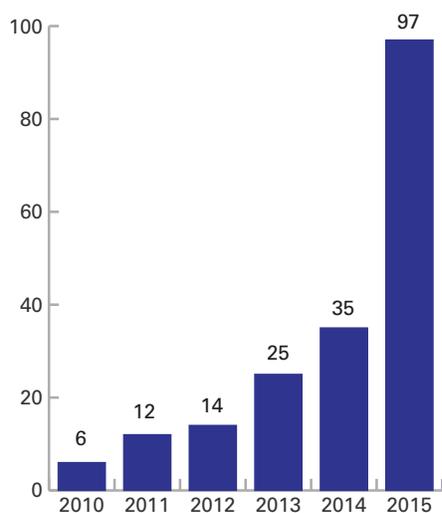


FIGURE 8. #WaterIs



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Guinea worm

UNICEF is a member of the Global Guinea Worm Eradication Programme and continued to support eradication efforts in guinea worm-affected countries. In 2015, this included the construction of 100 water points in South Sudan, preventive activities in recently endemic countries (including Ghana and Nigeria), and cross-border surveillance in South Sudan and Kenya, where UNICEF also supported meetings to review the implications of pastoral migration patterns and shared water resources for guinea worm transmission.

As a direct result, according to provisional monitoring figures, there were just 22 cases of guinea worm disease in the four remaining endemic countries (Chad, Ethiopia, Mali and South Sudan) in 2015, the lowest ever, compared with 126 cases in 2014.

Water safety

UNICEF continues to focus on the promotion and support of water safety, tackling long-term impacts of climate change and upheaval during emergencies. In 2015, this support was provided in 35 countries. In response to the MICS5 surveys in Bangladesh, Nepal and Pakistan, which showed that a large proportion of household drinking water is unfit for drinking, UNICEF has defined home drinking water safety as a priority for 2016.

In Nepal, UNICEF supported the Federation of Water and Sanitation Users Groups to carry out water safety planning in 1,500 water supply schemes in seven districts severely affected by the earthquake; additionally, 100,000 members

of Water and Sanitation Users Committees were trained. In Fiji and Vanuatu, UNICEF developed and promoted, with support from WHO and civil society partners, a Drinking Water Safety and Security Planning approach to strengthen the management and resilience of water supplies in rural communities and better align water supply systems to community needs and national standards. In Sri Lanka, UNICEF used its convening power to create a multi-stakeholder mechanism for a more comprehensive approach to water safety planning that incorporates water catchments and river basins. To promote similar initiatives that integrate climate resilience into water safety planning, UNICEF continues to roll out technical notes developed in 2014 with the Global Water Partnership.

UNICEF continued to support a range of other water safety interventions in 2015, including strengthening of national capacity for water quality testing, development of standardized tools for assessing drinking water quality in household surveys (see *Enabling environment section*) and support for household water treatment and safe storage as a component of community-based water safety planning.

In the area of household water treatment and safe storage, UNICEF worked with partners to encourage the sustainable uptake of home treatment systems by households. In Liberia, UNICEF and Population Services International introduced a 50 per cent discount voucher system in Monrovia for purchases of the locally available WaterGuard water treatment chlorine solution for all households that received UNICEF Hygiene Kits as part of the Ebola response. The initiative included a SMS Rapid Pro system that sent reminders to households that signed up for the programme, reimbursed vendors and gathered real-time data on usage. In Viet Nam, UNICEF supported a feasibility study on manufacturing and marketing of

clay-pot ceramic filters for affordable household water treatment and safe storage for poor households.

Sustainability

UNICEF strengthened the sustainability of WASH by building capacity for system management and maintenance, embedding sustainability into planning and accountability frameworks, supporting innovative mobile-to-web mapping and monitoring systems that will provide data to guide evidence-based planning. In 2015, five countries had undertaken checks: Benin, Côte d'Ivoire, Ghana, Mali and Mauritania.

In West and Central Africa, UNICEF continued to institutionalize sustainability into overall programme design using a 'sustainability first' approach that mainstreams the focus through compacts and checks:

- Sustainability compacts between UNICEF and governments set out government commitments to ensure that services are functioning for a minimum of 10 years, and UNICEF's role in monitoring and supporting this effort. In 2015, seven countries had signed sustainability compacts in the region.
- Annual sustainability checks monitor implementation of compacts and audits, the effectiveness of WASH services, water safety, and sustained behaviours and practices to evaluate success and weaknesses for future planning.

Third-party sustainability check surveys are also widely used in Eastern and Southern Africa to assess the long-term functionality of both water and sanitation facilities and analyse root causes for sustainability challenges. In 2015, four countries in Eastern and Southern Africa carried out the surveys: Ethiopia, Kenya, Malawi and Zambia. In Ethiopia, as part of the Year One sustainability check assessment, key environmental indicators have been introduced and agreed by sector stakeholders to measure the medium- and long-term sustainability of the infrastructure and services provided.

Building capacity for sustainability within existing country sector systems and institutions is vital to ensure sustainability. One example of an initiative in this area is in Mali, where a 2015 UNICEF study identified human resources gaps and training needs for the National Water Directorate and its regional affiliates. UNICEF mobilized funds to implement a training plan.

Support for community-based management, back-stopped by the Government and the private sector, is a key feature of UNICEF WASH programmes. In 2015, this included training school management committee members (Lao People's Democratic Republic), training pump mechanics (Uganda, South Sudan), supporting community management (Nepal, the Sudan) and helping governments to register community management initiatives (Plurinational State of Bolivia). With UNICEF support, the Federation of Drinking Water and Sanitation User Groups organized a National People's WASH Summit in Nepal, involving more than 400 local water supply managers and attended by the Vice President of Nepal.



In late July 2015 in the Niger, (left-right) 13-year-old Boubacar Issaka, 13-year-old Sanoussi Oumarou and 14-year-old Mahamadou Boureima fill jerrycans with water from the Niger River, in the village of Mehana, TillabÉri Region. The jerrycans are resting atop a cart pulled by two donkeys.

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Children help each other wash their hands with water and ash in the village of Gbandu in the Northern Region of Ghana. A Community Led Total Sanitation project has seen a latrine such as the one pictured built at each and every homestead in the village, and the community is now open defecation-free. Community Led Total Sanitation Project in the Kumbungu District, Northern Region, Ghana

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PROGRAMME AREA 2: SANITATION

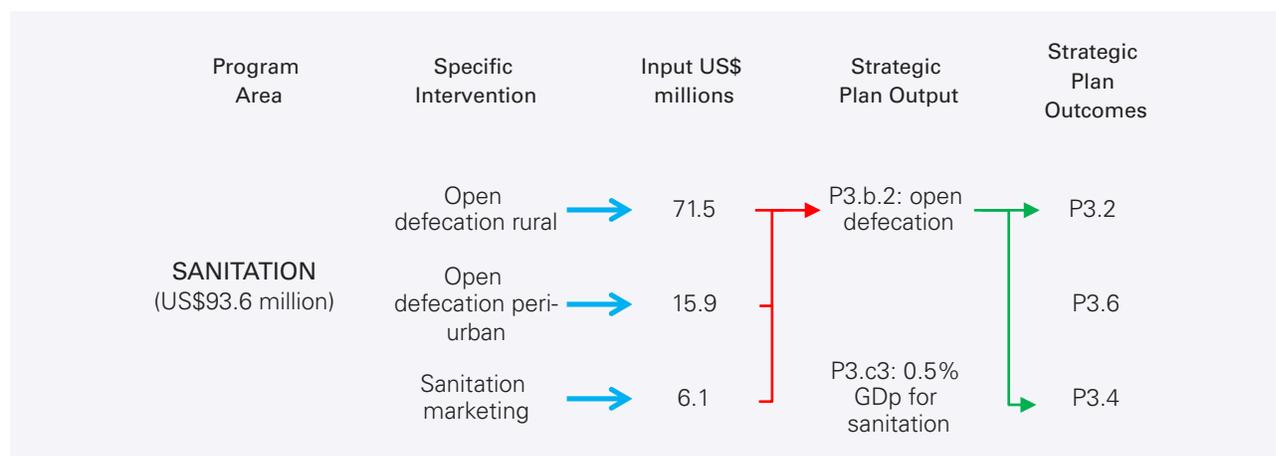
This section covers components related to the Strategic Plan outputs A, B and C on supply, demand and enabling environment, with a contribution to outcome indicators P3.1 and P3.2; P3.3 (countries in which more than 50 per cent of primary schools have WASH facilities meeting national standards); P3.4 (countries increasing the proportion by 10 per cent); and P3.6 (on access to sanitation in humanitarian contexts).

Table 5. Programme Area 2: Sanitation

Indicators	Baseline 2014	Target 2015	2015 value
Countries implementing a national strategy to eliminate open defecation	63%	65%	57%

FIGURE 9

Schematic for Programme Area 2: Sanitation



Leveraging funds for sanitation in Punjab, Pakistan

UNICEF and the Government of Pakistan, in partnership with WASH sector stakeholders, developed the Pakistan Approach to Total Sanitation to address large-scale WASH needs after major floods in 2010–2011. Programmes implemented under the approach have resulted in more than 10 million people living in ODF environments, of which 6.5 million can be directly attributed to UNICEF support. Pakistan met its MDG target for sanitation in 2015, with maximum reduction in the number of open defecators in Punjab, the most populous of its five provinces.

As a result of successful policy advocacy and reform, and large-scale demonstration of implementing successful programmes by UNICEF, the Government of Punjab has gradually started implementing the approach with its own funds. In 2014–2015, the Government allocated almost US\$4 million for ending open defecation in 3,600 villages. The Government of Punjab also developed and approved the WASH Sector Development Plan for 2014–2024, which, along with a public declaration on achieving ODF status province-wide by 2018, shows a clear commitment to adequately resource and implement sanitation programming in the province.

Table 5 shows that, while UNICEF made progress in supporting countries to implement a national strategy to eliminate open defecation, such progress was insufficient to meet the 2015 targets; the 2014 baseline was reviewed hence slow progress in 2015.

Most countries are reviewing their country WASH plans to align with the SDGs, and an improvement is expected on this indicator in 2016.

Figure 9 illustrates the total amount spent for this programme area in 2015 and a breakdown per specific intervention.

Elimination of open defecation in rural and urban areas

ENABLING ENVIRONMENT

According to UNICEF monitoring data, 13 of the 17 countries with populations of more than 10 million defecating in the open were implementing national open defecation elimination strategies in 2015; additionally,

14 of the 20 countries where more than 30 per cent of the population practices open defecation, including Afghanistan and Zambia, were implementing strategies developed with UNICEF support in 2015. Extensive advocacy and policy development efforts by UNICEF and other stakeholders in recent years are making an impact: in most countries where open defecation remains a problem, governments have prioritized the issue and are taking concrete steps to eliminate it.

Funding for sanitation and the elimination of open defecation is increasing. UNICEF has helped several countries leverage new sources of funding for sanitation, including Cambodia, Côte d'Ivoire and the Niger, where national finance instruments include specific budget lines for sanitation. In Ghana, UNICEF's direct engagement with the Ministry of Finance, supported by sound national sanitation budget analysis, led to a national discussion on the inclusion of a specific budget line for CATS. Budgeting for sanitation at subnational levels is critical, and increasingly supported by UNICEF; in Angola, UNICEF has helped 43 municipalities create budget lines for CATS.

To raise public awareness on open defecation and sanitation, UNICEF provided support for high-visibility communication campaigns connected to World Toilet Day in 2015, including through the Be a Thinker global initiative (see box below), and through a range of initiatives at country level. Examples include media campaigns in

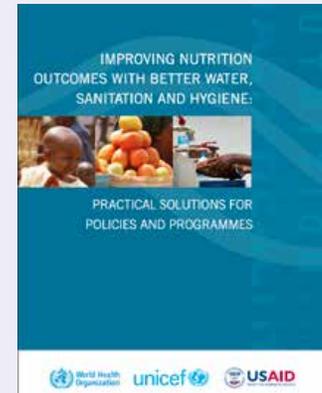
Ambassador Sachin Tendulkar. UNICEF also provided extensive support for public awareness efforts at the sub-national level, such as in the province of Masbate in the Philippines, where a 'Countdown to Zero' summit was held with the participation of sanitary inspectors, midwives, nurses and community volunteers, and the presentation

World Toilet Day: Be a Thinker

On 19 November, the United Nations Headquarters shone a spotlight on sanitation and hygiene – inspiring action and highlighting the link between sanitation and nutrition.

The launch of a joint UNICEF, WHO and United States Agency for International Development publication, 'Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical solutions for policy and programmes', was the main result of the event, where participants reflected on the role of strong sanitation and nutrition in improved health, particularly for growing children.

The Be a Thinker social media campaign encouraged members of the public to pose as the Rodin Thinker and share their thoughts about sanitation on World Toilet Day. More than 200 'thinkers' from around the world posted images and thoughts online, and prominent United Nations representatives had their 'thinker' photos taken at the United Nations High Level Event for World Toilet Day. Outside the main building, an inflatable toilet drew attention to sanitation issues.



Bhutan, China, the Pacific and elsewhere, and special events such as a celebration of a county reaching ODF certification status in Kenya.

In Indonesia, efforts centre on the UNICEF-supported *Tinju Tinja* (Punch-the-Poo) social media campaign, which aims to create a network of youth advocates speaking out to stop open defecation. The campaign entered into a new phase in 2015 with a richer set of tools to promote active participation from the public, and an Internet site providing a range of resources, including provincial sanitation report cards.

In India, UNICEF continues to engage in public dialogue, network building and advocacy to create new social norms around the use of toilets. This includes work on stakeholder mapping connected to the Prime Minister's Swachh Bharat (Clean India) programme, support for the establishment of a Legislators' Forum for WASH, new national/sub-national media networks for WASH, and continuing support for the Take the Poo to the Loo social media campaign.

Meanwhile, in Ghana, UNICEF, in collaboration with the Ministry of Local Government and Rural Development and the national journalists' association, launched the 'Face of ODF Media Feature and Photo Contest' for Ghanaian journalists to support an ODF Ghana by 2020. Prominent political and public figures were engaged as allies for public awareness, including in Sri Lanka, with the Goodwill

of tools to help promote children and students as agents of change for the elimination of open defecation.

ODF Sustainability Assessments have been undertaken in a number of countries, including in Eritrea and Mali. In Côte d'Ivoire, UNICEF trained CATS monitoring departmental committees to ensure the sustainability of the sanitation programme.

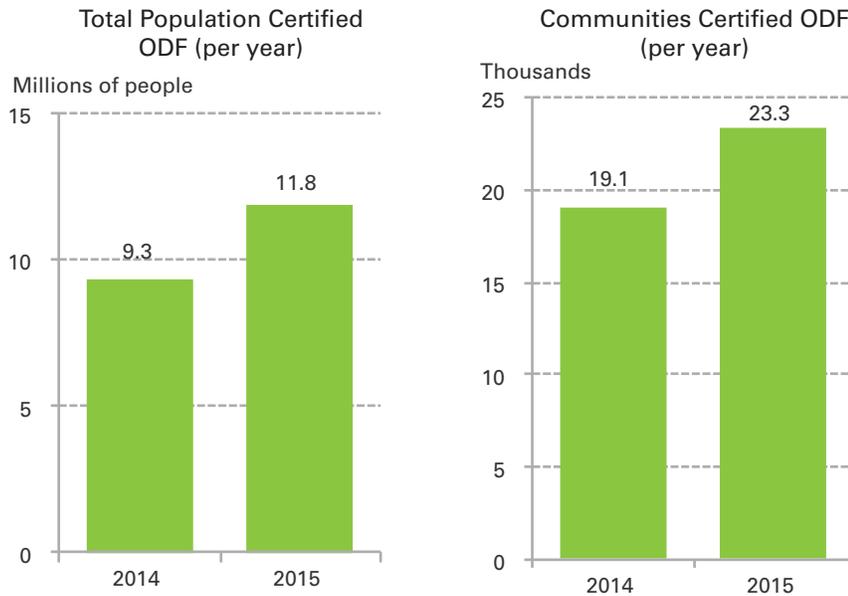
Supply chains are critical to ending open defecation and maintaining safe sanitation. In Nepal, UNICEF supported local sanitation markets and entrepreneurs to ensure continuous sanitation supply chains for sustainable sanitation in the Terai region. The Eastern and Southern African Regional Office also produced a Technical Brief on sanitation supply chains in the region in 2015.

COMMUNITY APPROACHES TO TOTAL SANITATION (CATS)

UNICEF promoted and supported the CATS approach in 71 countries in 2015, expanding programmes in scale and scope, and resulting in an increasing number of communities achieving certified ODF status. In 2015, 11.8 million people in 23,316 communities met this goal, an increase of more than 27 per cent from 2014 (see Figure 10).

FIGURE 10

Communities certified Open Defecation Free as a result of UNICEF direct support, 2014 and 2015



The most extensive CATS programmes are now in sub-Saharan Africa. In the regions of West and Central Africa and East and Southern Africa, UNICEF direct support has helped 17,773 communities achieve ODF certified status, representing 76 per cent of all communities globally. However, the greatest benefit is to South Asia, where communities are much larger on average (see Figure 11). In Bhutan, 10,023 households in two districts attended

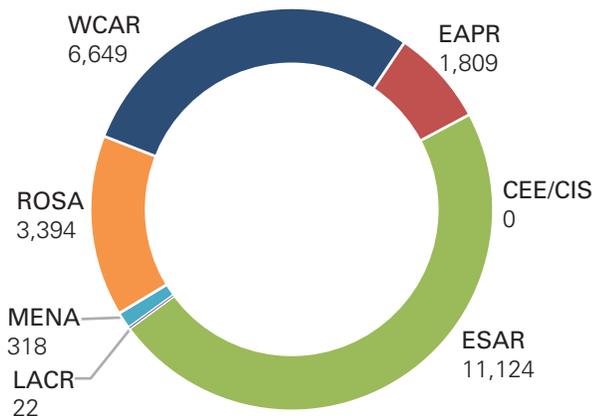
sanitation demand creation workshops (5,605 female participants); these workshops led to a swift increase in improved sanitation coverage.

As CATS programmes expand, it is increasingly common for entire districts and municipalities to be certified ODF. In 2015, this includes Nadia district in India (population 5.2 million), Kitui district in Kenya, and three districts or municipalities each in Nepal, the Philippines and Zambia.

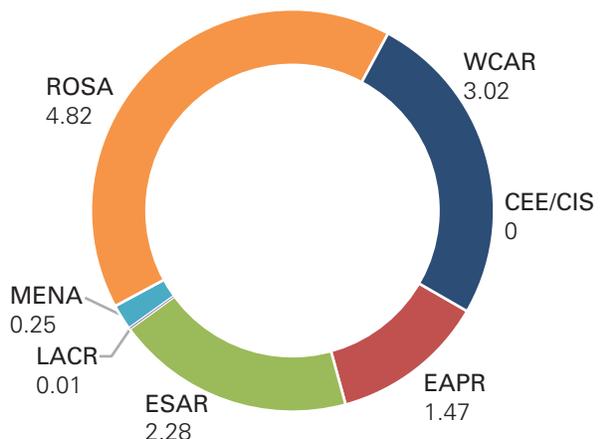
FIGURE 11

Open Defecation Free certification by number of communities and by population, UNICEF regions, 2015

Number of Communities Certified ODF in 2015 through UNICEF Direct Support by Region



Population in Communities Certified ODF in 2015 through UNICEF Direct Support by Region (millions)



UNICEF is also working with national partners to improve the effectiveness of CATS initiatives by increasing the proportion of triggered communities that ultimately achieve and sustain certified ODF status. While it is still too early to assume a trend, reporting data indicate that the certified-to-triggered ratio improved from 1 certified community for every 2.4 triggered in 2014 to 1 for every 1.8 in 2015 (see Figure 12). Reasons for the difference between triggered and certified include quality of facilitation at triggering, certification guidelines or standards, the time lag between triggering and certification, and capacity of the household to build.

UNICEF headquarters is facilitating a knowledge exchange for CATS through a Community of Practice. The purpose is to enhance CATS programming, contributing to the collective goal of ending open defecation and achieving sanitation and hygiene for all. The Community of Practice will complement ongoing regional learning initiatives already in place by sharing lessons across country and regional offices through online and face-to-face meetings, and a 'CATS Connect' Yammer group.

UNICEF has commissioned a number of studies on CATS to inform the development of national strategies in several countries, and also undertook a regional review of the CATS experience (and the documentation of case studies) in East Asia and the Pacific. Some of the key findings include:

- CATS continues to play an important role in achieving reduction in open defecation and uptake of sanitation in the region, but accurately quantifying that contribution is difficult.
- Over the past three years, there has been greater recognition at government level of CATS as a viable approach, as seen by the embedding of CATS in sanitation policies and strategies.
- The main drivers for scaling up CATS were government support, external funding, and clarity and consistency in methods such as standardized facilitator training and ODF guidelines.

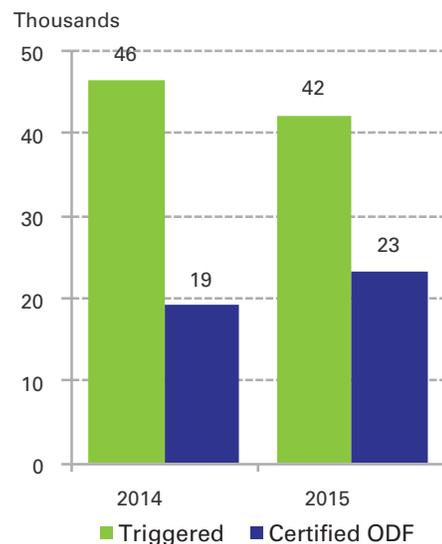
Sanitation marketing

The focus of UNICEF's work on supply side issues and sanitation marketing has been on achieving scale. To improve sanitation marketing and help ensure the sustainability of CATS programmes, UNICEF is working with the private sector to help develop appropriate sanitation technologies to provide choices to consumers as they move up the sanitation ladder. UNICEF has supported training programmes to develop the capacity of local private-sector actors in marketing, business management and technical skills.

In Malawi, for example, UNICEF trained 50 sanitation entrepreneurs in the maintenance of low-cost toilets. In 2015, in Bhutan, Burkina Faso, Rwanda and other countries, UNICEF trained more than 1,000 masons in the construction of improved sanitation facilities. UNICEF also finalized new partnerships with American Standard (now Lixil Water Technology), a plumbing fixtures manufacturer, in Kenya, Rwanda and Uganda to promote access to improved sanitation through sanitation marketing. For instance, in Rwanda, UNICEF partnered with Rwanda Water and Sanitation Corporation and Lixil Water Technology to pilot-test innovative prototype latrine pans. During 2015, UNICEF facilitated a follow-up visit to gather feedback from households where the prototype latrine pans were installed during 2014. Additional field trials of samples of the Crestanks SaTo™ pan will be carried out in Rwanda during early 2016.

UNICEF learning and studies have proved instrumental in sanitation marketing at scale. In Côte d'Ivoire, where the CLTS Implementation Manual was validated in 2015 with UNICEF support, a feasibility study informed the implementation of sanitation marketing. The government is subsequently planning a national programme of sanitation marketing in the new sanitation policy document. In Viet Nam, the Ministry of Health based its decision to promote low-cost sanitation solutions (CATS and sanitation marketing) for the poorest quintile population on formative research and learnings from UNICEF-supported provinces. This helped develop a sanitation and hygiene promotion strategy for demand creation and supply chain improvement in 21 provinces.

FIGURE 12
Communities triggered and certified Open Defecation Free with UNICEF direct support, 2014 and 2015





Abdullah Fuseini (left) helps Sulemana Seidu wash his hands with water and ash in the village of Gbandu in the Northern Region of Ghana. Under the guidance of volunteers such as Fuseini, a Community Led Total Sanitation project has seen a latrine such as the one pictured built at each and every homestead in the village, and the community is now open defecation-free. Community Led Total Sanitation Project in the Kumbungu District, Northern Region, Ghana

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PROGRAMME AREA 3: HYGIENE PROMOTION

Hygiene promotion is linked to the Strategic Plan output C on supply and contributes to outcome indicator P3.4 (countries increasing by 10 per cent the proportion of households with appropriate hand-washing facilities). UNICEF revised this output during the midterm review and changed it to countries implementing community-based hand-washing behaviour change programmes on a national scale.

Table 6. Programme Area 3: Hygiene promotion

Indicator	Baseline 2014	2015 target	2015 value
Countries implementing community-based hand-washing behaviour change programmes on a national scale	53	79	63

FIGURE 13

Schematic for Programme Area 3: Hygiene promotion

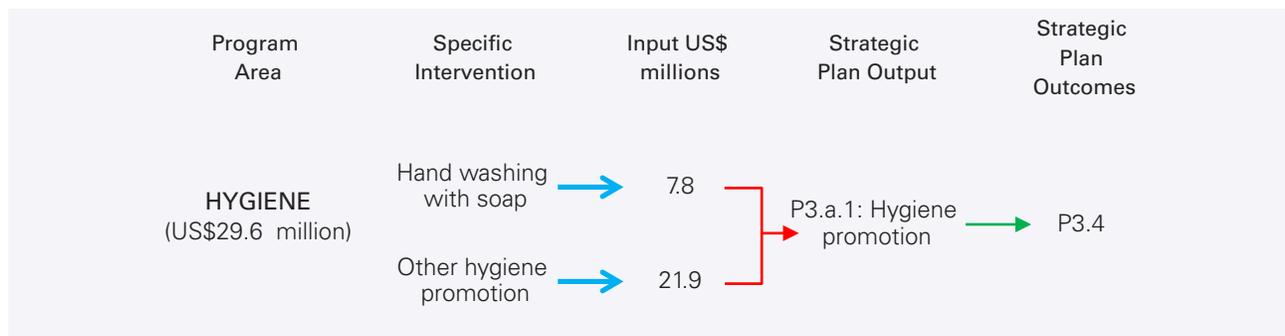


Table 6 shows that, although UNICEF missed this target, 2015 brought significant progress (against the baseline) in the number of countries implementing hand-washing behaviour change programmes at scale. There has been huge progress in emergency-affected countries. More than 10 countries have developed plans for hand-washing programmes at a national scale.

Figure 13 illustrates the total amount spent for this programme area in 2015 and a breakdown per specific intervention.

Hygiene is growing in prominence in the WASH sector, and is now explicitly included in the new SDGs and in Target 6.2, which, by 2030, seeks to 'achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations'.

Hand washing with soap

Promoting hand-washing behaviour change continues to be a core component of the UNICEF programme. UNICEF complements short-term campaigns such as one-off national media campaigns and Global Handwashing Day events with integrated national programmes that engage with households through the hygiene component of CATS, hygiene education programmes in schools, and institutionalized national hand-washing promotion programmes. Such long-term programmes are expanding in programme countries. CATS programmes have fully incorporated a hygiene component (see *Programme Area 2*), while the number of countries practicing daily group hand washing in schools is increasing (see *Programme Area 4*). More countries have also developed national strategies for community-based hand-washing promotion and identified lead national institutions for implementation (see *Figure 14*).

UNICEF helped to develop these national strategies in Côte d'Ivoire, Namibia, Swaziland and Timor-Leste in 2015. UNICEF also worked to develop a new urban-specific sanitation and hygiene strategy in Ethiopia. Additionally, UNICEF advocates for the inclusion of hand washing in national sanitation programming.

Despite these efforts, JMP data indicate that more than 50 countries still have low levels of access to hand-washing facilities (see *Figure 15*). In the Democratic Republic of the Congo, fewer than 1 in 10 people has access to a facility. In countries with higher coverage overall, such as Mongolia, the poorest are greatly disadvantaged: only 1 in 10 has access, compared with almost all of those in the wealthiest quintile (96 per cent). Similarly, people living in rural areas are less likely to have access to hand-washing facilities – as is the case of

Afghanistan, where they are only half as likely as people in urban areas.

However, UNICEF efforts are yielding progress in a number of countries. As noted in the 2014 report, children in India are now required to wash their hands before the midday meal, and schools and education authorities are putting into place the necessary facilities and systems to operationalize this order countrywide. India also continues to highlight the importance of hand washing through mass hand-washing events, including an effort that broke the Guinness World Record for the most people washing their hands in multiple locations, with participation in 13,196 locations across the 51 districts of Madhya Pradesh. Similar events are held in other countries, often as part of the Global Handwashing Day events.

UNICEF efforts to increase monitoring through national systems and household surveys are increasingly successful. In Zambia, for example, national WASH information systems using real-time monitoring tools indicate that 68 per cent of households now have a hand-washing facility. This is a result of CATS programming, which, as in most countries, requires all households to have hand-washing facilities with soap and water for communities to achieve certified ODF status.

FIGURE 14
Countries with national strategies and institutions for community-based hand-washing promotion, 2014 and 2015

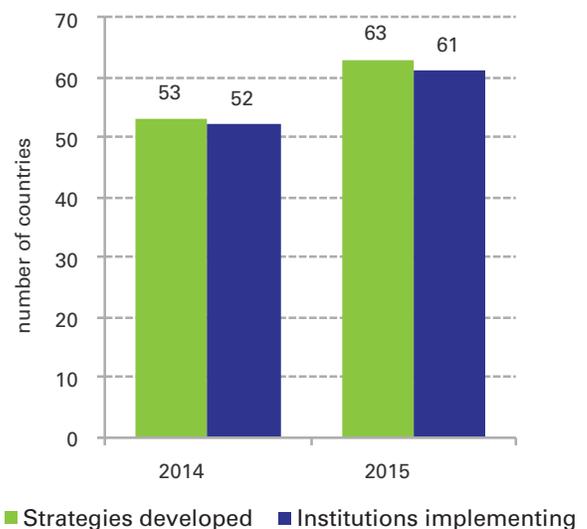
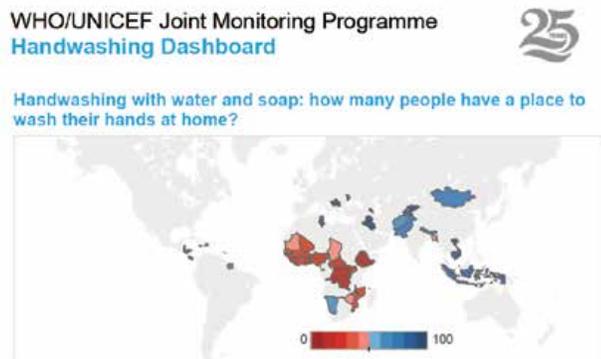


FIGURE 15. Dashboard hand-washing facilities at home



Innovative approaches to promote messages on sanitation and hygiene practices in Zambia included school performances from a travelling theatre group. In Mozambique, UNICEF and the Ministry of Health sponsored the Health is in Your Hands campaign, using puppet performances to teach more than 1,000 children about the importance of hygiene and sanitation in preventing diarrhoea.

Overall food hygiene suffers from lack of sanitation, the use of contaminated water to wash serving utensils and not washing hands prior to cooking. Through daily group hand washing in schools, promoted as an integral part of the Three Star Approach, UNICEF promotes hand washing with soap before eating meals or snacks to introduce a new social norm. In Peru, a water and sanitation model for the schools and community facilities of 31 rural Amazonian communities focused on behavioural changes in hygiene and food preparation in 2015, and will be expanded in 2016. Food hygiene benefits from inclusion in national hygiene programmes. In Egypt, as part of the Integrated Child Survival Project, UNICEF trained 3,000 women in 2 slums in Cairo on food and personal hygiene, and water conservation. In Namibia, UNICEF and the Municipality of Windhoek trained 27 food vendors as change agents in WASH. UNICEF is also supporting the implementation of a randomized controlled trial in rural Gambia to evaluate the effectiveness of behavioural change intervention for complementary food preparation and handling practices by women in 15 rural communities. The preliminary results show a marked improvement in the practice of hand washing, as well as reduced incidence of diarrhoeal diseases among intervention communities.

The challenges of hygiene promotion in high-risk and hard-to-reach settings have led to a number of innovative solutions for programme delivery and supply distribution. In Somalia, for example, UNICEF and partners used mobile

Private-Public Partnership for Handwashing programme in Nepal

In Nepal, UNICEF, in collaboration with the University of Buffalo, conducted a midline survey of the five-year national Private-Public Partnership for Handwashing programme. Low overall hand-washing results indicated that motivating behaviour based on germ theory and disease prevention was not an effective strategy. Maintenance of soap and water at hand-washing stations near latrines remains a major barrier to hand-washing behaviour in schools. UNICEF and partners are using the results to plan hand washing with soap practices among schoolchildren and provide outreach to parents and communities to improve hand-washing behaviour.

Promoting hygiene with community health workers

Training female community health workers, school health club members, teachers, school principals and community volunteers helps ensure that women and girls have access to hygiene information. In 2015, UNICEF advocated for female participation in jobs traditionally held only by men. In the Democratic Republic of the Congo, UNICEF aims to ensure that girls make up at least 50 per cent of each of the 600 school's Health and Environment Brigade, part of UNICEF's Healthy Schools initiative. In Eritrea, UNICEF supports the training of women in teams of Community Health Promoters to drive achievement and sustain results gained under the CLTS. In Haiti, UNICEF supports a strategy to increase the number of female community hygiene promotion agents, currently less than 15 per cent, within the Community Social Worker (Kore Fanmi) initiative. And in Uganda, UNICEF-supported efforts to improve the workplace environment of female health workers in health centres and maternity wards included providing separate toilets and changing rooms.

SMS technology to improve awareness of polio prevention and control and to distribute an SMS voucher for water and sanitation items for redemption with local vendors.

UNICEF promoted hand washing with soap as an important line of defence against the spread of Ebola in West Africa in 2015, including in Guinea-Bissau, where UNICEF partnered with 23 radio stations, 20 NGOs, traditional leaders, healers and religious groups to promote hand-washing and hygiene practices. UNICEF produced group hand-washing stations and provided them to schools and border posts. In December 2015, Guinea was officially declared Ebola-free (see the box '*Back to school post-Ebola*' on page 30).

Daily group hand washing

In 2015, UNICEF continued to promote daily group hand washing in schools, providing daily hand-washing sessions in 45 countries (40 in 2014). This resulted in more than 48,000 schools incorporating daily group hand washing as part of the school routine over the past two years. In most cases, this is part of a national or sub-national adoption of the Three Star Approach to WASH in Schools (sv). The promotion of daily group hand washing started out in just one country (the Philippines) in partnership with GIZ. By the end of 2015, the initiative had spread to programmes in all UNICEF regions, with the most expansion in sub-Saharan Africa.

In many cases, daily group hand washing is introduced on a pilot scale, such as in Timor-Leste, where UNICEF supported installation of a demonstration model of group hand-washing facilities in two schools in Dili that benefited 1,320 children. In the United Republic of Tanzania, UNICEF partnered with GIZ to pilot the approach, which is now being scaled up countrywide, and extended to include hygiene for trachoma prevention. In Kyrgyzstan, 40,000 children in remote communities now practice daily group hand washing, with significant support from the community and parents, who helped fund the hand-washing stations.

Group hand-washing facilities in Fiji

In 2014, the Ministry of Health and Medical Services started a Wash, Brush, Splash campaign in schools to promote key hygiene behaviours. Although the campaign had good uptake of tooth brushing thanks to corporate sponsorship by Colgate-Palmolive, the students did not routinely practice hand washing with soap. A School Bottleneck Analysis identified a lack of soap and hand-washing facilities and priority as reasons for lack of progress. In response, UNICEF supported the Three Star Approach in building hand-washing facilities in 15 primary schools in Nausori District.

At baseline, none of the schools practised daily group hand washing. Surveys showed that only 29 per cent of students were consistently washing hands with soap after using the toilet, and only 41 per cent before meals. The pilot programme began in 2015 and at the end of the school year, 13 schools had established group hand-washing facilities with capacity for more than 10 students to wash their hands with soap at one time. According to follow-up student surveys, the programme led to an increase to 96 per cent of students practicing hand washing with soap after using the toilet, and 94 per cent washing before eating. UNICEF is preparing a compendium of group hand-washing facilities in Fiji. This will be distributed to schools for replication in 2016.



Children in Bandundu, Democratic Republic of Congo, stand in front of their school's new toilet. The toilet has been built as part of the Healthy School initiative which aims to make sure schools have access to safe water, sanitation and hygiene education.

UNICEF/DRC/2015/KimThomas

PROGRAMME AREA 4: WASH IN SCHOOLS, ECD AND HEALTH CENTRES

This section covers components related to the Strategic Plan output C on supply, demand and enabling environment with a contribution to outcome indicator P3.3 (countries in which more than 50 per cent of primary schools have WASH facilities meeting national standards).

Table 7. Programme Area 4: WASH in Schools, ECD and health centres

Indicator	Baseline 2014	2015 target	2015 value
Countries with at least 50 per cent of primary schools having access to adequate sanitation facilities for girls	32	50	37
Countries implementing MHM in WASH in Schools programmes	22	40	29

FIGURE 16

Schematic for Programme Area 4: WASH in Schools, ECD and health centres

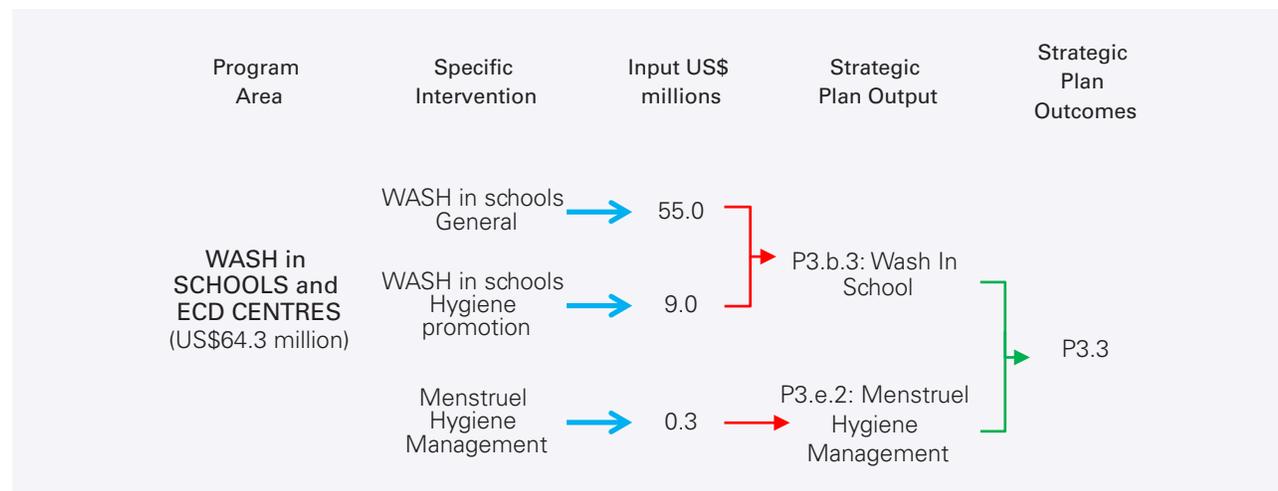


Table 7 shows that the progress UNICEF made on increasing access to adequate sanitation facilities for girls in schools was not sufficient to meet the 2015 targets; the 2014 baseline changed from 26 to 32, hence slow progress in 2015. There was modest progress on the number of countries implementing MHM in WASH in Schools programmes.

Figure 16 illustrates the total amount spent for this programme area in 2015 and a breakdown per specific intervention.

Extensive work integrating WASH in education through WASH in Schools continued in 2015, along with efforts to support WASH in health-care facilities and WASH in ECD centres. UNICEF provides direct support to WASH in institutions in programme countries and engages with government partners and other stakeholders to advocate for prioritizing WASH within national systems, increase capacity building and policy reform, and develop innovative programming approaches.

In 2015, UNICEF support directly resulted in the construction of WASH facilities in 25,876 schools and ECD centres and 733 health-care facilities. In addition, UNICEF provided more than 4 million children in schools and temporary learning spaces with access to water, sanitation facilities and hygiene education in emergency situations.

WASH in Schools enabling environment

Programme countries report an increasing number of schools with water and sanitation facilities that meet national standards (see *Figure 17*). While the rate of increase is modest, it should be noted that in many countries, standards are becoming more rigorous and thus harder to achieve.

Water and sanitation coverage is growing at a higher rate in the poorest countries (least developed countries), but coverage is still low: fewer than half the schools in least developed countries have adequate facilities (see *Figure 17*).

Coverage levels vary significantly from country to country and are lowest in UNICEF's West and Central Africa region, where water and sanitation coverage levels are just barely above 40 per cent. In many countries, sanitation coverage lags behind water coverage, in some cases with gaps that exceed 10 percentage points. According to UNICEF gender-disaggregated monitoring data, sanitation coverage for girls is about the same as for boys; however, this finding is affected by the lack of sex-disaggregated data in some countries.

In 2015, UNICEF published 'Advancing WASH in Schools Monitoring', a multi-country survey of WASH in Schools

Back to school post-Ebola

The outbreak of Ebola triggered a massive increase in hand washing as a preventive measure. Building on this momentum for WASH in Schools interventions is at the heart of the recovery process.

- Guinea: WASH in Schools actions combined with communication for development interventions to keep children, teachers and school staff safe; no Ebola contamination was registered in a school setting.
- Sierra Leone: More than 1.8 million children returned and remained in schools with increased knowledge about the prevention and control of Ebola through sustained hygiene practices, including hand washing.
- Liberia: UNICEF provided special back-to-school WASH kits to 4,619 schools to facilitate adequate hand-washing practices for about 1,190,000 schoolchildren throughout the country.

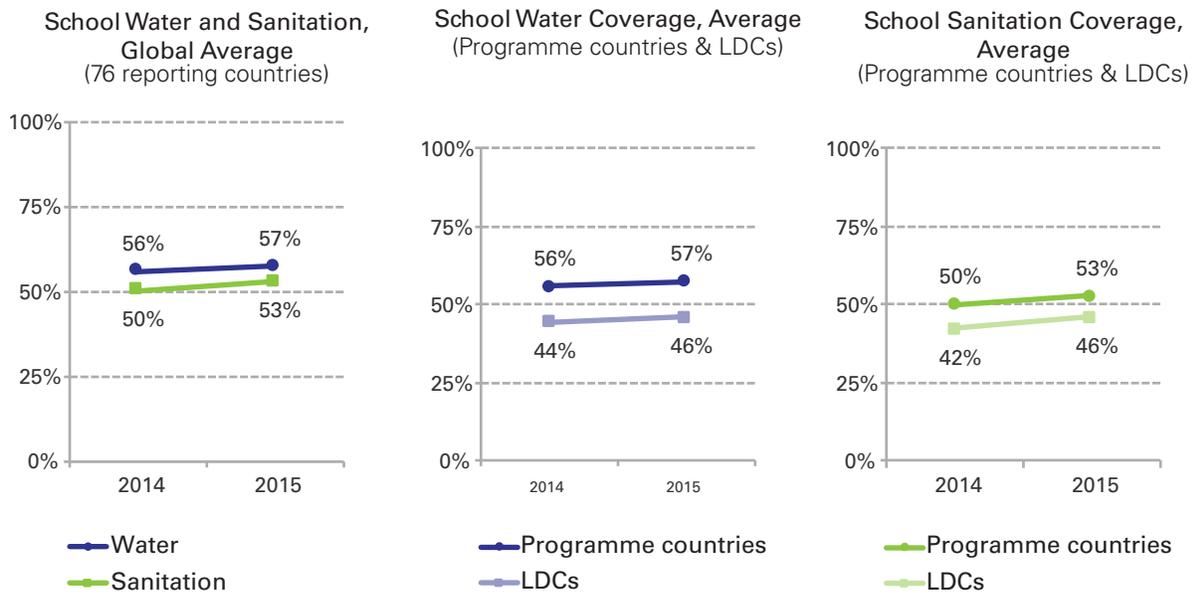
data within national Education Management Information Systems (EMIS). This provided an important baseline to underpin efforts to encourage and support the monitoring of WASH in Schools through established national education sector systems. The survey showed that, in 48 of 54 countries, at least some WASH parameters are included in the EMIS. Most include both water and sanitation criteria, and some gather data on system functionality. The survey also revealed weakness in key water and sanitation parameters – such as gender segregation – that lack monitoring, including in hygiene components and the use of soap in some countries.

In the Pacific, UNICEF introduced mobile data collection and online analysis tools to support improved WASH data collection and reporting. In India, UNICEF provided support to expand web-based monitoring to include WASH in Schools under the Swachh Bharat Vidyalaya (Clean Schools) mission.

In Lao People's Democratic Republic, UNICEF is partnering with Emory University to conduct a three-year longitudinal study using a randomized controlled trial in 100 schools (50 intervention and 50 comparison schools) to measure the impact of WASH in Schools on reducing

FIGURE 17

Water and sanitation coverage in primary schools, programme countries and least developed countries, 2014 and 2015



absenteeism in Saravane Province. Preliminary findings showed that cultural practices have a significant impact on children’s access to education, and high absenteeism occurs during plantation and harvesting periods in both intervention and control schools.

WASH in Schools and hygiene promotion

UNICEF supported the development and launch of several new WASH in Schools policy instruments, including national policies in Kiribati and Mongolia, a national strategy for WASH in schools in Cameroon, and school WASH guidelines in the United Republic of Tanzania. Elsewhere, UNICEF advocated successfully for the inclusion of WASH in institution provisions in broader policy instruments, such as the new National WASH Policy in Papua New Guinea, which includes a target for universal access to WASH in Schools by 2030.

UNICEF prioritized support for improving the quality of WASH in Schools programming via adaptation of the Three Star Approach for WASH in Schools. The approach aims to improve the effectiveness of hygiene behaviour – change

programmes through daily group hand washing and help schools meet the essential criteria for providing a healthy learning environments for children. Schools are encouraged to take simple steps to ensure that all students wash their hands with soap, have drinking water in the classroom, and have access to clean, gender-segregated and child-friendly toilets at school every day. Daily supervised hand-washing sessions reinforce the habit of good hygiene behaviour through the positive power of social norms and peer encouragement (*see group hand-washing discussion in Programme Area 3, above*).

In Pakistan, following UNICEF advocacy, provincial and federal Ministries of Education acknowledged the importance of WASH facilities in schools towards improving retention and enrolment of adolescent girls. The Ministries of Education scaled up and developed a national strategy for WASH in Schools based on UNICEF’s Three Star Approach. UNICEF introduced the Three Star Approach to WASH in Schools in Kiribati, to be replicated at the national level. Papua New Guinea has accepted a nationally adapted version of the Three Star Approach to WASH in Schools programming as a way to promote effective hygiene promotion in schools in that country.

UNICEF is also supporting efforts to promote environmentally sustainable WASH in Schools. In Honduras, UNICEF helped schools and their catchment communities overcome saltwater intrusion and the contamination of groundwater during floods. UNICEF built artesian well pumps and rainwater harvesting systems at these schools. UNICEF also introduced rainwater harvesting to schools in Kenya, Uganda and Peru, and also piloted EcoSan toilets in school settings. The effects of pit latrines and pour-flush toilets on groundwater pollution in Kiribati has led to trials of EcoSan toilets with WASH safety planning in schools and communities. EcoSan proved affordable and acceptable to communities' preferences; it also protected water resources. In Lao People's Democratic Republic, to improve and protect WASH services from floods and other natural disasters, UNICEF adopted a redesigned raised hand pump that sent water into a water tank and delivered it to school WASH facilities by gravity.

The fourth WASH in Schools International Learning Exchange meeting, October 2015

In 2015, the Sri Lankan Ministry of Education, with support from UNICEF, organized the WASH in Schools International Learning Exchange meeting, bringing together experts from 16 countries across East Asia and South Asia. The meeting focused on (1) adapting the Three Star Approach, (2) monitoring WASH in Schools coverage via EMIS, and (3) advancing the MHM agenda. The group highlighted successful examples from Cambodia, India, the Pacific, the Philippines and Sri Lanka for adaptation and scaling up.

In advance of the meeting, Sri Lanka hosted the first student-led South Asian Student Conference on WASH. Adolescent schoolchildren shared their views on how they can improve the use of safe drinking water, clean toilets and hand washing in their countries, including by advocating for recommendations to be incorporated into government policy and agendas. The conference served as a model for youth participation in WASH and promoted knowledge sharing, student networking, South-South cooperation and convergence of multiple sectors. The Government of Indonesia will host the fifth annual WASH in Schools learning exchange meeting in 2016.

Globally, UNICEF provided leadership for networking and advocacy efforts and strengthening the evidence base to inform programme design. Efforts included the launch of an updated WASH in Schools online information repository site; dissemination of a Call to Action for faith-based networks; hosting of monthly WASH in Schools network webinars; the introduction of an online community of practice on Yammer; and the organization of the annual WASH in Schools network meeting at the University of North Carolina's Water and Health Conference in October 2015. UNICEF also worked with one of the sector's peer-reviewed journals, *Waterlines*, on a special MHM issue that included papers on UNICEF experiences from the Plurinational State of Bolivia, Ghana, India and Indonesia.

UNICEF supported hygiene promotion and WASH facilities in preschools and ECD centres to improve children's physical health and cognitive development. In Rwanda, for example, UNICEF contributed to a government initiative to provide safe water services in 10 ECD centres and surrounding communities. In Mongolia, UNICEF's innovative design of a container-type WASH facility for schools and kindergartens was replicated by NGO and private-sector partners. In the Republic of Moldova, UNICEF supported central and local authorities' assessment of WASH in preschools countrywide. Detailed evidence on the access of children and staff of preschools to quality water and sanitation facilities and on hygiene practices in all 1,453 preschool institutions will be used for further advocacy and to raise awareness among the Government and donors.

Menstrual hygiene management

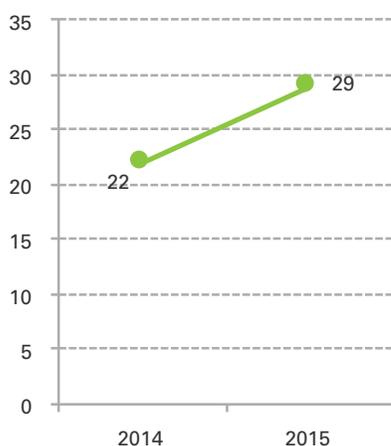
UNICEF continued to provide direct support to MHM programming in schools and communities, guiding standards and policy development, education campaigns and research. With increased support, most comprehensive UNICEF WASH programmes now incorporate an MHM component. WASH in Schools programmes provide country-level support, but UNICEF global advocacy efforts through platforms like the Menstrual Hygiene Day draw attention to awareness and development regarding MHM issues. Access to facilities and materials to manage menstruation with dignity and confidence in school is every girl's right. Global and country-level efforts are yielding results. More countries are including MHM within national WASH in Schools strategies and plans (see *Figure 18*). The number of countries doing so increased by nearly a third between 2014 and 2015.

Examples of this increase include Eritrea and Nigeria, where the national construction standards for WASH in Schools includes provision for MHM-friendly facilities, and Liberia, where MHM is incorporated in the new WASH

in Schools national protocol. In Nepal and Uganda, the national EMIS is incorporating MHM indicators, which will ensure that annual monitoring data on MHM are gathered from all schools in the country. Meanwhile, in India, MHM is now part of the national WASH in Schools policy, and, with UNICEF support, the country developed new MHM guidelines outlining the roles of state governments, district administrations, engineers and technical experts and teachers. In the Plurinational State of Bolivia, a pilot project runs in 13 rural schools in Cochabamba. It provides lessons now being applied to a large-scale programme, such as mentors for girls, and offers strategies that foster positive social change on menstruation. The project also led to a new design for affordable and recyclable sanitary napkins that are culturally appropriate and environmentally friendly. In other countries, UNICEF provided support to improve MHM facilities in schools through WASH in Schools programming.

The WinS4Girls Project for formative research on MHM, funded by the Government of Canada, progressed in 14 countries through support from UNICEF headquarters and Emory University.

FIGURE 18
Countries with menstrual hygiene management targets in national strategies and plans



In 2015, each country conducted research to explore current MHM practices, determinants and impacts among school-going adolescent girls. In Indonesia, for example, UNICEF and partners undertook a study involving more than 14,000 participants in 16 schools across four provinces. The study found that one in seven girls missed one or more days of school during her last menstruation. The study increases understanding of the taboos and secrecy associated with the issue. The project uses a variety of means to link stakeholders across the 14 countries, including an e-course (see box below), the 'Voices from the Field' online publication and direct technical support by Emory University to researchers in countries.

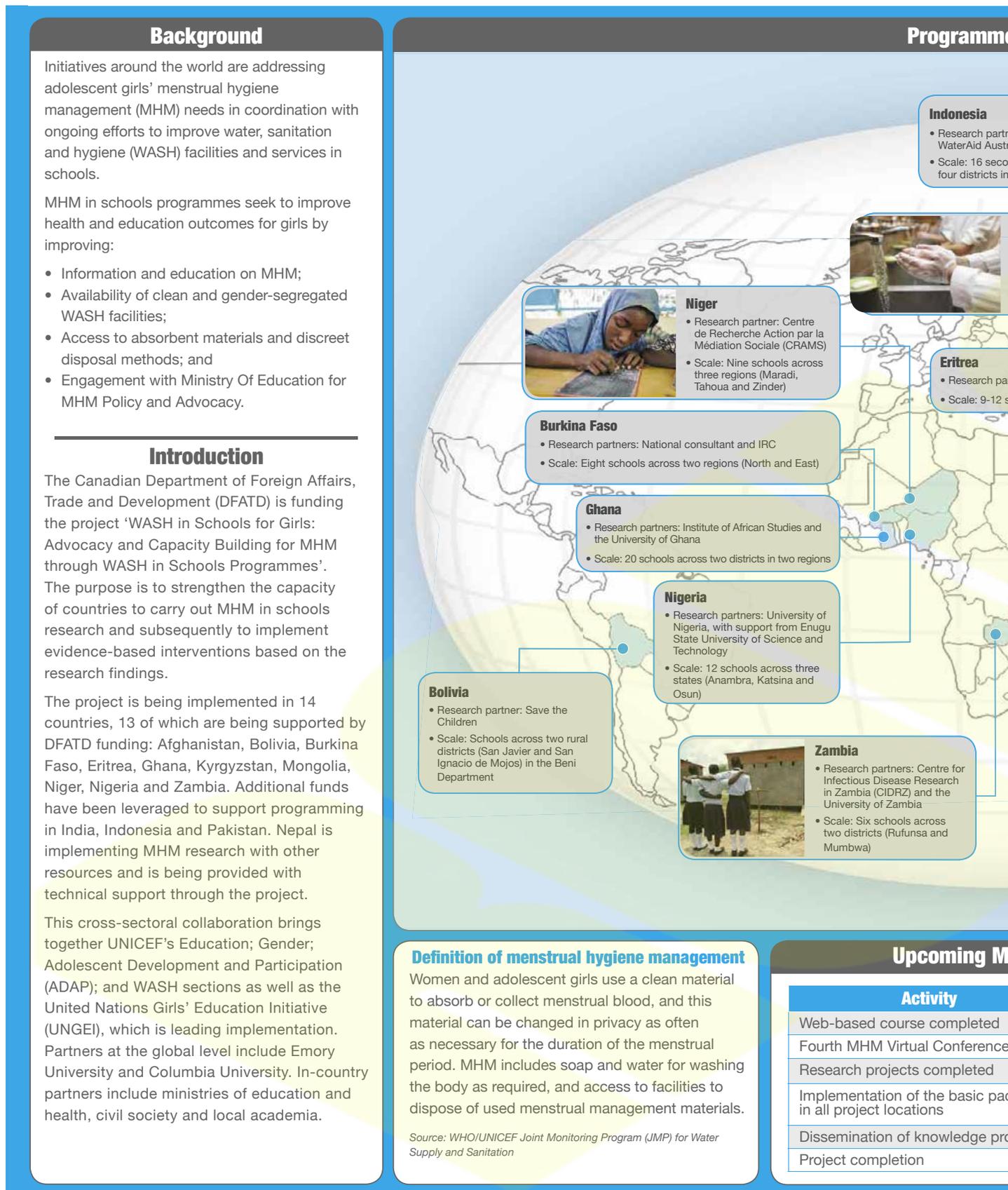
At the global level, UNICEF organized the Fourth Annual MHM Conference in association with Columbia University to capture and disseminate global best practices in 2015.

A 'Menstravaganza' in Malawi

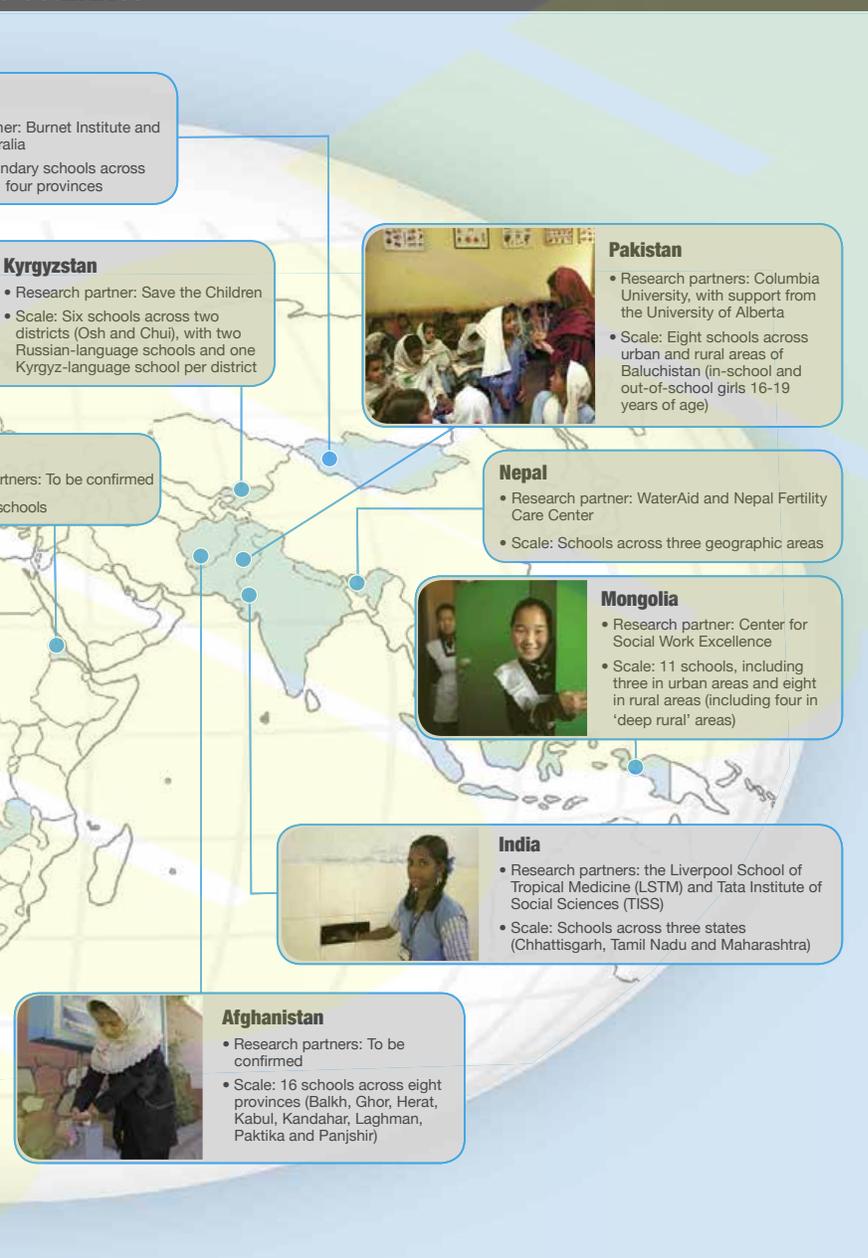
UNICEF Malawi's Keeping Girls in School programme aims to reach 100,000 girls with the support of the Ministry of Education, head teachers, female teachers, parent-teacher association members and mothers' groups. Menstravaganza is a UNICEF campaign that promotes menstrual hygiene advocacy, girl-friendly latrines, male championship and girls' body confidence. In this programme, a menstrual hygiene booklet was launched in July 2015 and is now being distributed in designated programme schools.



FIGURE 19. WinS4Girls Project



Key Countries



Milestones

	Date
	August 2015
	October 2015
	December 2015
Package	March 2016
Products	June 2016
	October 2016

Girls voices in Mongolia

"I was afraid that I was sick or had a disease and thought I was going to die. I did not know what and how to tell my mom. It took two days before I told somebody about what happened to me. Until then I used two big rolls of toilet paper"

"When I experienced menstruation during class, I could not stand up until everyone was out of the room and my best friend helped me clean the chair and cover the stain"

Source: Focus group discussions with schoolgirls in Mongolia.

Activities

Phase 1 (March 2014 to December 2015)

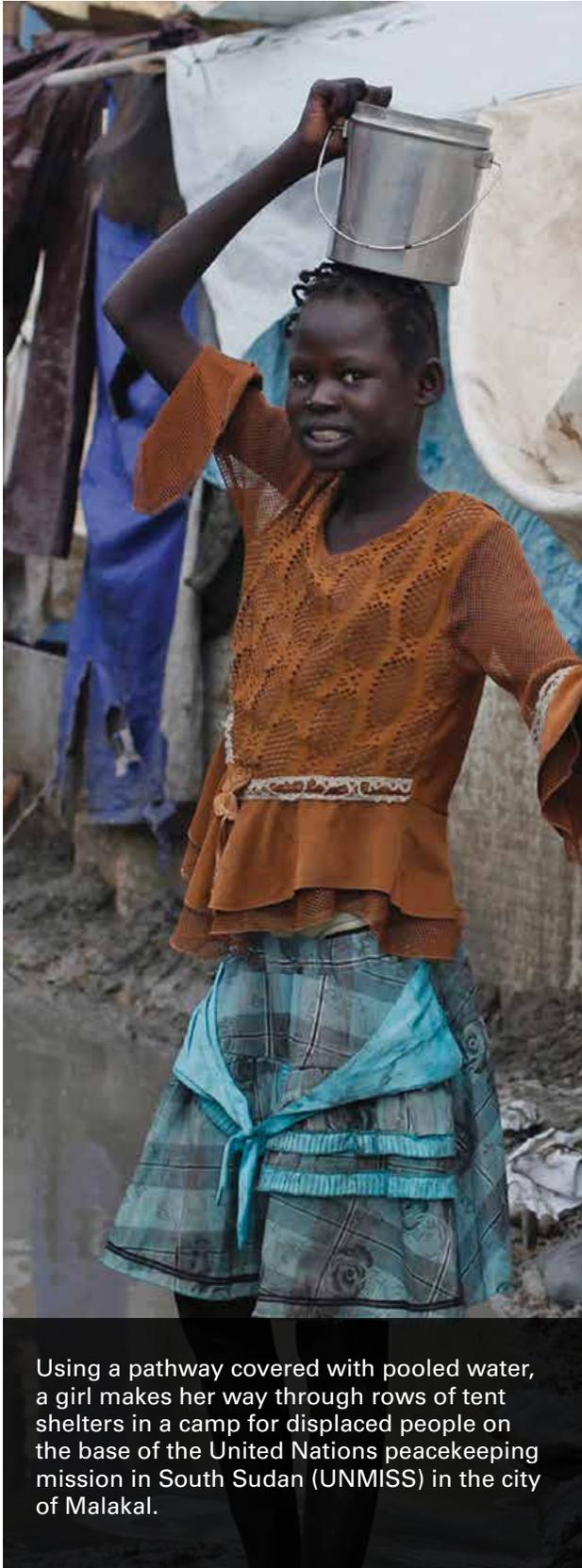
- Development and delivery of a web-based course to strengthen capacity of national research partners, WASH practitioners and policymakers to carry out rigorous research on MHM.
- Formation of national MHM working groups, led by ministries of education, to improve government leadership around MHM.
- Research activities in schools in each of the 14 countries including:
 - Obtaining ethical clearance in each country;
 - Focus group discussions with girls, mothers, boys and fathers;
 - In-depth interviews with girls;
 - Key informant interviews with principals and teachers; and
 - School facility observations.
- Hands-on technical support by Emory University instructors for training national research teams.
- Participation in the 2014 and 2015 MHM Virtual Conference.
- Quarterly updates to the virtual meetings of the Global WASH in Schools Network.

Phase 2 (January 2016 to October 2016)

- Development of a basic package that turns the findings of the country-level research into guidance, tools and good practices.
- Implementation of the basic package in 100 schools across 14 countries.
- Participation in the 2016 MHM Virtual Conference.
- Development of a synthesis report on the MHM challenges school girls face in 14 countries.
- Submissions of papers on research findings to peer reviewed journals.

Anticipated Outcomes

- Increased understanding of MHM practices and barriers girls face in schools.
- Increased incorporation of gender-sensitive MHM into existing national WASH in Schools programmes.
- Increased leadership of ministries of education in the area of MHM.
- Increased national capacity on MHM research and programming
- Strengthened evidence-based advocacy and action for MHM.



Using a pathway covered with pooled water, a girl makes her way through rows of tent shelters in a camp for displaced people on the base of the United Nations peacekeeping mission in South Sudan (UNMISS) in the city of Malakal.

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WinS4Girls e-course

UNICEF developed the WinS4Girls e-course as part of the WinS4Girls project. The e-course helped WASH practitioners and policymakers carry out rigorous research on local MHM practices and challenges facing girls in schools around the world. Participants also learned how to use research results to inform programmes, policy and advocacy.

A total of 82 participants completed the course, including participants from various units within UNICEF (WASH, education and communication for development), government partners, local academia and civil society. The online course materials have been compiled in a technical manual, which is available for use and adaptation by partners and countries interested in conducting MHM research.

The conference continued the effort to fill gaps in the existing knowledge and advocacy around this important issue. UNICEF and Columbia University organized the second annual MHM in Ten meeting to continue the process of defining and monitoring a 10-year agenda for MHM in schools. Priority actions included: advocating for the inclusion of MHM at global conferences; forming MHM technical working groups at country level; developing MHM guidelines; and identifying and beginning to address gaps in the evidence on the impact of MHM interventions.



On 29 June 2014 in Iraq, 3-year-old Shahd, whose family has been displaced from the Kokjeli area in the conflict-affected city of Mosul, smiles while filling a mug with water flowing from a pipe, in the Khazar transit camp in the northern-eastern city of Erbil, capital of Kurdistan Region.

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PROGRAMME AREA 5: WASH IN EMERGENCIES

This section covers components related to the Strategic Plan output D on WASH in a humanitarian response environment with contributions to outcome indicator P3.6 (on access to water, sanitation and hygiene in a humanitarian context).

Table 8. Programme Area 5: WASH in emergencies

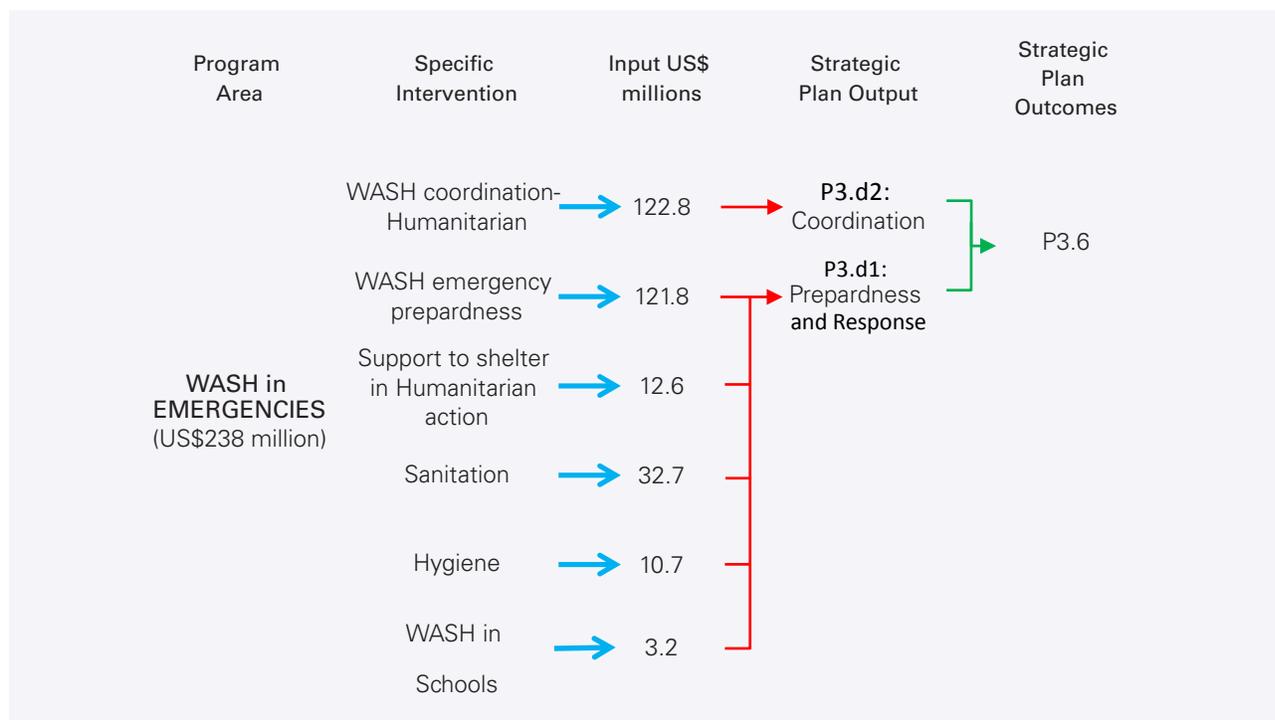
Indicators	Baseline 2014	2015 target	2015 value
(a) Number and percentage of UNICEF-targeted population in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	92%	100%	84%
(b) Number and percentage of UNICEF-targeted population in humanitarian situations using appropriate sanitation facilities and living in environments free of open defecation	56%	70%	56%
(c) Number and percentage of UNICEF-targeted population in humanitarian situations able to practice appropriate hand washing and menstrual hygiene	62%	70%	67%
(d) Number and percentage of UNICEF-targeted population in humanitarian situations accessing appropriate WASH facilities and hygiene education in schools, temporary learning spaces and other child-friendly spaces	76%	80%	80%
(e) Countries in humanitarian action where country cluster coordination mechanism for WASH meet Core Commitments for Children standards for coordination	57%	100%	63%

Table 8 shows that the 2015 targets were met for the indicators on WASH facilities and hygiene education in schools and child-friendly spaces, which is not the case for the other indicators in Programme Area 5, despite progress. A change in the 2014 baseline is a key reason for slow progress in 2015.

The schematic below illustrates the total amount spent for this programme area in 2015 and a breakdown per specific intervention.

FIGURE 20

Schematic for Programme Area 5: WASH in emergencies



Emergency WASH coordination and response was a major part of the overall UNICEF WASH programme. UNICEF responded to emergencies at an unprecedented scale in 76 countries in 2015, including Middle Eastern countries in crisis. More than 25 million people benefited from UNICEF direct response in emergencies, the highest number ever.

UNICEF also continued its leadership role in WASH emergency coordination in 2015. UNICEF led the WASH cluster agency at the global level, including all the major humanitarian crises in 2015.

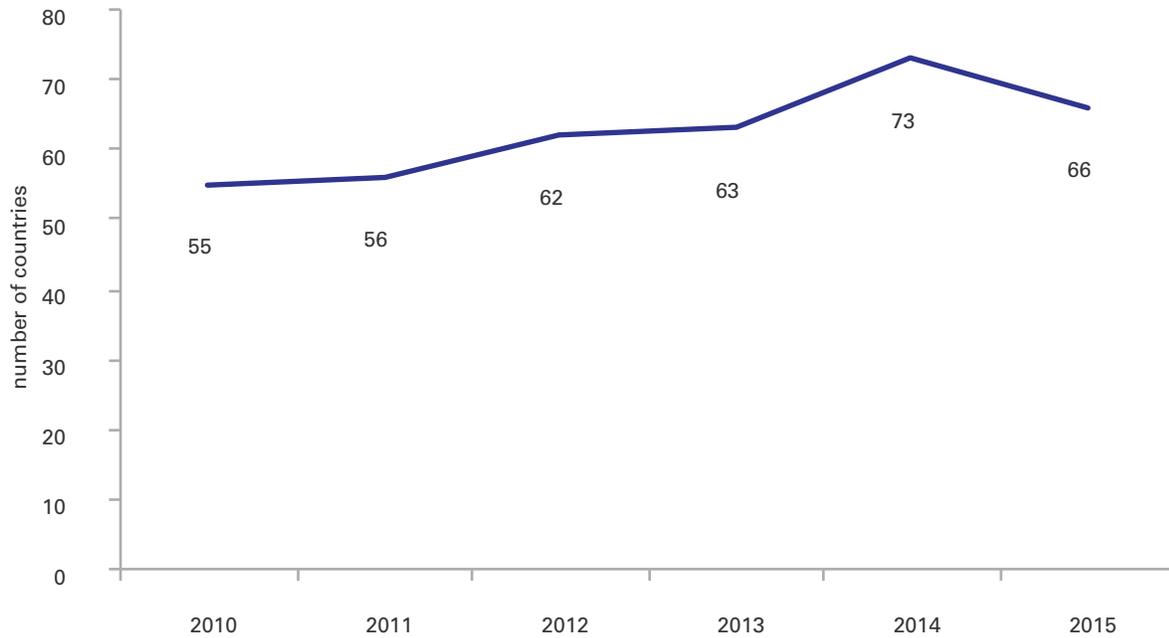
Expenditure on emergency response and coordination was the highest ever. It totalled US\$436 million in 2015 and accounted for 50.2 per cent of spending for the overall WASH programme. Thirty per cent (US\$132 million) of the emergency expenditures were directly charged against other programme areas (water, sanitation, hygiene and WASH in schools) and 70 per cent (US\$304 million) for emergency-related activities.

Emergency expenditures included unprecedented expenditure on WASH in the Syrian Arab Republic and other countries in the region: In Iraq alone, UNICEF spent US\$62 million on WASH, the most ever for WASH in a single country in a single year.

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.

FIGURE 21

UNICEF leadership of the WASH Cluster, number of countries, 2010 to 2015



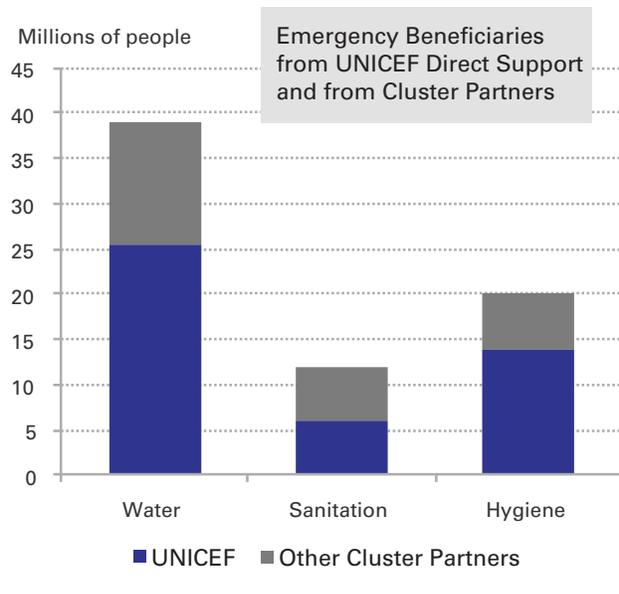
Humanitarian WASH coordination

In 2015, UNICEF led or co-led the WASH Cluster in 66 countries. Since the IASC cluster approach was launched in 2010, UNICEF has led the cluster at the global level, and in at least 55 countries, each year (see Figure 21). This includes long-running cluster leadership roles in high-risk countries where UNICEF has a significant presence in the sector (such as in the Democratic Republic of the Congo, Ethiopia and the Philippines), as well as in countries where UNICEF has a limited WASH presence, but assumed cluster leadership in response to a particular emergency (such as in Kyrgyzstan and Ukraine).

In its role as cluster lead, UNICEF is actively involved in building capacity at a national level for emergency WASH programming. An important part of this agenda is working with governments and other partners to nationalize responsibility for humanitarian coordination of effective and sustainable humanitarian response over the long term. This has already taken place in several countries where UNICEF previously held the WASH Cluster lead, including in Liberia, Pakistan and Zimbabwe. In 2015, UNICEF continued to facilitate this transition, including in Afghanistan, Nepal and the State of Palestine. In each of these cases, the

FIGURE 22

UNICEF and Cluster partners WASH beneficiaries, 2015



transition involved a series of steps over a multi-year period, including government bodies taking on co-leadership cluster responsibilities and a range of capacity building inputs, at both national and sub-national levels.

At the global level, UNICEF developed a methodological process for facilitating cluster transition and strengthening national humanitarian WASH coordination that will start in 2016. The process involves a sector-specific contextual analysis of political, economic and social factors that drive sector governance as well as institutional vulnerabilities and capacities.

UNICEF direct interventions reach about twice as many beneficiaries as all other cluster partners combined for water, sanitation and hygiene (see *Figure 22*). These ratios have increased since 2014, most significantly for water – due in large part to the UNICEF water response in the Middle East.

Humanitarian WASH capacity building and preparedness

UNICEF continued to provide technical support for both cluster-related training initiatives and internal capacity-building efforts. UNICEF in-house staff capacity for response and coordination was backstopped with pre-qualified professionals from outside the organization through the surge deployment system. In 2015, there were a total of 81 emergency deployments. The majority supported Level 3 emergency response programmes: Fifty deployments supported the UNICEF programme response and 31 participated in the WASH cluster/sector coordination mechanism. Thirteen of these surge deployments were UNICEF staff members reassigned to emergencies; 38 were through the stand-by partner mechanism. The rest were provided by other short-term contractual processes.

In 2015, five WASH in emergencies trainings were held in Bangkok, Havana, Limerick (for stand-by partner agencies) and Kathmandu; a total of 146 people received training.

Initiatives included a collaboration between UNICEF, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Educational, Scientific and Cultural Organization-Institute for Water Education (IHE) to run a five-day 'WASH in Emergency' summer course. The training's focus was the planning, management and preparation of WASH participants in an emergency response role.

Humanitarian response

UNICEF response helped 25.5 million people retain or regain access to water, 6 million to gain access to sanitation and 13.8 million gain access to services and supplies for hand washing with soap. An additional 4.1 million children gained access to safe WASH in schools and temporary learning spaces. In all cases, this represents an increase from 2014 (see *Figure 23*). The large number of water beneficiaries is due to large-scale support to water supply systems, notably in the Syrian Arab Republic, where more than 7.1 million people retained or regained access to safe water through UNICEF support for repairs, rehabilitation and the production and procurement of water purification chemicals (see *below for details*).

UNICEF responded directly in humanitarian situations in a total of 76 countries in 2015. This includes responses in long-running complex emergencies (e.g., the Democratic Republic of the Congo, Somalia), other humanitarian crises (South Sudan, Ukraine), the multi-country response to the Ebola crisis in West Africa, severe cholera outbreaks in several countries including Haiti, and natural disasters around the world, such as the earthquake in Nepal. But the largest intervention in 2015 was in the Middle East region, accounting for 54 per cent of emergency WASH expenditure, and more than half the number of global water and sanitation beneficiaries (see *Figure 24*).

UNICEF responded to the crisis in the Middle East (Iraq and the Syrian Arab Republic), in refugee camps (Jordan, Lebanon and Turkey) and in host communities, and

Training women as water and sanitation volunteers, Darashakran refugee camp, Iraq

There are 10,000 Syrian refugees living in Darashakran refugee camp in northern Iraq, with each family allotted a toilet, shower and kitchen. Working with partners, UNICEF has helped train 116 water and sanitation volunteers to make repairs to the plumbing system, with each volunteer responsible for 16 families. The volunteer tasks are divided equally between men and women. Suhela, a mother of two, is a WASH volunteer who has fitted her own kitchen. There's very little that she cannot fix. "I'm very proud of myself for helping others. And I'm good at it," she says.

FIGURE 23

UNICEF emergency WASH beneficiaries, 2014 and 2015

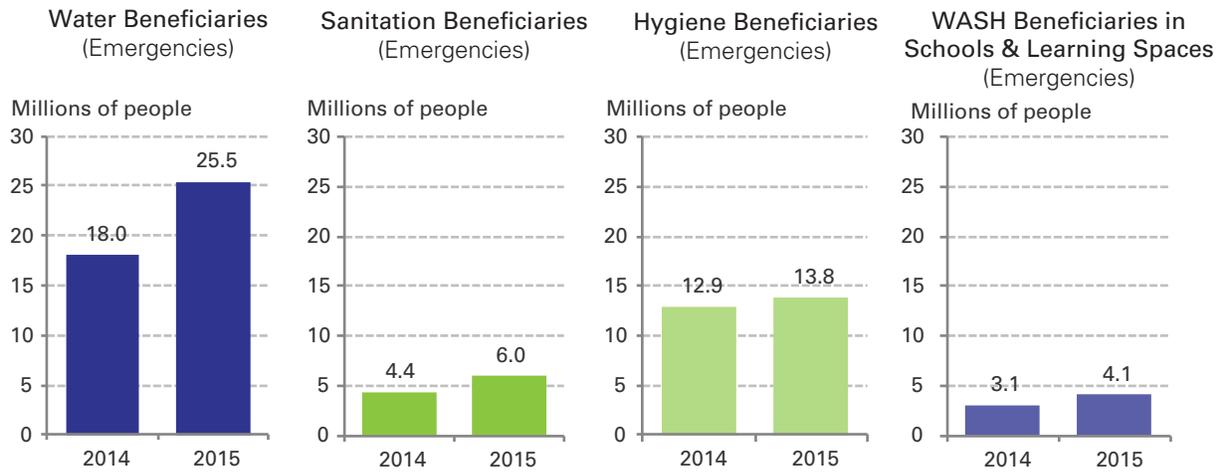
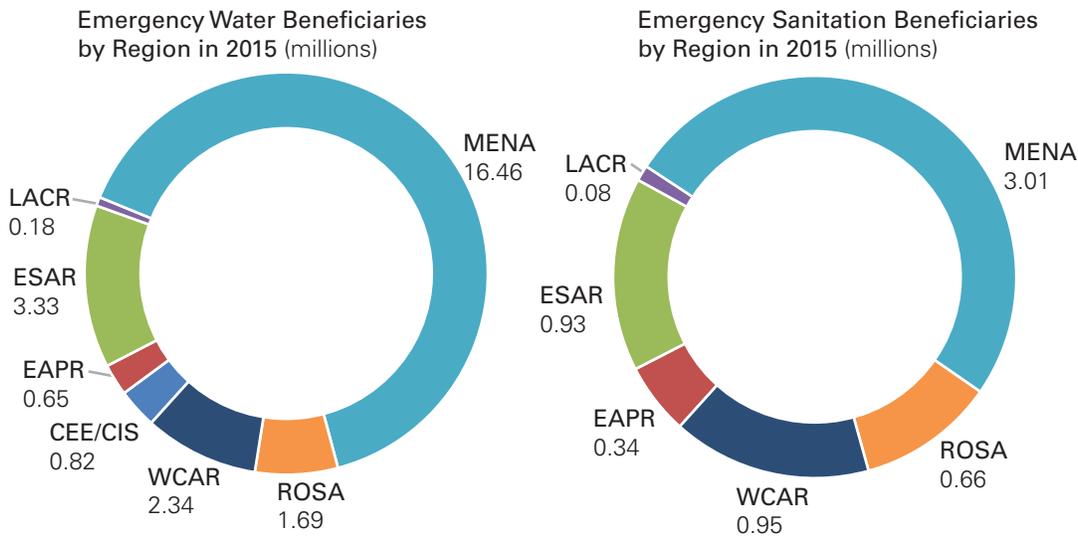


FIGURE 24

UNICEF emergency water and sanitation beneficiaries by region, 2015



provided WASH-related support to refugees on the move in Europe. UNICEF also increased its emergency WASH programme in response to the growing crisis in Yemen.

In the Syrian Arab Republic, UNICEF continued to work with partners to repair the damage to the water infrastructure caused by severe fighting in the cities of Aleppo, Damascus and Dera'a. UNICEF also provided

other WASH-related services and supplies for more than 7 million people.

In 2015, 1 million refugees and migrants entered Europe, fleeing conflicts primarily in the Syrian Arab Republic and conflict zones in the Middle East and arriving via Greece, Turkey and the Western Balkans. UNICEF provided integrated child protection, health,

Innovation in emergency WASH response

In the Syrian Arab Republic, UNICEF introduced the in-country production of water treatment chemicals using locally sourced salt and electrolysis equipment as the main raw material. This reduced the costly and logistically burdensome importation of chemicals and now provides 13 per cent of the demand for water disinfectant in Damascus. Similarly, in the Democratic Republic of the Congo, UNICEF launched a community resilience programme in 2015 to produce chlorine, which will significantly decrease the impact of cholera in endemic areas.

In the State of Palestine, UNICEF and the World Food Programme continued to jointly implement the e-voucher programme in Gaza. This programme provides vulnerable families with resources to purchase WASH items and clothes.

During the 2015 earthquake response in Pakistan, UNICEF introduced the mobile phone-based system for monitoring the delivery of humanitarian WASH kits, RapidPRO. In the Democratic Republic of the Congo, UNICEF has supported the Government in the development of an application for collecting data through smartphones.

In the Za'atari refugee camp in Jordan, people used treated wastewater to irrigate fields at local farms in the neighbouring community, reducing the amount of water needing to be drawn from the groundwater aquifer.

nutrition and WASH services for children and mothers along the movement routes.

In Jordan, UNICEF continued to provide essential WASH services to the 80,000 Syrian refugees in Za'atari Camp. This included the daily delivery of 3.5 million litres of safe water, the construction of wells, and the removal of 1.85 million litres of wastewater from the camp. In response to the prolonged crisis in the Syrian Arab Republic, UNICEF initiated the construction of large-scale water and sewer networks in the camp. Scheduled for completion in 2016 (2017 for the sewer system), the system will alleviate cost and logistics pressures while improving the quality and equitable access to water, as well as reduce the risks to the public and the environment from wastewater.

In Iraq, UNICEF provided emergency WASH services and supplies for more than 1.7 million people in internally displaced camps and host communities, while also working with partners to defuse a cholera crisis and

deliver water to the most isolated communities. In Lebanon, UNICEF helped provide water and sewage services to communities hosting more than 1.5 million Syrian refugees.

In Yemen, one of the most water-scarce countries in the world, the escalation of air strikes, shelling and ground fighting severely damaged significant sections of the already fragile national water and sanitation network. In response, UNICEF reached 3.7 million people by providing a WASH package to internally displaced persons and host communities to ensure the continued operation of water systems, solid waste collection and sewage treatment services.

The earthquake in Nepal was the most serious natural disaster in 2015. It caused 9,000 deaths and 22,400 injuries. The response to this Level 2 emergency required water trucking, point-of-use water treatment and the delivery of water treatment products and emergency WASH kits. Ultimately the response reached more than 1.1 million people.

In Ebola affected-countries (primarily Guinea, Liberia and Sierra Leone), UNICEF helped procure water and sanitation equipment and supplies, WASH kits and provided specialized training in chlorine solution preparation and management of contaminated excreta and medical waste. The promotion of hand-washing and hygiene continued and as a direct result, hand-washing stations with soap and hygiene promotion reached 1,600 health-care facilities, 15,000 schools and market and border posts. In addition, UNICEF and its partners supplied more than 3.2 million households with emergency WASH kits and hygiene promotion. In Burundi, Kenya, Mozambique and the United Republic of Tanzania, UNICEF was on the front line of cholera response programmes; and in Afghanistan, Ethiopia, Haiti, Myanmar and South Sudan, UNICEF was a key WASH responder.

In Ukraine, UNICEF led critical WASH-related efforts for 2.9 million people at risk of water and sanitation service disruption due to conflict-related damage or breakdowns. UNICEF's response included providing water treatment chemicals, rehabilitating infrastructure, developing alternative water sources and securing necessary supplies, including hygiene kits.

Successful gender mainstreaming was achieved in emergencies in Myanmar. UNICEF worked with the Child Protection and Gender-Based Violence sub-clusters to train 950 WASH field staff across camps in Rakhine State, installed solar lighting in sanitation areas and partitioned water and sanitation facilities by sex for exclusive use by women and girls. UNICEF also procured and delivered hygiene and dignity kits that allowed women and adolescent girls to manage their menstrual hygiene (and potentially also incontinence) with reusable cloth or disposable sanitary pads. Overall, UNICEF provided MHM materials to 1.4 million women and girls in humanitarian settings in 2015.



On 15 April, a boy carrying a pail of water on his head smiles in the Dar es Salam camp in the Baga Sola area, in the Lake Region. UNICEF has constructed 11 boreholes, as well as more than 200 latrines and 100 showers, and is supporting hygiene activities in the camp, which currently shelters more than 4,900 Nigerian refugees.

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PROGRAMME AREA 6: ENABLING ENVIRONMENT

This section covers components related to the Strategic Plan output C on enabling environment and F on global and regional work (enhanced global and regional capacity to accelerate progress in safe WASH practices). It contributes to all the strategic outcome indicators.

Table 9. Programme Area 6: Enabling environment

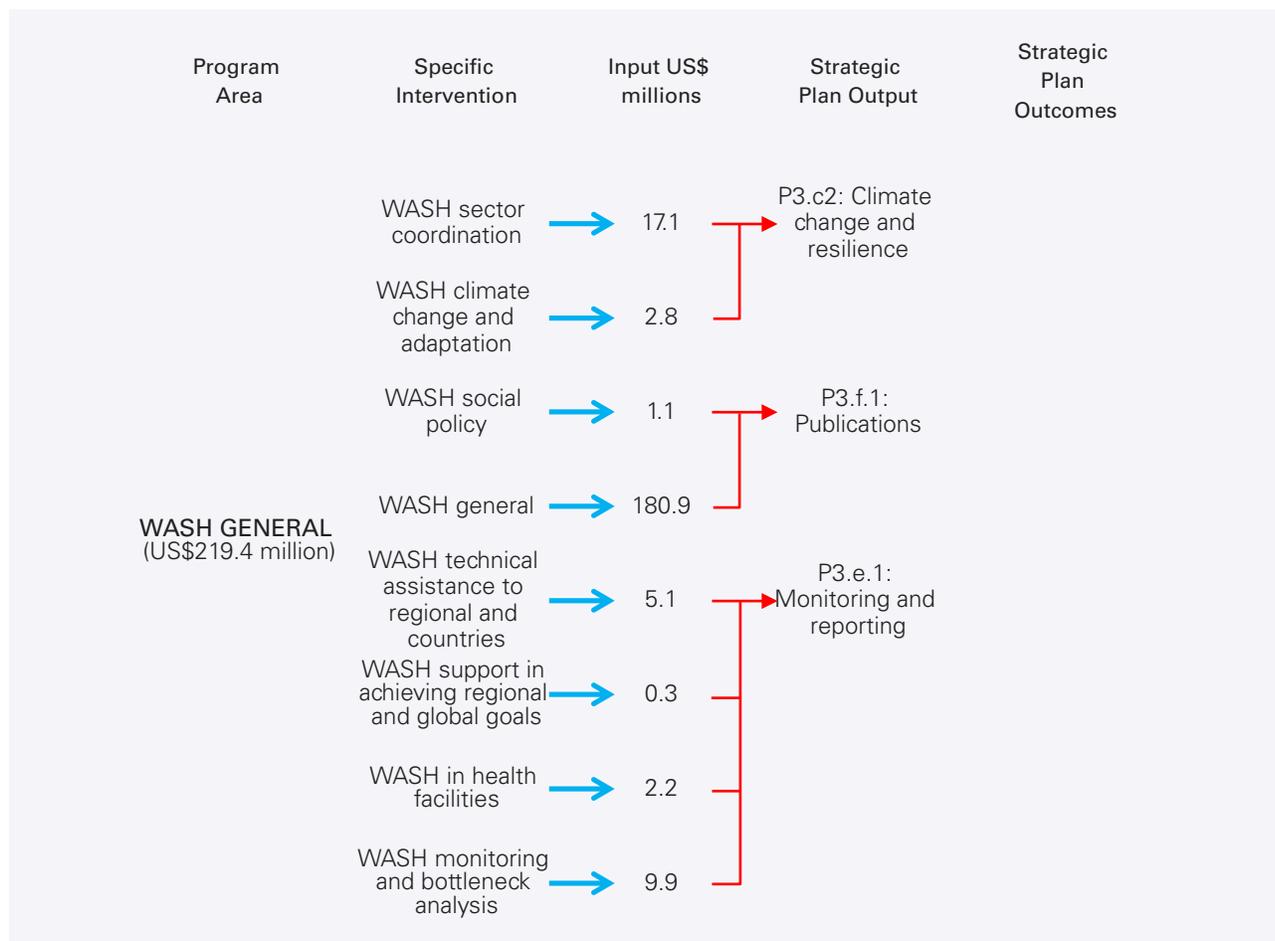
Indicators	2014 baseline	2015 target	2015 value
Countries with national monitoring systems reporting on equity of access to WASH services	37	40	41
Countries integrating climate resilient development and/or risk management strategies into WASH sector plans	55	60	54
Number of peer-reviewed journal or research publications by UNICEF on WASH and children	23	32	45
Number of key global and regional WASH initiatives in which UNICEF is the co-chair or provides coordination support	05	05	05

Table 9 shows that a number of the targets on the enabling environment have been exceeded including for countries with systems reporting on equity and number of peer-reviewed papers or research publications. The target has been met for the number of initiatives where UNICEF is the co-chair or provides coordination support.

The schematic below illustrates the total amount spent for this programme area in 2015 and a breakdown per specific intervention.

FIGURE 25

Schematic for Programme Area 6: Enabling environment



In 2015, UNICEF worked closely with governments and partners to increase evidence-based advocacy for legislation and policy reform, and improve financing for planning, coordination, monitoring and evaluation and capacity building.

WASH sector coordination, policy

Ongoing UNICEF advocacy and technical support for governments in developing national policy and strategy instruments shaped the WASH policy environment in a number of programme countries in 2015.

- Policy and legislation achievements: Water Code adopted by Parliament (the Democratic Republic of the Congo); National WASH Policy 2015–2030 (Papua New Guinea); National Standards for WASH in Schools (Mongolia); Rural WASH Policy (Solomon Islands); WASH in Schools Policy (Kiribati); National WASH Policy (the Sudan); Water Resources Policy (Sierra Leone); Norms and Requirements for WASH in Schools, Dormitories and Kindergartens (Mongolia).

Innovative Finance for WASH meeting in West and Central Africa (15–17 December, Dakar)

UNICEF, AMCOW and the Government of Senegal convened the First Regional Meeting on Innovative Finance for WASH in West and Central Africa. The meeting brought together 153 participants from 25 countries, representing resource partners, international financial institutions, commercial banks, governments, the private sector, the financial industry and other actors to explore how private sector and domestic financial resources can be mobilized to ensure equitable access and sustainable management of water and sanitation for all. The aim was to find new mechanisms to raise the estimated US\$20–30 billion that the WASH sector needs annually to bring universal access to water and sanitation to West and Central Africa.

- Strategies: National Water Strategy (Vanuatu); National WASH Strategy and Investment Plan (Mongolia); National Sustainability Strategy for Rural Water Supply (United Republic of Tanzania); National Strategy to End Open Defecation (Afghanistan); National-level ODF Strategy (Pakistan); National ODF Strategy (Zambia).
- National and subnational planning: Rural WASH National Action Plan (2016–2018) (Cambodia); ONE WASH Sector Development Plan (Nepal); District water and sanitation plans (Mozambique); Joint Sector Review and strategy and action plan development (Myanmar and Lao People's Democratic Republic).

UNICEF helped broker significant new sector financing from national government sources (in Pakistan, Rwanda, Sri Lanka and the Sudan), new private-sector sources (in Nepal, Lao People's Democratic Republic and Zimbabwe) and international financial institutions (in the Central African Republic, Haiti, Mongolia and Viet Nam). UNICEF also successfully leveraged new public funding for sanitation in several countries (see *Programme Area 2: Sanitation*). To tackle the existing sector-financing gap, UNICEF initiated a review of global efforts to leverage resources for WASH and a multi-country study on the allocation and utilization of public WASH financing in Indonesia, Mongolia and Viet Nam, which highlighted weaknesses in current practices. UNICEF also included sector financing as a key plank for UNICEF action within the new global strategy for WASH.

WASH and climate resilience

Many countries are experiencing significant climate change, including altered weather patterns, decreasing water availability and increased frequency of extreme weather events, such as droughts and floods. Given the negative impacts on the sustainability of WASH services, UNICEF is increasing its focus on support for climate-resilient WASH development. This requires increasing knowledge and developing the protection of water resources, adapting to increased water scarcity, and creating disaster-resilient water and sanitation technologies and systems. Globally, UNICEF, in collaboration with Global Water Partnership, launched a Strategic Framework for WASH Climate Resilient Development, as well as two Technical Briefs during World Water Week 2015.

As part of this effort, UNICEF is supporting aquifer recharge projects in several programme countries. In Lebanon, UNICEF worked in partnership with the Government and the private sector on a feasibility study of aquifer recharge opportunities at several sites across the country. In Gaza, UNICEF supported the construction of an infiltration pond to improve flood management and infiltration boreholes to help recharge the highly depleted coastal aquifer and reduce seawater intrusion. In Bangladesh, a managed aquifer-recharge system that captures water during monsoon season, purifies it and stores it underground now provides nearly 20,000 children with climate and disaster-resilient sources of water.

UNICEF continued to advocate for improved information on water resources. In Liberia, UNICEF supported the Ministry of Public Works to undertake a hydrogeological investigation, not only for borehole drilling purposes, but as an essential step towards hydrogeological mapping that will identify subsequent water resources for future development. And in Maharashtra, India, UNICEF used real-time groundwater monitoring to predict the probability of occurrence and intensity of droughts, the quantity of groundwater in the aquifer, runoff from the catchment, and cropping and irrigation intensities.

In Malawi, UNICEF launched a programme to help the country's water-users associations and water-point committees adapt to climate change. Community-managed groundwater and surface water monitoring stations were established and monitoring assistants were trained to track the quality of water resources across five districts.

In Ethiopia, UNICEF used a remote sensing satellite to assess deep groundwater availability in an arid and geologically complex area of the country. Three deep boreholes were drilled and now serve 100,000 people and their livestock, reducing dependence on expensive trucked-in water.

And in the dry zone areas of Myanmar, UNICEF supported the rehabilitation or construction of community-managed water supply systems along with a household water metering system. This system has been expanded to 112 rural villages and in 2015 was adopted by the Department of Rural Development as an approach for sustaining water supply schemes for rural communities.

Climate change presents a dire risk to fresh groundwater in Kiribati. The country, already plagued by some of the lowest access to improved drinking water in the world, now is in danger of becoming uninhabitable. UNICEF is working with the Ministry of Public Works and Utilities and island councils across 16 of the drought-prone atolls of Kiribati to install rainwater-harvesting systems with safe storage facilities to improve access to safe drinking water for more than 20,000 people. Rainwater harvesting is also supported by UNICEF in Kenya, Indonesia, Liberia and Uganda, and is part of broader interventions on disaster risk reduction and environmental sustainability.

Knowledge management and evaluation

UNICEF efforts to strengthen knowledge management continued, emphasizing research, programme evaluation and the documentation of lessons and highlights from UNICEF's rich field experience in countries around the world.

In 2015, UNICEF published 20 papers in peer-reviewed, high-impact journals including *The Lancet Global Health*,

Examples of UNICEF's peer-reviewed journal papers published in 2015

- Community-led sanitation intervention impact on child diarrhoea and child growth in a rural cluster-randomized controlled trial in Mali: *The Lancet Global Health*
- A cross-sectional analysis of surveys of household sanitation and personal hygiene practices associated with child stunting in rural India: *British Medical Journal Open*
- Microbiological Contamination of Drinking Water Associated with Subsequent Child Diarrhea: *The American Journal of Tropical Medicine and Hygiene*
- Water, sanitation, and hygiene in schools in low socio-economic regions in a cross-sectional survey in Nicaragua: *International Journal of Environmental Research and Public Health*

Best of UNICEF Research 2015

UNICEF is increasingly required to generate evidence to improve policies and programmes. The Best of UNICEF Research competition plays an important role in increasing the quality of UNICEF research and sharing organization-wide learning. Successful research, such as a study of sanitation in Mali documenting the use of a randomized control trial to assess the impact of CATS in reducing open defecation, will help shape future strategies and improve overall effectiveness.

The British Medical Journal and *The American Journal of Tropical Medicine and Hygiene*. UNICEF supported and edited a special issue on MHM in *Waterlines Journal* (vol. 34, no. 1), which included research and practitioner articles on girls' experience managing menstruation; the use of play-based research methods to talk about sensitive issues; efforts to involve boys and men in MHM; and tried and tested methods to support girls in school.

In 2015, UNICEF country and regional offices published a range of guidelines, working papers, case studies and other materials. The Learning Series on Sanitation and Hygiene has produced 12 field notes from the Eastern and Southern Africa region on topics including CLTS in fragile contexts, sanitation in small towns, mobile-enabled sanitation and hygiene programming, supply chains, sanitation marketing and hand washing with soap.

UNICEF regional offices in West and Central Africa, Eastern and Southern Africa and Latin America and the Caribbean increased their capacity for knowledge management in 2015, signalling the strategic importance of building a culture of knowledge and evidence across UNICEF's WASH programme in order to help governments and partners make decisions based on sound evidence of what works at scale.

UNICEF maintained momentum on research in 2015, including through collaboration with partners in a number of ongoing research initiatives. The studies include: MHM with Emory University and Columbia University; water security for the poor with an Oxford University consortium funded by the United Kingdom's Department for International Development (DFID); and sanitation implementation models in collaboration with IDinsight and the Bill & Melinda Gates Foundation. UNICEF officials participated in a number of key sector conferences in 2015, including the Water, Engineering and Development Centre (WEDC) Conference, Water and Health Conference and the REACH Conference.

WASH evaluations completed in 2015

- WASH Sustainability Checks: Benin, Ethiopia, Ghana, Malawi, Mali, Mauritania, Mozambique and Zambia
- Value for Money analysis of DFID-funded WASH programmes: Bangladesh, Cambodia, Myanmar, Nepal, Nigeria and Zambia
- Mongolia: WASH in Schools and kindergartens project evaluation
- Angola: CLTS programme review
- Kenya: CLTS and sustainability assessment
- Surinam: Rural WASH programme evaluation
- Timor-Leste: WASH programme evaluation
- Lao: WASH programme evaluation
- India: CATS review in Odisha and Poo2Loo media campaign study
- Mali: WASH in Schools programme and impact evaluation as well as a CLTS impact evaluation

Mali WASH in Schools evaluation

Mali implemented a countrywide programme of WASH in Schools during 2011–2014 in 916 schools through a partnership of CARE Mali, Oxfam GB, Save the Children USA, UNICEF Mali and WaterAid Mali between 2011 and 2013. An impact evaluation performed by Emory University in 2015 found a high level of effectiveness related to improved water supply and clean sanitation, availability of hygiene materials, eradication of open defecation, hand-washing behaviours and functionality of school management committees. The level of sustainability more than two years after programme completion was high in areas of water supply and eradication of open defecation and relatively high for hand washing and hygiene materials. The programme impacted positively on pupils' self-reported diarrhoea, respiratory infections and absence due to diarrhoea. The evaluation piloted an innovative modelling strategy analysing pupils' blood sample analysis to track diarrhoea among school-age children.

Collaboration with the London School of Hygiene and Tropical Medicine and the Sanitation and Hygiene Applied Research for Equity (SHARE) Research Programme Consortium helped UNICEF in the use of evidence and research uptake in WASH policy and practice in 2015. SHARE provided an Evidence Paper regarding the development of WASH strategy and ran an e-course on 'Shaping WASH policy and practice: Research into action' for 50 UNICEF participants.

In 2015, UNICEF and the International Resource Centre signed a regional partnership on Knowledge Management and WASH Sector Learning in West and Central Africa Countries. Nine country assessments were undertaken to identify current initiatives, existing capacity and strengthen gaps in demand. This initiative will guide a range of joint actions in five regional countries.

UNICEF stresses programme monitoring and comprehensive evaluation of the WASH programme. In 2015, 18 such reviews covered a wide range of WASH sub-sectoral themes.

In 2015, UNICEF supported the Government of Pakistan in an independent review of achievements of the large-scale sanitation programme. The outcomes of this evaluation were used to refine provincial programmes, both of the Government and sector partners, and further guide efforts to eradicate open defecation. UNICEF country offices continued to conduct Value for Money studies of UNICEF and national programmes.

Support to regional and country offices: Capacity building

Strengthening the capacity of people and institutions is at the core of UNICEF WASH programming. In every country with a significant WASH programme, UNICEF sponsors a range of inclusive capacity-building initiatives annually. Examples of this in 2015 include:

- In Angola, UNICEF, the European Union, the World Bank and the Government continued a partnership to create a training centre that will address the national shortage of qualified water and sanitation technicians;
- In Ethiopia, UNICEF facilitated the development of improved WASH curricula for Technical and Vocational Colleges in four regions;

- In Bangladesh, more than 3,289 government staff at national and sub-national levels participated in training programmes on hygiene promotion, managed aquifer recharge construction and monitoring, integrated WASH services management, and operation and management of school WASH facilities; 5,984 community members were trained in water safety planning, hygiene promotion, operation and management of school WASH facilities and other areas;
- In the State of Palestine, 130 staff gained knowledge on the large-scale water trucking coupon database management system;
- In Zimbabwe, capacity development focused on operation and management of WASH infrastructure and hygiene promotion for 4,018 water-point committees, 602 sanitation action groups, 1305 community health clubs, 1225 village pump mechanics, 2135 latrine builders, 821 school health clubs and 1,316 school health teachers.
- In Egypt, as a part of the UNICEF capacity-building support to the Holding Company for Water & Wastewater, 162 staff members working in the Awareness Department of in 23 governorates' water companies gained improved skills in customer service and monitoring and planning of awareness activities. UNICEF also contributed to the skill and capacity development of 43 staff members from the Water Company and local authorities in Minia in order to improve management and sustainability capacity of the revolving fund mechanisms.

UNICEF facilitated South-South exchanges, using its global reach to bring together key actors from multiple countries. This included exchange visits from Cambodia to South Korea on school WASH; Lesotho and the United Republic of Tanzania to Zambia on monitoring, school-led sanitation and faecal sludge management for informal urban settlements; Pacific (Fiji, Kiribati and Vanuatu) to Lao People's Democratic and Sri Lanka on the Three Star Approach on school WASH; Cameroon to Rwanda on policy development; and Congo to the Democratic Republic of the Congo on the Healthy Villages and Schools programme.

In many cases, the visits led to innovation and new ways of working: in West and Central Africa, inter-country training has expanded and strengthened the manual drilling sector, and in Ethiopia cooperation with Brazil is driving the introduction of a condominium sewerage system.

UNICEF also continued to support long-running efforts to build capacity for emergency coordination and response among staff and partners. In 2015, five WASH in emergencies trainings were held in Bangkok, Havana,

Dublin (for stand-by partner agencies) and Kathmandu, training a total of 146 people.

The first WASH Sector Enabling Environment training was undertaken in West and Central Africa in September 2015 with the participation of 20 countries and covered modules on WASH Sector Planning, Policies, Budgeting & Finance, Accountability, Coordination, and Monitoring. An Enabling Environment self-assessment of countries was completed as part of the pre-training preparation, which has provided a useful overview of the regional situation.

Partners and partnership frameworks

UNICEF works with a range of development partners at national, regional and global levels. This includes the United Nations family, international financial institutions, NGOs, foundations, faith-based groups, legislators and academia. UNICEF also plays an active role in key sectoral partnerships and coordination mechanisms, including (SWA), the IASC cluster system, the JMP and regional bodies such as the African Ministers' Council on Water. Nationally, UNICEF works with and strengthens civil society organizations to facilitate engagement with

WASH and faith-based partners

Faith-based organizations and religious groups are important global partners in UNICEF's work on WASH. In 2015, in collaboration with Alliance of Religions and Conservation, UNICEF published 'Putting Clean Hands Together', showing on how various religious beliefs impact WASH. In Indonesia, UNICEF worked with Majelis Ulama Indonesia, or the Indonesian Council of Islamic Scholars, to provide guidance on WASH in Islamic teaching. This resulted in the Council, UNICEF and the Government developing detailed spiritual direction on the issue of WASH and urging strong and sustained behaviour change around WASH practices. A new Fatwa on WASH and Zakat (charity funds) allowed support to the poorest and most vulnerable families for WASH services. In India, more than 70 faith leaders promoted sanitation issues and the prevention of violence against children. And in Bhutan, UNICEF partnered with the Comprehensive School Health Division and the Bhutan Nuns Foundation to train nuns from 10 nunneries on the construction of reusable sanitary napkins to help increase girls' school attendance.

communities, influence societal change and act as advocacy partners to inform policy change.

UNICEF and the United Nations Foundation commissioned official development assistance to produce a discussion paper and hold a stakeholder consultation on areas of opportunity for greater engagement with the private sector in WASH. At the country level, UNICEF worked with the private sector on public-private partnerships promoting handwashing with soap in Pacific Island countries, installing water supplies in schools and kindergartens in Sao Tome, operating and maintaining water systems in Madagascar, and on peer-to-peer capacity building related to sanitation and water in Angola.

In 2015, UNICEF also continued to host the SWA secretariat and work within and support the partnership in a number of ways. Acting on the recommendations of an external review and in response to the SDG agenda, SWA increased its outreach to middle-income countries and deepened its engagement with other key sector stakeholders in 2015. As a result, SWA welcomed Costa Rica and Mexico to the countries' constituency, together with the Centre for Global Safe Water, Sanitation and Hygiene at Emory University and the Learning and Research Institutions constituency. SWA also made new high-level appointment in October 2015: Catarina de Albuquerque as the Executive Chair of a new steering committee and Kevin Rudd as SWA Chair, replacing John A. Kufuor, who had led SWA since its founding in 2010. The third SWA Partnership Meeting was held in The Hague in November 2015, where 90 SWA partners discussed SWA's role within the global context of the new SDGs. SWA also launched a comprehensive report on progress towards the commitments made at the 2014 high-level meeting.

WASH in health-care facilities

In 2015, WHO and UNICEF launched a major multi-country landscape report, 'Water, Sanitation and Hygiene in Health-Care Facilities: Status in low and middle-income countries and way forward'. Drawing on data from 54 low- and middle-income countries, the report concluded

that 38 per cent of health-care facilities lack access to even rudimentary levels of water, 19 per cent lack sanitation and 35 per cent do not have water and soap for hand washing. When a higher level of service is factored in (such as running water), coverage levels are significantly lower. The report was discussed at a meeting at WHO headquarters, which led to a plan of action to address the most pressing needs and ensure that all health-care facilities receive WASH service. In 2015, UNICEF established a web-based knowledge portal to support the joint coordination of a global action plan for WASH in health. The lack of safe water in health facilities contributes to maternal and newborn mortality.

At country and regional levels, UNICEF supported studies to fill the information gap on WASH in health-care facilities in developing countries. This included a 14-country study in West and Central Africa on access to water and sanitation in obstetric facilities and a United Republic of Tanzania WASH study on low sanitation coverage districts. The severity of WASH in health-care facilities resulted in UNICEF flagging this issue as a new area of intervention for the 2016–2021 Country Programme. In Zambia, UNICEF helped develop an innovative WASH package for health-care facilities, including standards for WASH facilities, operating procedures for infection prevention and control, and a training curriculum that is now being scaled up.

Monitoring, WASH BAT and MoRES

In 2015, seven countries undertook WASH BAT analyses with UNICEF support. UNICEF Guinea-Bissau, for example, engaged with partners in a WASH BAT and created a platform for dialogue and discussion. It fostered a process of water and sanitation policies revision and orientations. In Swaziland, UNICEF supported the Ministry of Health and Environmental Health to conduct a Rural Sanitation Bottleneck Analysis, which allowed the sector to reflect on existing challenges and the elimination of sustainability bottlenecks. This informed the Sanitation and Hygiene Strategy (2016–2018) and ensured equity in sanitation and hygiene programming and budgeting.

Monitoring rural WASH coverage in the Solomon Islands

In the Solomon Islands, UNICEF and WaterAid supported the rural WASH survey using the Akvo FLOW mobile data collection systems on smartphones. The results were displayed on a map, graphs, reports and the online Akvo FLOW dashboard, and will provide timely and accurate information on rural WASH coverage and the basis to measure progress in the future. The process has been designed to ensure that data can be integrated with the District Health Information System (DHIS-2) as part of the establishment of ongoing monitoring system.

In order to increase the staff's capacity to implement country-level approaches, UNICEF's MoRES team developed a technical note that applied to WASH, along with four case studies in Benin, Mozambique, Pakistan and Zambia. In Bangladesh, 21 local government institutions used MoRES to help identify bottlenecks and better address the sector-related challenges. In Pakistan, MoRES identified key bottleneck factors preventing access by the poorest, most marginalized women and children to improved sanitation and better hygiene practices in rural areas.

MOBILE TO WEB MONITORING

In a growing number of countries, UNICEF is working with governments, mobile phone carriers and other partners to develop innovative mobile and real-time monitoring solutions that improve data collection and provide greater opportunities for inclusive public engagement in monitoring. Mobile monitoring technologies can also be critical in gathering good-quality data in the face of crisis and insecurity. In 2015, pilots launched in several countries, including Ghana, Madagascar and Zambia. In Bangladesh, UNICEF supported the operationalization of the National Water Point Mapping, collecting data from 140,000 public and private water points and adding to the database. To help ensure greater coordination in the area of mobile monitoring, UNICEF partnered with the Global Water Challenge, the World Bank's Water and Sanitation Program and the Dutch Ministry of Foreign Affairs to harmonize initiatives globally.

Joint Monitoring Programme for Water Supply and Sanitation (JMP)

In 2015, the WHO/UNICEF JMP for Water Supply and Sanitation was critical in shaping the emerging SDG agenda and the structure of the targets on water and sanitation post-2015. The JMP worked with UN Water and other partners to actively engage with countries in formulating indicators and frameworks for monitoring the SDG targets, to integrate targets into national planning instruments and develop new financing mechanisms and innovative approaches towards achieving universal access to WASH services.

The JMP published the 2015 Progress Update Report, which provided water and sanitation coverage estimates for the endpoint of the MDG period, as well as introduced new data and analysis on disparities, water quality and hand washing. In 2015, the JMP also produced an 'MDG Assessment Snapshot: A summary of the key facts'; a 'Post-2015 Brochure and Methodological Note on SDG Monitoring' and a set of regional and sub-regional snapshots using JMP data to show the geographic, urban-

rural, and income-level disparities in access to water and sanitation across countries at the regional level. These regional publications highlight progress and critical gaps and are used to help policy dialogue and advocacy for improved and equitable quality of WASH services.

The JMP also developed a module for monitoring water quality in nationally representative household surveys, including UNICEF's MICS, and field-tested it in Bangladesh, Belize, Congo and Nepal. The module will gauge the extent of water contamination (for E. coli and priority chemical contaminants such as arsenic and fluoride), and complement parallel initiatives to assess risk management measures, such as water safety plans or sanitary inspections. In Belize, the UNICEF MICS and JMP, in collaboration with the Statistical Institute of Belize, piloted new questions on the disposal practices at onsite sanitation facilities and MHM, and also evaluated the potential benefits of photographing WASH facilities. Refining approaches used in household survey questions will be central to efforts to generate baselines for the new SDG targets. The new module will be used in Round 6 of the MICS, which is currently being planned. The UNICEF-WHO joint Water Safety Planning and Post 2015 WASH Monitoring workshop in Bangkok provided an opportunity for 120 government representatives, United Nations officials, research institutions and NGOs from 19 countries to learn about the SDG WASH targets and indicators, and consider actions plans for strengthening national monitoring systems to address SDG targets and indicators.

CONSTRAINTS AND CHALLENGES

Despite the significant progress achieved in 2015, funding shortfalls, staffing gaps, the need to prioritize heavy workloads and other constraints hindered the capacity to deliver some results. Emerging programmatic issues including mainstreaming cross-sectoral work in WASH and rolling-out new initiatives with regional and country offices also resulted in delays in carrying out planned work.

In anticipation of the SDGs, UNICEF began making programmatic shifts, with focus on improved access in terms of the safely managed water and sanitation services. The starting year of the SDGs presents the challenge, but also the opportunity, of supporting governments to internalize the targets, indicators and definitions in their sectoral policies, strategies, plans and budgets, as well as in their national sectoral monitoring systems. UNICEF is working to shift programming to work towards the SDGs, focusing on improved access of safely managed water and sanitation services. Additional efforts to develop guidance and checklists to support country process for planning for SDGs are needed in the coming year.



Manual drillers drill for water in Western Democratic Republic of the Congo. UNICEF is supporting the professionalization of the manual drilling sector in the DRC in order to improve the sustainability of boreholes and water pumping systems.

UNICEF/DRC/2015/KimThomas

The lack of quality data on WASH in Schools continued to be a barrier to monitoring levels of access. There is a need to better align WASH and education monitoring systems to reduce those barriers. UNICEF will continue to support countries to ensure that appropriate data are expanded and available to best serve programming for SDGs.

UNICEF will also promote strengthening sanitation efforts in order to eliminate open defecation and move households up the sanitation ladder. However, the lack of quality data at country level prevents good analysis for developing policy and strategy change. In South Asia, with regard to the headline result of reducing the number of open defecators by 120 million by 2017, and elimination beyond that date, the greatest challenge lies in accelerating progress in the places with the largest numbers of people without toilets, especially the States of Uttar Pradesh and Bihar in India. Globally, existing social norms are one of the critical aspects in achieving sustainable improved sanitation and hygiene behaviour. Addressing social norms requires adequate capacity and resources to reach out to the poorest and most remote communities –and to ensure follow-up and monitoring well beyond interventions. Lack of adequate capacity in these areas holds back some results.

Disparities between and within countries remain one of the main challenges with respect to improving the enabling environment for WASH. This links to generally low public financing for rural water, sanitation and hygiene, with limited transparency in budget and expenditure issues at national and subnational levels. There is also a need to strengthen effective coordination mechanisms between key ministries, implementing partners, donors and the proliferation of projects and approaches. There must be dedicated efforts in strengthening partnerships for private sector resources.

Finally, many of the countries with large WASH programmes are heavily exposed to a wide range of geological, hydrological and climatic hazards, which necessitates strong local capacity for emergency preparedness, response and resilience. Successful emergency response is constrained by timely identification of and dramatically increased demands for deployment of internal and external WASH emergency professionals. UNICEF will work to address these challenges by developing stronger human resource rosters and strengthening partnerships with institutions capable of high-capacity support of sudden humanitarian crises.

FINANCIAL ANALYSIS

The year 2015 saw unprecedented political and public resolve – including the adoption of the Sustainable Development Goals (SDGs) – to address some of the greatest global challenges. Also known as Agenda 2030, the SDGs are of great importance to children and the work of UNICEF for the coming 15 years. They set multiple, ambitious, child-centred targets that demand significant and sustained investment for the long term. To be fit for purpose in this evolving context, UNICEF revised its Strategic Plan 2014–2017 resource requirements by outcome area from the US\$14.8 billion originally planned to US\$17 billion.

Table 10. Strategic Plan integrated results and resources framework by outcome area, 2014–2017: Updated planned amounts (US\$ millions)

Outcome	Planned 2014–2017		
	Regular resources	Other resources	Total resources
Health	1,023	3,760	4,783
HIV and AIDS	183	671	854
WASH	548	2,014	2,562
Nutrition	365	1,343	1,708
Education	730	2,686	3,416
Child protection	438	1,611	2,050
Social inclusion	365	1,343	1,708
Totals	3,652	13,429	17,081

Of the two main types of resources, ‘regular resources’ are unearmarked, unrestricted funds that help UNICEF respond rapidly to emergencies, maintain programme continuity, identify and address the root causes of inequity, and deliver services in the most remote and fragile contexts. Because regular resources are not earmarked for a specific programme, they can also provide seed capital to develop innovative approaches to some of the world’s most challenging issues and ensure a credible reach and specialized expertise on the ground.

Thanks to these foundational resources, UNICEF and partners can bring solutions to scale and contextually replicate them through additional and complementary earmarked funds or ‘other resources’, which include pooled funding modalities such as thematic funding for UNICEF Strategic Plan outcome and cross-cutting areas. These other resources are restricted to a particular programme, geographical area, strategic priority or emergency response. Flexible and predictable other resources should complement a sound level of regular resources for UNICEF to deliver its mandate.

In 2015, funding to UNICEF was over \$5 billion for the second year in a row, thanks to the organization’s loyal and new resource partners. At the same time, slowing economic growth and currency fluctuations – particularly of major European currencies and the Japanese Yen vis-à-vis the US dollar – resulted in an overall decrease of 11 per cent of regular resources compared to 2014. Totalling US\$1,174 million, this was the lowest level of regular resources in four years. At 23 per cent of overall revenue, this was the lowest level of regular resources in UNICEF’s history, down from 50 per cent at the turn of the new millennium. Unearmarked contributions from public sector resource partners decreased by 17 per cent. As a result, UNICEF relied more heavily on softly earmarked funding streams for delivery of critical and otherwise underfunded programmes and activities.

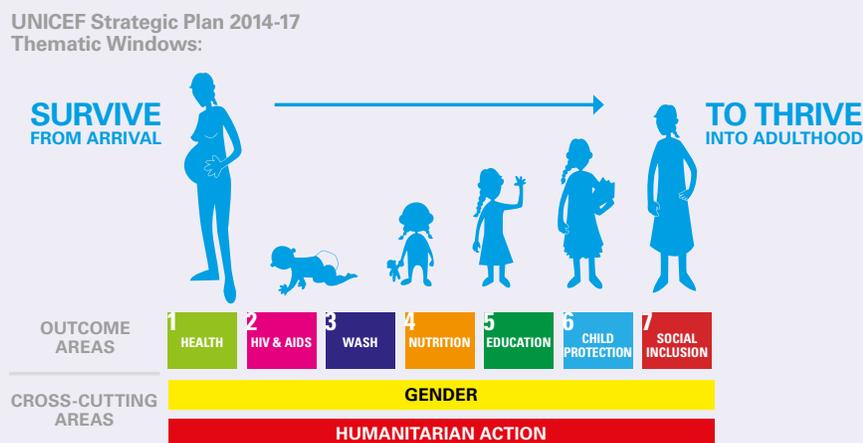
Of the US\$5,010 million of UNICEF’s revenue in 2015, US\$3,836 million was earmarked. Of these other resources, US\$390 million was softly earmarked as thematic, marking a 14 per cent increase from the US\$341 million in 2014. UNICEF’s Strategic Plan 2014–2017 called for partners to enhance funding aligned to the organization’s strategic mandate. The flexibility and potential predictability of thematic funding makes these pools an important complement to regular resources for both development and humanitarian programming and the links between the two. This is in line with the universal mandate of UNICEF and in support of country-specific priorities.

In 2015, UNICEF received US\$197 million total other resources for WASH (*see Figure 28*). The top three partners in this area of UNICEF’s work included the United Kingdom, Sweden and Canada (*see Table 11*).

* Data as of 1 April 2016.

The value of thematic funding (OR+)

While regular resources remain the most flexible contributions for UNICEF, thematic other resources (OR+) are the second-most efficient and effective contributions to the organization and act as ideal complementary funding. Thematic funding is allocated on a needs basis, and allows for longer-term planning and sustainability of programmes. A funding pool has been established for each of the Strategic Plan 2014-17 outcome areas as well as for humanitarian action and gender. Resource partners can contribute thematic funding at the global, regional or country level.



Contributions from all resource partners to the same outcome area are combined into one pooled-fund account with the same duration, which simplifies financial management and reporting for UNICEF. A single annual consolidated narrative and financial report is provided that is the same for all resource partners. Due to reduced administrative costs, thematic contributions are subject to a lower cost recovery rate, to the benefit of UNICEF and resource partners alike. For more information on thematic funding, and how it works, please visit www.unicef.org/publicpartnerships/66662_66851.html.

PARTNER TESTIMONIAL

Children are a priority on Sweden's international agenda. Sweden has a long tradition of standing up for children's rights. UNICEF has been working for children for almost 70 years, and is a key partner to Sweden in development cooperation and humanitarian assistance.

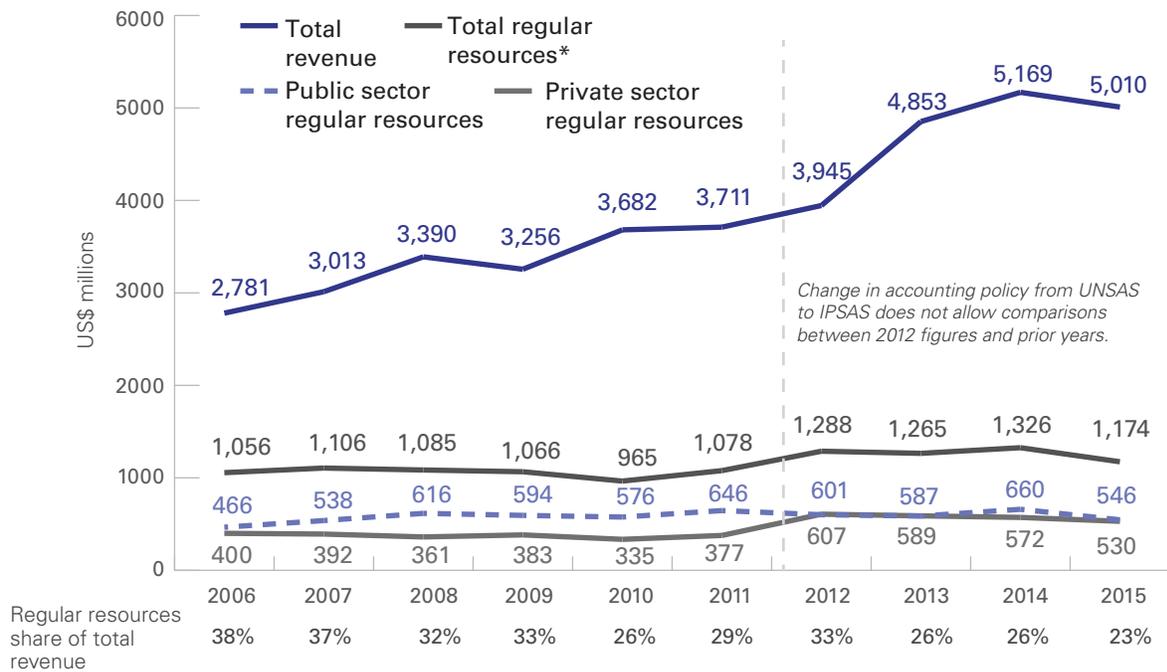
The most excluded and most vulnerable children are reached by UNICEF's thematic funding. As a form of un-earmarked programme support, Sida believes that this financing modality enhances effectiveness since it provides greater flexibility and the possibility to plan activities over the long term, while still being able to act quickly in the event of a crisis. Over the years, Sida's support to UNICEF has moved away from earmarked support towards fewer and larger contributions and increased thematic funding. This trend reflects Sida's confidence in UNICEF as an effective actor and a strong advocate for the implementation of children's rights.

Sida shares UNICEF's belief that all children have a right to survive, thrive and fulfill their potential - to the benefit of a better world. This means equal access to services and care that can make all the difference in children's lives. Children are the next generation who will help build the future. It is our mutual responsibility to give them the best possible conditions. Effectiveness should be the foundation of such an engagement.

Ms. Charlotte Petri Gornitzka -
Director-General, Sida (Swedish International Development Cooperation Agency)

Figure 26

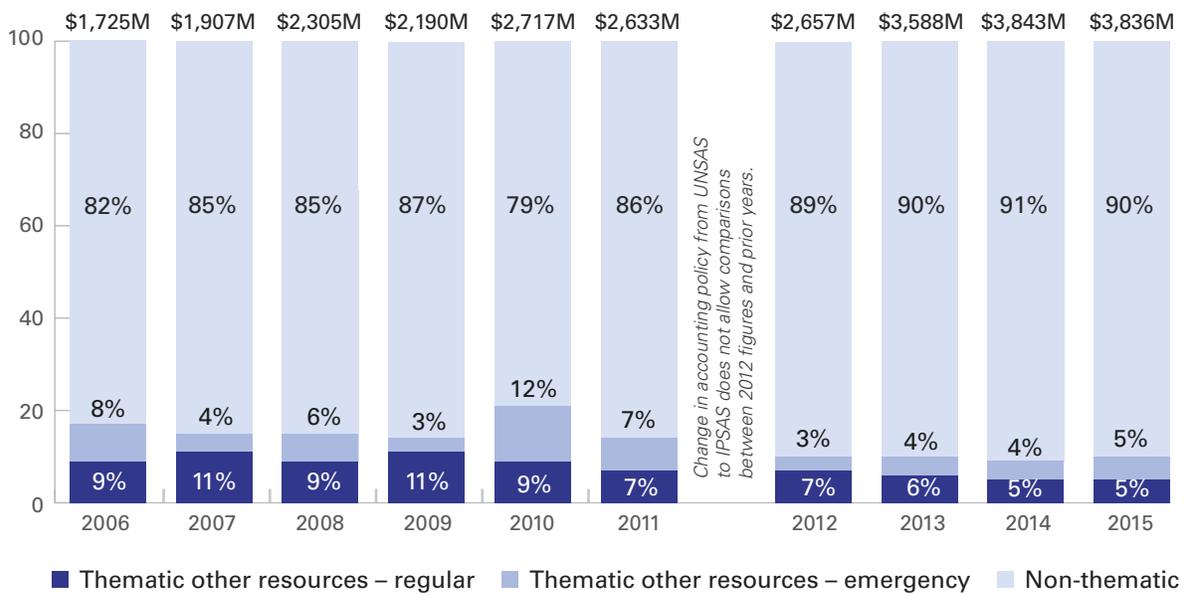
Regular resource share by resource partner category, 2006–2015*

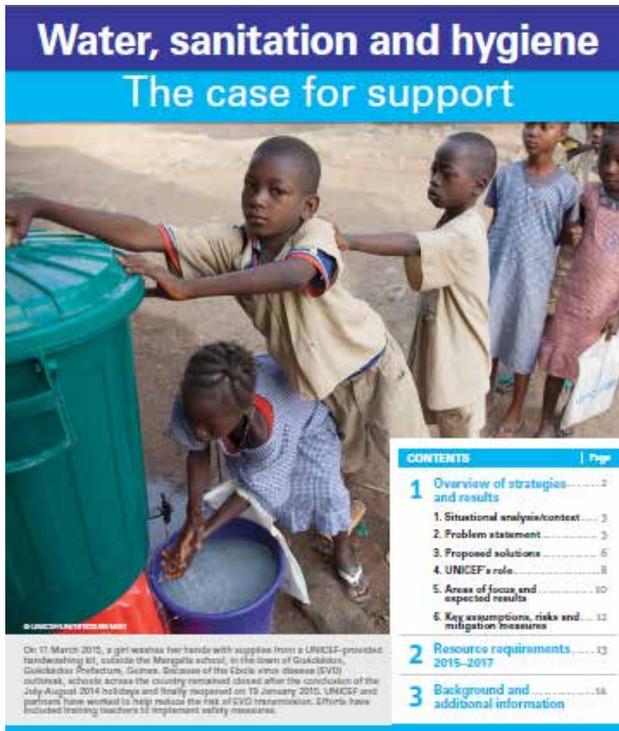


* Total regular resources includes other Revenue from interest, procurement services and other sources

FIGURE 27

Other resources, 2006–2015: Thematic vs. non-thematic (US\$)





Supporting UNICEF’s ability to deliver results for children

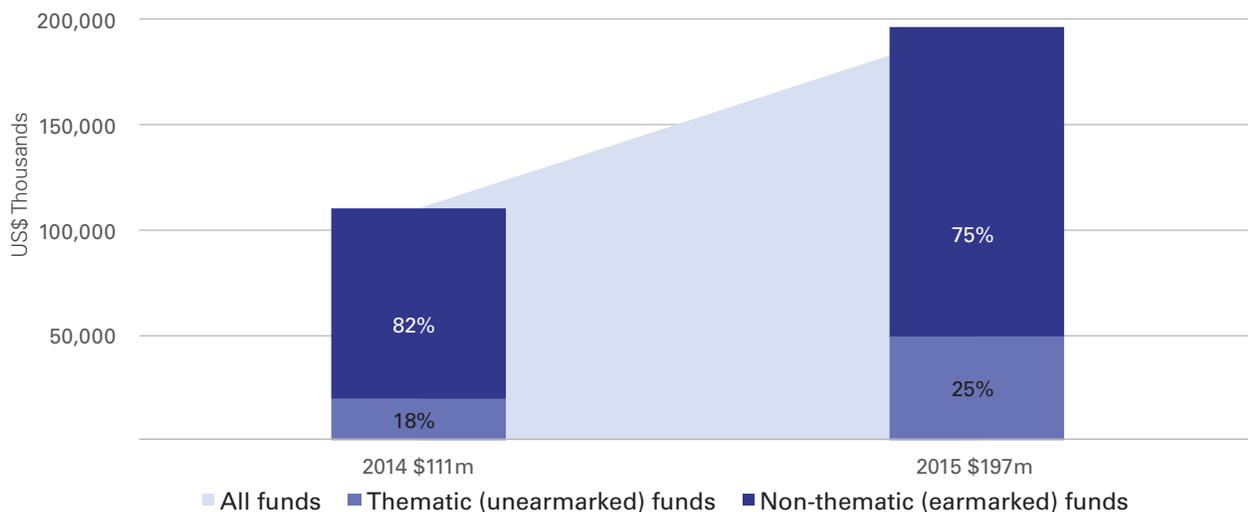
UNICEF’s *Cases for Support* make the case for investing in children, while also spotlighting how the organization is able to deliver robust returns on such investments – for children and for society at large.

Investments in the most vulnerable children not only improve their lives and fulfil the obligation to realize their rights, they also yield benefits for everyone. Improving children’s well-being – from providing essential health care and adequate nutrition and securing access to quality education, to protecting children from violence and exploitation – helps to break intergenerational cycles of deprivation that hamper economic development and erode social cohesion.

For each area, the Case describes the key results that UNICEF works to achieve and outlines the theory of change behind these results. This starts with an analysis of the situation of the world’s children, focusing on the challenges facing the most deprived, and an overview of the evidence-based solutions that UNICEF promotes. The Cases also focus on lessons learned from our experience across the world and draw attention to current risks and the measures needed to mitigate them. Finally, they detail the resources needed to achieve results and highlight current gaps in funding.

www.unicef.org/publicpartnerships/files/WASHTheCaseForSupport.pdf

Figure 28
WASH other resources funding trend, 2014–2015



* Regular resources are not included since they are not linked to any outcome or cross-cutting area at the time of contribution by a partner.

Table 11. Top 20 resource partners to WASH, 2015*

Rank	Resource partners	Total (US\$)
1	United Kingdom	67,203,707
2	Sweden	36,580,959
3	Canada	10,264,618
4	US Fund for UNICEF	6,728,760
5	Pooled Fund contributions (UNDP)	4,254,696
6	United Kingdom Committee for UNICEF	4,138,491
7	Norway	3,285,561
8	Netherlands	3,207,187
9	Switzerland	2,916,332
10	Australia	2,821,104
11	Republic of Korea	2,700,000
12	European Commission	2,658,580
13	Swedish Committee for UNICEF	2,350,609
14	United States of America	2,071,819
15	Russian Federation	2,000,000
16	German Committee for UNICEF	1,860,386
17	New Zealand	1,624,299
18	Japan Committee for UNICEF	1,577,927
19	Iceland	1,400,000
20	Pooled Fund contributions (WHO)	1,396,988

*Figures do not include financial adjustments.

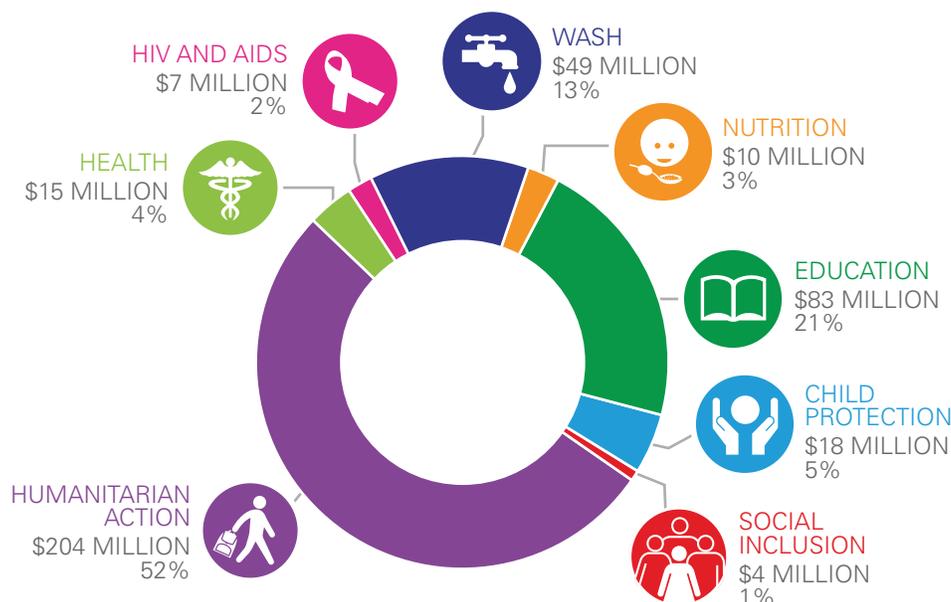
Table 12. Top 10 contributions to WASH, 2015*

Rank	Resource partners	Grant description	Total (US\$)
1	United Kingdom	Phase II WASH- Healthy Villages & Schools, Democratic Republic of the Congo	42,750,899
2	Sweden	Global Thematic funding for WASH (SP 2014–2017)	28,985,306
3	United Kingdom	Sanitation, Hygiene and Water in Nigeria (SHAWN Phase II)	12,684,854
4	United Kingdom	Sanitation and Hygiene Programme, Zambia	6,074,074
5	Canada	WASH, Haiti	4,659,766
6	The United Kingdom	One WASHPlus Programme, Ethiopia	4,237,870
7	Pooled Fund contributions (UNDP)	WASH-Water, Sanitation and Hygiene in Disaster Prone Communities, Ghana	4,122,696
8	Norway	Global Thematic funding for WASH SP 2014–2017	3,285,561
9	Sweden	Country Thematic funding for WASH in Mali, SP 2014–2017	3,260,115
10	Canada	Accelerated Sanitation, Ghana	3,222,020

*Figures do not include financial adjustments.

FIGURE 29

Thematic revenue share by outcome area and humanitarian action, 2015: US\$390 million



In 2015, UNICEF received US\$49 million in thematic contributions for WASH (see Figure 29), a 149 per cent increase compared to 2014.

Thematic contributions were 25 per cent of total other resources for WASH. Of thematic contributions to the sector, 77 per cent was given most flexibly as global thematic funding (see Figure 30).

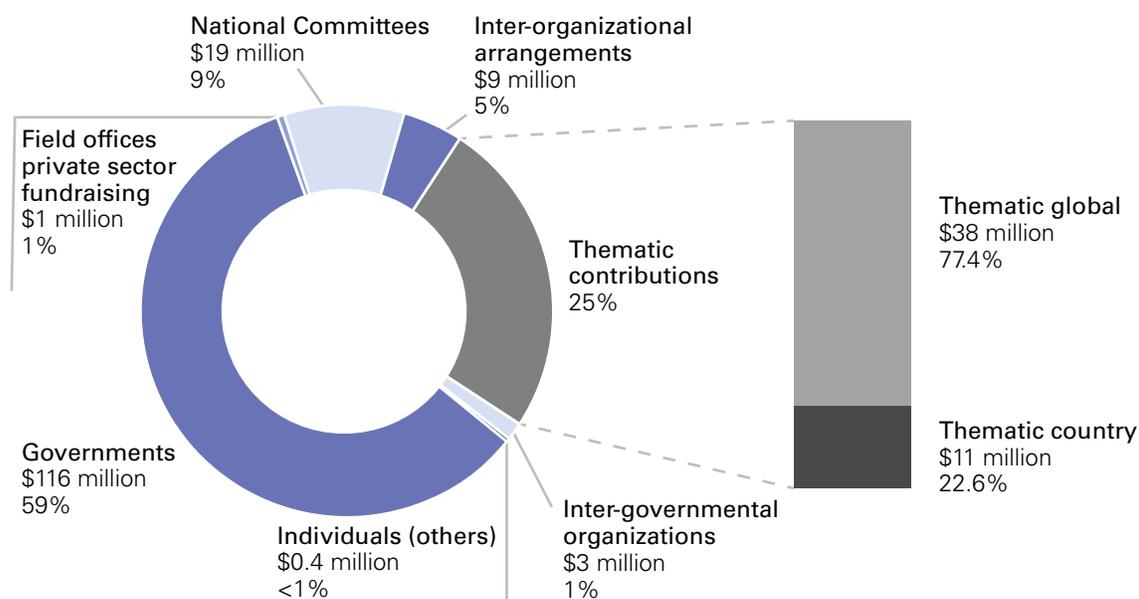
Eighty-four per cent of thematic contributions received for WASH came from four government partners (see Table 13). Sweden was the largest thematic resource partner, providing 72 per cent of all thematic contributions received, the majority most flexibly at the global level, as well as country-specific contributions to Bolivia, Mali and Zimbabwe.

Sizeable thematic contributions were also received at the global level from the Governments of Norway and Luxembourg and from the United Kingdom Committee for UNICEF. The Russian Federation provided country-specific contributions to Guinea, Liberia and Sierra Leone (see Table 13).

UNICEF is seeking to broaden and diversify its funding base (including thematic contributions). The number of partners contributing thematic funding to WASH increased from 17 in 2014 to 35 in 2015.

FIGURE 30

Other resources by funding modality and partner group, WASH, 2015: US\$197 million*



*Figures do not include adjustments.

Table 13. Thematic revenue to WASH by resource partner, 2015*

Resource partner type	Resource partner	Total (US\$)	Percentage
Governments 84%	Sweden	35,373,292	72.28%
	Norway	3,285,561	6.71%
	Russian Federation	2,000,000	4.09%
	Luxembourg	588,235	1.20%
National Committees 13%	United Kingdom Committee for UNICEF	2,207,483	4.51%
	Swedish Committee for UNICEF	920,168	1.88%
	Dutch Committee for UNICEF	785,634	1.61%
	United States Fund for UNICEF	405,802	0.83%
	Korean Committee for UNICEF	300,000	0.61%
	Belgian Committee for UNICEF	272,192	0.56%
	German Committee for UNICEF	263,889	0.54%
	French Committee for UNICEF	220,331	0.45%
	Australian Committee for UNICEF	180,375	0.37%
	Spanish Committee for UNICEF	160,877	0.33%
	UNICEF Ireland	122,553	0.25%
	Danish Committee for UNICEF	100,150	0.20%
	Finnish Committee for UNICEF	100,150	0.20%
	Czech Committee for UNICEF	91,245	0.19%
	Japan Committee for UNICEF	82,549	0.17%
	Hong Kong Committee for UNICEF	61,286	0.13%
	Portuguese Committee for UNICEF	60,993	0.12%
	Norwegian Committee for UNICEF	58,514	0.12%
	New Zealand Committee for UNICEF	20,030	0.04%
Polish Committee for UNICEF	13,718	0.03%	

Table 13. Thematic revenue to WASH by resource partner, 2015*

Resource partner type	Resource partner	Total (US\$)	Percentage
Field office private sector fundraising 3%	UNICEF-India	322,092	0.66%
	UNICEF-Malaysia	300,000	0.61%
	UNICEF-South Africa	255,892	0.52%
	UNICEF-Thailand	165,000	0.34%
	UNICEF-Romania	81,406	0.17%
	UNICEF-Bulgaria	45,688	0.09%
	UNICEF-Ukraine	45,045	0.09%
	UNICEF-Philippines	18,126	0.04%
	UNICEF-Indonesia	16,024	0.03%
	UNICEF-Serbia	14,074	0.03%
Grand Total		48,938,378	100.00%

*Figure do not include financial adjustmetns.

Three quarters of UNICEF expenditure in 2015 was sourced from public sector resource partners, 20 per cent from multi-donor funds and the remaining 5 per cent from private sector partners (see Figure 31). The proportion of funding from private sector resource partners was higher in 2015 than in 2014; however, it is still very low. UNICEF will continue to pursue sources of private sector funding in the next two years.

Note: Expenses are higher than the income received because expenses are comprised of total allotments from regular resources and other resources (including balances carried over from prior years) to the outcome areas, while income reflects only earmarked contributions from 2015 to the same.

Sweden remains the largest resource partner for thematic funding in 2015. The United Kingdom continues to be UNICEF's largest resource partner for WASH expenditures, and once again increased its commitment to UNICEF's WASH programme.

Other large bilateral resource partners include the United States of America, the Netherlands and Japan. The largest source of private sector funding was the United States Fund for UNICEF.

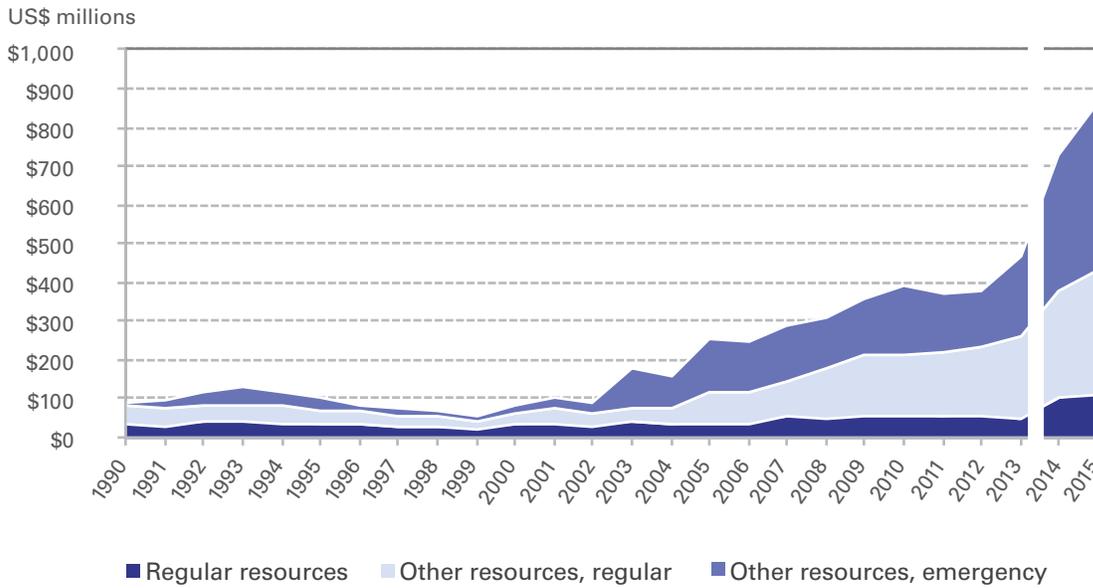
The total expenditure on the WASH outcome area was US\$869 million in 2015. This represents a 17 per cent increase compared to 2014 and the largest UNICEF expenditure on WASH ever. On average, UNICEF WASH expenditure has increased by 11 per cent annually since 1990, with most of the increase attributable to resource partner funding (other resources) for both the regular development programme and emergency programmes (see Figure 32).

Half of total spending in 2015, US\$436 million, was used for emergency expenditure, the highest proportion of WASH spending on emergencies. The majority of this emergency expenditure was for WASH coordination and response to the crises in the Middle East; this included US\$201 million spent in Iraq, Jordan, Lebanon and the Syrian Arab Republic.

In 2015, WASH expenditure accounted for 18 per cent of all UNICEF expenditure, the third-highest expenditure level among Strategic Plan outcome areas after health and education.

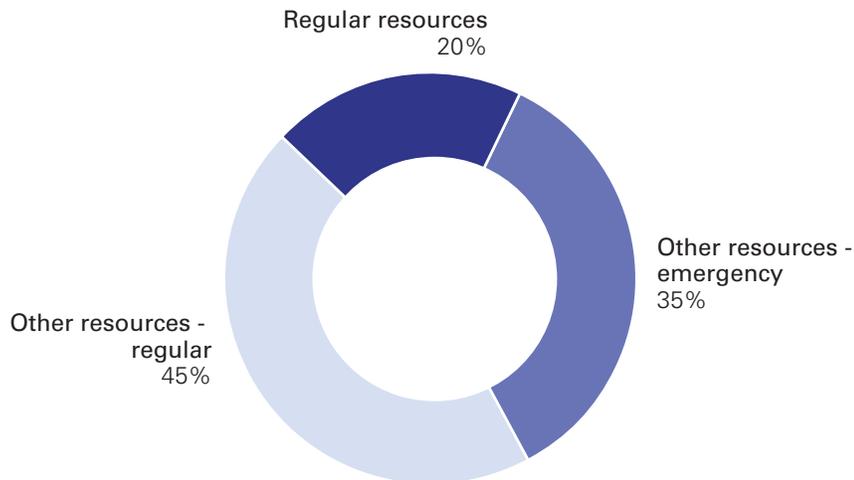
Over 80 per cent of UNICEF's WASH expenditure was in three regions in 2015: Eastern and Southern Africa, West and Central Africa and the Middle East and North Africa (see Table 14). As in previous years, UNICEF's WASH programming is limited in Latin America and the

Figure 31
UNICEF WASH expenditure, 1990 to 2015



From 2014, UNICEF cross-cutting expenditure is prorated within Outcome Areas, including WASH and is not directly comparable to expenditure in previous years (post 2014 expenditure is approximately 15% higher).

FIGURE 32
Expenses by year for WASH, 2014–2015



Caribbean and in CEE/CIS. Expenditure for WASH in headquarters represents less than one per cent of all WASH expenditure (US\$11.3 million in 2015).

Expenditure patterns across regions vary significantly with respect to development and emergency programming. In the Middle East and North Africa, which accounted for 54 per cent of all WASH expenditure in 2015, only a small percentage (8 per cent) was for development programming (see Table 14). Over two thirds of development expenditure was in Eastern and Southern Africa and West and Central Africa.

In 2015, UNICEF supported WASH programming in 105 countries in all regions. As a result of the unprecedented response to the crisis in the Middle East, the largest programmes are in the Middle East and North Africa region. This includes Iraq, where UNICEF spent a total of US\$61.6 million in 2015, the largest-ever yearly expenditure in a single country. The largest programmes by development (non-emergency) expenditure are in sub-Saharan Africa, in the Democratic Republic of the Congo and Zimbabwe (see Table 15).

Table 14. Expenses by region for WASH, 2015 (US\$)

Region	Other Resources - emergency	Other resources - regular	Regular resources	Total
CEE/CIS	4,770,065	1,810,854	231,608	6,812,527
EAPR	30,920,870	22,453,160	5,992,102	59,366,132
ESAR	61,657,753	104,222,352	33,529,503	199,409,608
HQ	3,304,935	3,881,234	4,193,088	11,379,257
LACR	13,482,937	6,733,717	1,857,811	22,074,465
MENA	232,636,245	27,549,305	8,800,417	268,985,967
ROSA	13,918,781	33,440,376	24,173,359	71,532,516
WCAR	75,101,297	122,706,429	31,311,040	229,118,767
Grand total	435,792,883	322,797,427	110,088,929	868,679,239

FIGURE 33
UNICEF WASH expenditure by funding source category, 2015

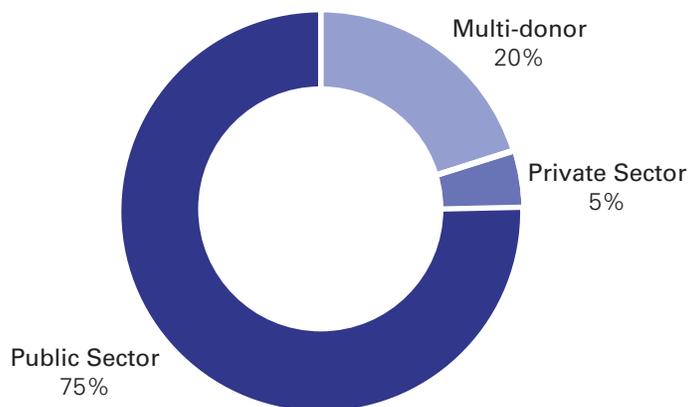


FIGURE 34
Total expenses by Strategic Plan outcome areas, 2015

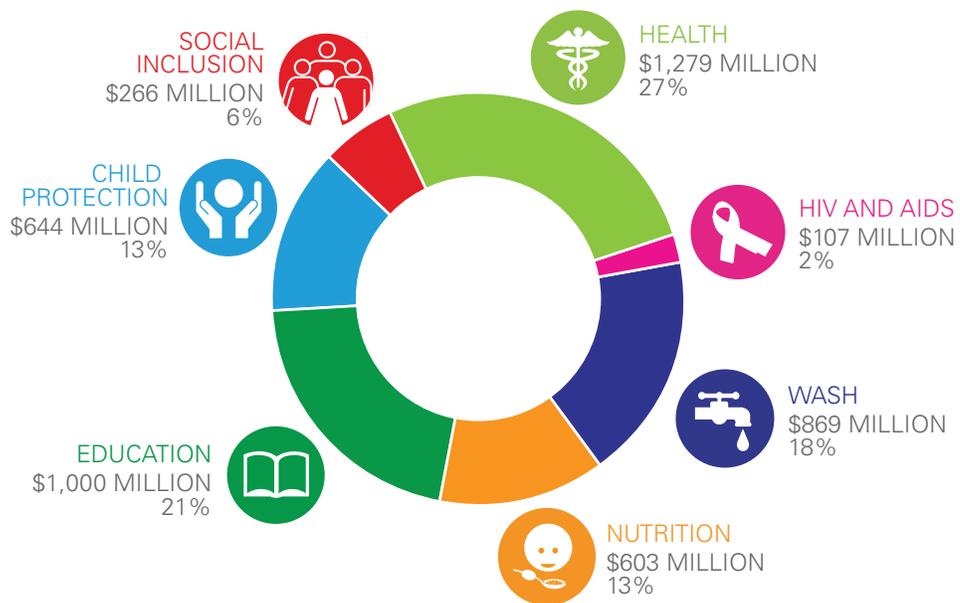


Table 15. Top 20 country or regional offices, by expense for WASH, 2015 (US\$)

Country	Other resources - emergency	Other resources - regular	Regular resources	Grand total
Iraq - 2130	55,609,306	4,315,353	1,691,395	61,616,053
Jordan - 2340	50,011,377	-	401,945	50,413,322
Lebanon - 2490	50,278,868	9,087	36,840	50,324,795
Democratic Republic of Congo - 0990	2,282,018	34,354,621	10,294,956	46,931,596
Syria - 4140	43,709,712	28,308	47,189	43,785,209
South Sudan - 4040	30,961,102	4,169,405	365,277	35,495,784
Ethiopia - 1410	8,656,143	17,573,637	8,388,326	34,618,106
Zimbabwe - 6260	214,589	28,355,690	1,482,961	30,053,240
Philippines - 3420	22,281,858	2,915,369	773,867	25,971,094
Nigeria - 3210	2,506,813	19,499,021	3,689,171	25,695,005
Mali - 2760	3,202,463	21,118,227	1,236,083	25,556,773
Guinea - 1770	18,575,088	1,329,372	3,929,906	23,834,366
Pakistan - 3300	6,125,082	10,276,023	5,627,556	22,028,662
Sudan - 4020	13,232,638	4,862,693	3,857,885	21,953,216
Liberia - 2550	16,640,260	4,433,582	-143,216	20,930,627
Yemen - 4920	10,172,403	9,721,540	970,405	20,864,348
Somalia - 3920	12,442,297	3,149,049	3,027,426	18,618,771
Haiti - 1830	12,525,192	3,525,200	1,634,035	17,684,427
Malawi - 2690	1,086,258	13,692,087	1,349,679	16,128,023
Sierra Leone - 3900	9,841,049	4,162,243	391,376	14,394,668
Total Top 20	370,354,517	187,490,507	49,053,061	606,898,085

In 2015, 'transfers and grants to counterparts' has been the greatest category of expenditure of the programme, increasing by 21 per cent compared to 2014 (US\$333 million in 2014 to US\$403 million in 2015). It is followed by 'supplies and commodities' (US\$91 million in 2014 to US\$114 million in 2015) representing a 25 per cent

increase. The 'equipment, vehicles and furniture' category represented the lowest expenditure in 2014 and 2015 (see *Table 16*).

Table 16. Expense by cost category and year for WASH, 2014–2015 (US\$)

Cost category	Other resources - emergency	Other resources - regular	Regular resources	Grand total
Contractual services	68,489,232	83,699,868	20,314,975	172,504,075
2014	28,192,858	33,279,042	10,038,626	71,510,526
2015	40,296,374	50,420,826	10,276,349	100,993,549
Equipment, vehicles and furniture	2,529,489	989,421	2,415,688	5,934,598
2014	978,511	447,894	970,421	2,396,826
2015	1,550,978	541,527	1,445,267	3,537,772
General operating + other direct costs	27,544,899	15,921,323	21,023,396	64,489,619
2014	13,486,205	7,342,445	10,319,711	31,148,361
2015	14,058,694	8,578,878	10,703,685	33,341,258
Incremental indirect cost	54,078,706	38,483,321		92,562,027
2014	25,000,505	18,153,957		43,154,462
2015	29,078,201	20,329,364		49,407,564
Staff and other personnel costs	71,453,626	69,517,932	65,877,539	206,849,098
2014	28,900,822	31,455,529	31,584,581	91,940,932
2015	42,552,804	38,062,403	34,292,958	114,908,166
Supplied and commodities	197,739,045	70,138,933	13,320,151	281,198,129
2014	97,431,389	34,821,071	4,324,889	136,577,349
2015	100,307,656	35,317,862	8,995,261	144,620,780
Transfers and grants to counterparts	352,848,338	307,023,689	77,027,627	736,899,654
2014	150,161,084	144,480,828	38,433,839	333,075,751
2015	202,687,253	162,542,861	38,593,789	403,823,903
Travel	10,920,719	13,235,261	11,454,012	35,609,992
2014	5,659,796	6,231,555	5,672,394	17,563,745
2015	5,260,923	7,003,706	5,781,619	18,046,248
Grand Total	785,604,054	599,009,749	211,433,389	1,596,047,192

Table 17. Expenses by programme area for WASH, 2014 and 2015 (US\$)

Programme area	Other resources - emergency	Other resources - regular	Regular resources	Grand total
Water supply	82,577,687	165,936,671	41,297,147	289,811,506
2014	27,744,044	82,834,770	21,515,242	132,094,055
2015	54,833,643	83,101,902	19,781,905	157,717,450
Sanitation	30,820,992	111,053,187	27,026,864	168,901,043
2014	13,203,261	47,176,878	14,930,386	75,310,524
2015	17,617,731	63,876,309	12,096,478	93,590,519
Hygiene	22,084,295	15,340,669	6,504,708	43,929,673
2014	4,505,425	6,120,478	3,652,515	14,278,418
2015	17,578,870	9,220,191	2,852,194	29,651,255
WASH in Schools and ECD centres	14,408,949	94,249,698	17,420,034	126,078,681
2014	8,755,875	44,591,895	8,411,033	61,758,803
2015	5,653,074	49,657,803	9,009,001	64,319,878
WASH and emergencies	496,014,642	40,801,714	34,706,103	571,522,459
2014	230,379,620	19,928,652	17,273,910	267,582,182
2015	265,635,022	20,873,063	17,432,193	303,940,277
WASH general	139,697,489	171,627,809	84,478,533	395,803,831
2014	65,222,946	75,559,650	35,561,375	176,343,971
2015	74,474,543	96,068,159	48,917,157	219,459,860
Grand total	785,604,054	599,009,749	211,433,389	1,596,047,192

At the half point of the current Strategic Plan, by the end of 2015, UNICEF's total expenses reached close to 50 per cent of the revised planned amounts by outcome area. By using expenses as a proxy for revenue, the Strategic Plan remains 50 per cent unfunded. Specifically for WASH, the

gap is 38 per cent up to the end of 2015 for the 2014–17 planned period. UNICEF looks forward to working closely with its partners to meet these funding needs and fulfil the shared commitments and results towards Agenda 2030.

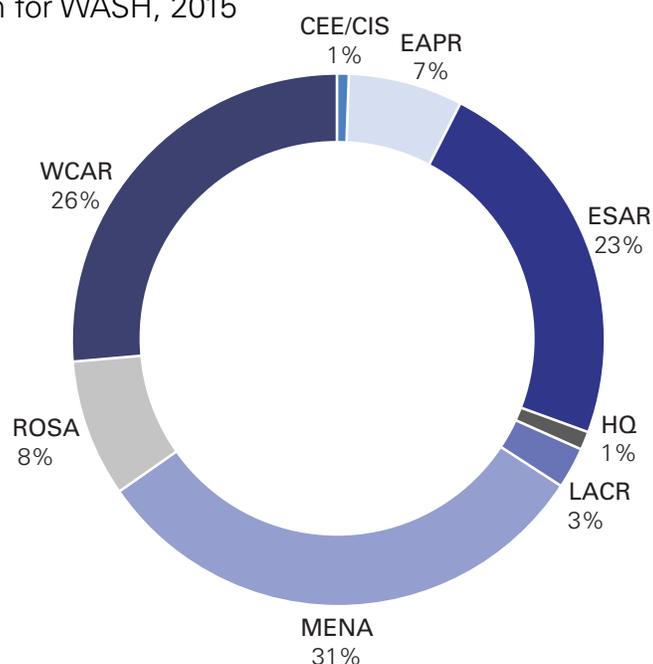
Table 18. Strategic Plan integrated results and resources framework by outcome area, 2014–2017: Updated planned amounts, actual expenses and funding gap (US\$ millions)*

Outcome	Planned 2014–2017			Actual expenses			Funding gap		
	Regular resources	Other resources	Total resources	Regular resources	Other resources	Total resources	Regular resources	Other resources	Total resources
Health	1,023	3,760	4,783	473	2,035	2,508	550	1,725	2,275
HIV and AIDS	183	671	854	73	141	214	109	530	640
WASH	548	2,014	2,562	211	1,385	1,596	336	630	966
Nutrition	365	1,343	1,708	196	892	1,088	170	451	620
Education	730	2,686	3,416	293	1,533	1,827	437	1,153	1,590
Child protection	438	1,611	2,050	302	856	1,158	136	756	892
Social inclusion	365	1,343	1,708	244	265	509	121	1,078	1,199
Totals	3,652	13,429	17,081	1,792	7,107	8,899	1,860	6,322	8,182

*Expenses as a proxy for revenue received.

FIGURE 35

Total expenses by region for WASH, 2015



FUTURE WORK PLAN

Rapid changes stemming from urbanization, migration, climate change and more frequent emergencies are impacting programme implementation. As the development landscape shifts, the private sector will prove increasingly important, along with the identification of the new financing instruments and sources of funding needed to achieve critical goals.

UNICEF will foster more extensive engagement with the private sector and other new partners in order to encourage innovation and programming at scale, especially in tackling new SDG targets for WASH. Through judicious use of its programme resources, UNICEF leverages funding for WASH in programme countries. However, to meet the ambitious new SDG targets, countries must expand public financing for WASH and use innovative financial instruments. UNICEF must deepen and expand its work to ensure universal access to safe water and improved sanitation in programme countries, and also focus attention on strengthening the effectiveness of collaboration. As UNICEF's role in urban WASH grows, particularly in emergencies, UNICEF must expand capacity to respond to the challenge. The number and scale of emergencies in 2015 stretched UNICEF staff capacity, despite stand-by partner surge mechanisms. This also affected countries without emergencies, as UNICEF increasingly relied on inter-country staff re-deployments for emergency response.

Going forward in 2016 and 2017, UNICEF will use evidence-based planning to guide actions that support Strategic Plan outcomes necessary for WASH, to meet the challenges of the 2030 Agenda for Sustainable Development. This will require adjusting programming even as ongoing efforts respond to the needs of children in all UNICEF regions.

UNICEF will maintain global leadership and visibility in the area of rural water supply, supporting regions and countries to programme for sustainable outcomes and building an effective and professional water supply sector. This will be achieved with a range of partners, including the Rural Water Supply Network and new partners from the private sector. UNICEF will develop strategies in partnership with the Global Water Partnership for scaling up climate-resilient WASH programming, water security frameworks and water safety planning. Good practices in governance and accountability programming will be scaled up, including social accountability arrangements, to ensure that those who are marginalized and excluded can participate in local decision making on WASH.

In the area of sanitation, UNICEF will refine, test and scale up innovative approaches to reduce open defecation by using a demand creation model that employs social norms theory. As part of this effort, UNICEF will continue to support a 'Community of Practice' on CATS to promote learning and exchanges for quality programming, develop standardized approaches, roll out an online course – Coursera – to address social norms and sanitation, and collaborate with the organization's gender team for a study on CATS and dignity.

UNICEF will increase action to support WASH in institutions. This will involve continued global leadership and quality programming on WASH in Schools and ECD centres, as well as the launch of the Three Star Approach and promotion of daily group hand washing. With WHO, UNICEF will provide a strong advocacy platform for evidence-based WASH in health-care facilities. Two important technical guides are planned for WASH in Schools: a compendium of group hand-washing facilities from 12 countries, co-authored with GIZ; and an update of the 'Water, Sanitation and Hygiene Standards for Schools in Low-Cost Settings', co-published with WHO and the United Nations Educational, Scientific and Cultural Organization.

UNICEF staff will prepare and respond as lead agency for WASH in emergencies at the country, regional and global levels, by strengthening national humanitarian-development coordination and preparedness at country and local levels to support ongoing crises in the Syrian Arab Republic, neighbouring countries and other global emergencies. UNICEF will continue to improve country office capacity and knowledge on risk-informed and gender-sensitive WASH emergency preparedness and response, and integrate resilience as a cross-cutting theme. The potential of cash-based programming in WASH in emergencies (i.e., cash transfers and vouchers) will be explored in 2016, together with real-time evaluation of course correction in Nepal and the Philippines. UNICEF will develop its surge capacity through technical training (including through the WASH in emergencies training).

UNICEF will continue efforts to adapt programmatic responses to emerging areas of work as defined by the forthcoming global WASH strategy. Greater engagement in urban areas will help reach vulnerable children. Mainstreaming risk-informed programming will mitigate the impact of climate change and emergencies. Expanding collaboration with the private sector and other new partners will encourage innovation and equity in programming at scale. UNICEF will also work to improve better convergence between WASH and other sectors including nutrition, gender, education and health, at

the national policy level and in the field using common platforms to deliver cross-cutting services that benefit not only WASH but all sector goals.

To implement the new strategy, UNICEF will ensure that it has the people, capacity and systems necessary to deliver results. UNICEF will apply its global network of knowledge and expertise, strengthen capacities where required and partner effectively to improve UNICEF programmes to inform decision making within the sector as a whole.

Recognizing that strong national systems, effective sector institutions and a strong accountability framework are prerequisites for meeting the ambitious new Sustainable Development Agenda, UNICEF will focus on supporting the most vulnerable women and children by helping governments become more responsive to the voices of the poor and gain the capacity to create the best environment to ensure safe water and sanitation delivery. Specifically, UNICEF will work to improve and adapt the enabling environment for WASH through support to standard setting, enhanced national plans and policy, knowledge management, capacity building and service delivery as appropriate.

UNICEF will pay particular attention to improving how established programmes are monitored and supported for sustainability. UNICEF will continue to expand the MoRES framework to support countries to allow data-driven planning, rigorous evidence and monitoring, as well as equity-focused WASH programming. This will involve greater use of tools and initiatives such as the WASH BAT. UNICEF will also finalize the revision of WASH BAT in 2015, to better focus interventions and strengthen systems.

UNICEF will continue to work with partners to develop innovative global financing mechanisms to remove public finance-related bottlenecks and barriers to achieving WASH-related goals and targets. The implementation of training on 'WASH SDG Planning & Financing' for country offices and partners will occur under a new Enabling Environment capacity-building package. UNICEF will also support countries in mobilizing the additional domestic and international resources required to scale up and sustain WASH services.

UNICEF will advocate for the inclusion of children and women with disabilities and their families in the design, implementation and monitoring and evaluation of WASH programmes and is developing an investment case and checklist to support this effort. In order to fulfil UNICEF's commitments in the Gender Action Plan, UNICEF's work on the second decade is accelerating – a shift that will require an integrated approach to programming across two decades of life to drive better results for adolescents through its WASH programming. UNICEF will also partner with a wider range of stakeholders to identify and scale

up innovative programme approaches and technologies to meet gender gaps and opportunities, including private financing. UNICEF will continue to generate evidence and document successful examples of how equity and non-discrimination services are implemented through UNICEF support, looking particularly at the lessons learned and remaining gaps. This will help develop critical guidance in advocating for universal access in countries and regions.

UNICEF will collaborate with a wide array of partners including United Nations agencies, international and national NGOs, academic institutions and civil society. In particular, UNICEF aims to lead engagement of the private sector in WASH and define partnerships between UNICEF and international financial institutions.

UNICEF will galvanize global, regional and national stakeholder support for WASH through its lead role in the SWA, including through support to convene SWA members – countries and organizations – to participate in two High-Level Meetings in 2016. The first is to plan tangible actions and milestones to address inequalities and move towards universal access; the second will assess progress on commitments and progress. UNICEF will support the JMP on developing baseline estimates for the SDGs – a key prerequisite for moving forward on the SDG agenda – while continuing efforts to expand sector monitoring for WASH and hygiene.

Efforts to strengthen knowledge management will focus on lessons learned from field innovations, with an emphasis on research, programme evaluation and documentation. UNICEF will strengthen engagement with research partners, and a foundation of capacity building developed in 2015 will help governments and partners make evidence-based decisions regarding appropriate scale. The DFID-funded REACH programme with Oxford University and southern-based research institutions will provide better understanding of the risks of water scarcity and help develop programmatic responses. Additionally, UNICEF will continue to address evidence gaps around MHM with Emory University and Columbia University and develop sanitation implementation models in collaboration with IDinsight. UNICEF is also planning research on social norms and sanitation during this period.

UNICEF will finalize a meta-analysis of WASH evaluations (2007–2015) and launch a global evaluation of rural water supply programming in 2016. The organization has planned or is currently carrying out a number of other evaluations at the country office level, including the following: impact evaluations (in Cameroon, the Central African Republic, Côte d'Ivoire, the Democratic Republic of the Congo, Kenya, Lao People's Democratic Republic and Liberia); sustainability checks in countries in West and Central Africa and Eastern and Southern Africa; ODF Sustainability Evaluations in India, Madagascar and Zambia; and WASH and nutrition

evaluations in Ethiopia, India and Pakistan. Emphasis will be placed on operationalizing the recommendations and lessons learned from the meta-analysis and evaluations to support continuous improvement in programming, particularly for the most disadvantaged.

Regional offices provide country offices with technical support, quality assurance, oversight, networking, evidence generation and knowledge exchange. At the regional level, UNICEF has defined the following priorities for the 2016–2017 period:

- In South Asia, UNICEF will continue to support the regional ‘headline result’ of reducing the number of open defecators in South Asia by 120 million (to 500 million) by the end of 2017. In response to the MICS5 surveys in Bangladesh, Nepal and Pakistan reporting widespread lack of access to safe household drinking water, UNICEF made this a priority for 2016. Ensuring emergency preparedness, in households and government institutions, is another area of focus.
 - In Latin America and the Caribbean, priority areas of engagement include: good quality collection, treatment and analysis of WASH data (including third-party check and equity snapshots, and MICS/Demographic and Health Survey data analysis) to support country offices and help define regional priorities.
 - Priorities in the Middle East and North Africa focus on reducing the vulnerabilities to growing water scarcity and insecurity and responding to protracted humanitarian crises. Also a priority is addressing WASH service inequities within and between countries, including weak urban WASH services in fragile states, poor status of WASH in schools and malnutrition stemming from poor WASH status.
 - In East Asia and the Pacific, UNICEF will prioritize technical support for capacity development and learning for sanitation and hygiene improvements at scale in communities in order end open defecation, support household water safety, provide WASH in Schools and health-care facilities, and integrate WASH programmes with other sector work for improved health and nutrition outcomes. Strengthening emergency preparedness and staff and partner response will also remain areas of focus.
- In Eastern and Southern Africa, UNICEF plans to develop guidance for joint programming based on best practice from WASH and nutrition programming. UNICEF will provide analysis of the relationship between WASH and key educational and health outcomes to inform evidence-based advocacy strategies for WASH in institutions with education and health sectors; the CLTS Rapid Appraisal Protocol will be applied to assess national CLTS programmes and develop plans to scale up with improved quality and sustainability. Additionally, UNICEF will conduct research on innovative management and financing models for sustainable rural water services.
 - In West and Central Africa, the regional office continues to work on five priority areas of the regional workplan: scaling up sanitation and hygiene; strengthening WASH sector systems; reinforcing inter-sectoral collaboration between health, nutrition and education; improving sector knowledge management and learning capacities; and responding to humanitarian crises. In 2016, updating sector development plans for SDGs, undertaking sustainability checks in at least 10 countries, organizing regional technical workshops on priority topics (e.g., WASH BAT, CATS, monitoring, and manual drilling) and expanding strategic partnerships with pan-African and regional organizations will all provide countries with support.

In all regions, UNICEF will support governments to progressively integrate the SDG WASH goals of providing universal access to clean water and adequate sanitation by strengthening policies and strategies in programmes and increasing financing and monitoring mechanisms. UNICEF headquarters will support this process by providing the technical support, guidance, advocacy, resource mobilization and partnership building necessary to leverage action globally in order to help the most vulnerable populations.



Girl stands in front of her school toilet in Nagpur, India

EXPRESSION OF THANKS

UNICEF wishes to express its gratitude to all resource partners that contributed to the WASH programme in 2015, including the Governments of Australia, Canada, Germany, Japan, Kuwait, the Netherlands, Norway, Sweden, the United Kingdom and the United States; European Commission, UNDP, UNOCHA, Unilever and the United States Fund for UNICEF.

UNICEF would like to extend particular thanks to partners that provided thematic funding. Thematic funding has enabled UNICEF to support countries in all regions to improve enabling environments, and to deliver strategic direct interventions that bring WASH to marginalized children, their families and communities. Thematic funding provides greater flexibility, enables UNICEF to continuously improve the quality of interventions, allows for longer-term planning and makes programmes more sustainable. It reflects the trust resource partners have in UNICEF's capacity and ability to deliver quality support under all circumstances and has made possible the results described in this report.

ABBREVIATIONS AND ACRONYMS

BAT	Bottleneck Analysis Tool
CATS	Community Approaches to Total Sanitation
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CLTS	Community-Led Total Sanitation
DFID	Department for International Development (United Kingdom)
ECD	early childhood development
EAPR	East Asia and the Pacific Region
EMIS	Education Management Information Systems
ESAR	Eastern and Southern Africa Region
IASC	Inter-Agency Standing Committee
JMP	Joint Monitoring Programme
LAC	Latin America and the Caribbean
MENA	Middle East and North Africa
MDG	Millennium Development Goal
MHM	menstrual hygiene management
MICS	Multiple Indicator Cluster Surveys
MoRES	Monitoring Results for Equity Systems
NGO	non-governmental organization
ODF	open defecation free
SHARE	Sanitation and Hygiene Applied Research for Equity
SMS	Short Message Service
SWA	Sanitation and Water for All
VFM	Value for Money
WASH	Water, Sanitation and Hygiene
WCAR	West and Central Africa Region
WHO	World Health Organization

ANNEX

Visualizing achievements

Each achievement is expressed as a percentage and visualized through colour coding:



Green

Indicator level

Achievement of the indicator is at or above 100% of the milestone

Outputs and outcome area level

Average achievement of indicators in the output or outcome area is at or above 100%



Amber

Indicator level

Achievement of the indicator is between 60% and 99% of the milestone

Outputs and outcome area level

Average achievement of indicators in the output or outcome area is between 60% and 99%



Red

Indicator level

Achievement of the indicator is less than 60% of the milestone

Outputs and outcome area level

Average achievement of indicators in the output or outcome area is less than 60%

WASH

Average achievement rate:

90% ●

Impact Indicator	Baseline*	2017 Target	2015 Update**
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3a. Proportion of population practising open defecation	15% (2011)	10%	13% (2015)
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3b. Proportion of population using an improved source of drinking water	89% (2011)	93%	91% (2015)
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Outcome Indicator	Baseline*	2017 Target	2015 Update**
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P3.1 Countries in which more than 75% of households have an improved source of drinking water	115 (2011)	131	123 (2015)
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P3.2 Countries in which more than 50% of the population has an improved sanitation facility	105 (2011)	120	103 (2015)
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P3.3 Countries in which more than 50% of primary schools have water, sanitation and hygiene (WASH) facilities meeting national standards	26 (2014)	100	29 (2015)
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P3.4 Countries in which the proportion of households with handwashing facilities with soap and water has increased by 10%	Out of 51 countries with data (2014)	23	Out of 51 countries with data (2015)
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P3.5 Countries in which more than 33% of the population practises open defecation	21 (2011)	8	17 (2015)
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P3.6 People in humanitarian situations who access and use (a) safe drinking water, (b) adequate sanitation and hygiene facilities or (c) handwashing facilities	(a) 74% (b) 56% (c) 53% (2014)	(a) 80% (b) 80% (c) 80%	(a) 64% (b) 41% (c) 46% (2015)
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*2013 unless otherwise indicated. **or data from the most recent year available.

Output a

Enhanced support for children and families leading to the sustained use of safe drinking water, the adoption of adequate sanitation and good hygiene practices

Average output achievement

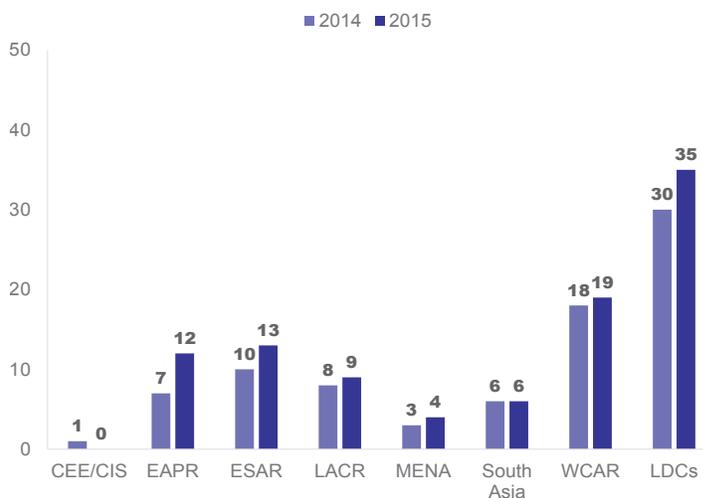
75% ●

P3.a.1

Countries implementing community-based hand-washing behaviour-change programmes on a national scale

2014 Baseline	53
2015 Result	63
2015 Milestone	79
2017 Target	86

Achievement 80% ●

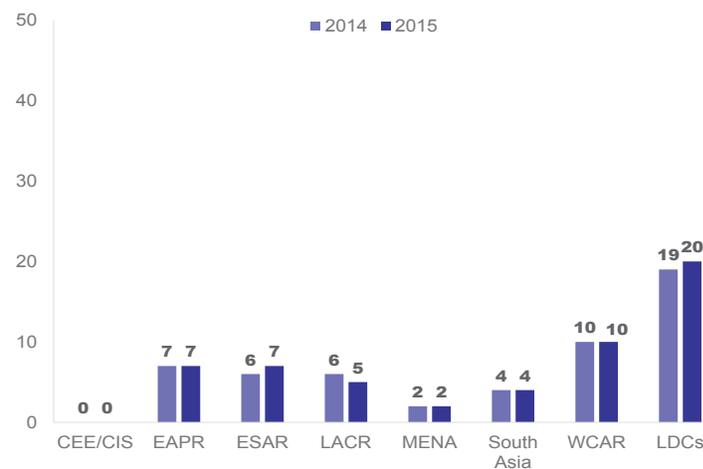


P3.a.2

Countries implementing water-safety plans at the community level

2014 Baseline	35
2015 Result	35
2015 Milestone	50
2017 Target	65

Achievement 70% ●



Output b

Increased national capacity to provide access to sustainable safe drinking water and adequate sanitation

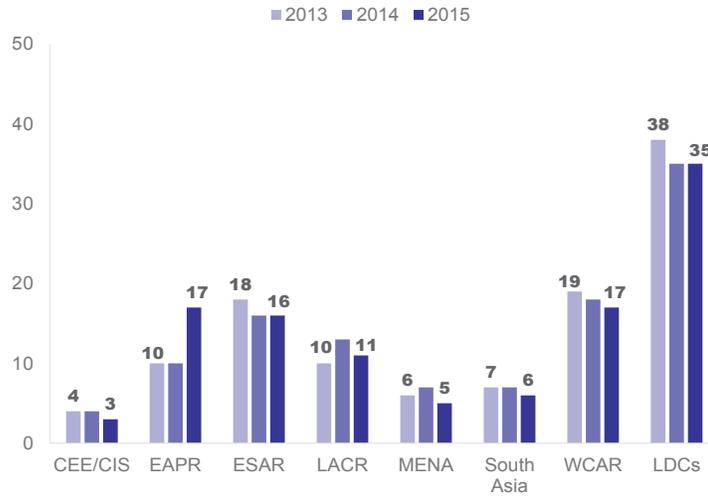
Average output achievement
85%

P3.b.1

Countries with an established target to provide access to drinking water to unserved populations

2013 Baseline	74
2014 Result	75
2015 Result	75
2015 Milestone	80
2017 Target	100

Achievement 94%

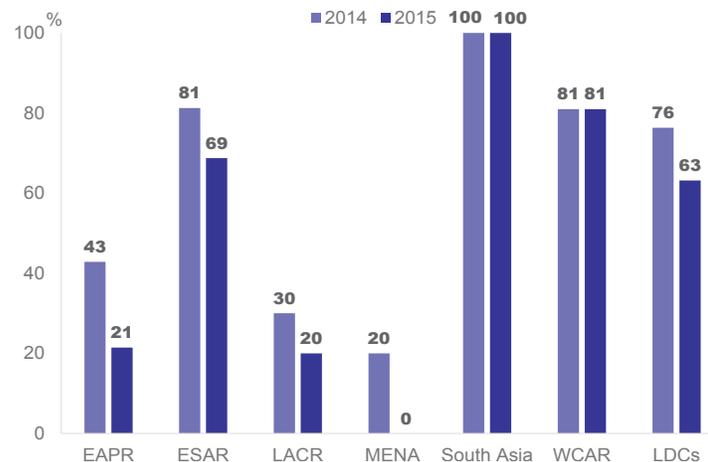


P3.b.2

Countries implementing a national strategy to eliminate open defecation

2014 Baseline	63%
2015 Result	57%
2015 Milestone	65%
2017 Target	70%

Achievement 88%

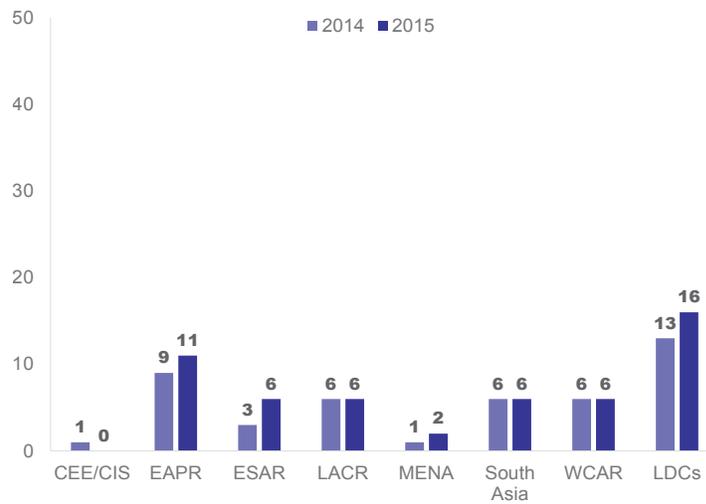


P3.b.3

Countries with at least 50% of primary schools having access to adequate sanitation facilities for girls

2014 Baseline	32
2015 Result	37
2015 Milestone	50
2017 Target	65

Achievement 74% ●



Output c

Strengthened political commitment, accountability and national capacity to legislate, plan and budget for the scaling-up of interventions to promote safe drinking water, adequate sanitation and good hygiene practices

Average output achievement
101%

P3.c.1

Countries implementing a “sustainability compact” or sustainability plan for WASH, with evidence of continuous monitoring

2013 Baseline	5
2014 Result	7
2015 Result	10
2015 Milestone	9
2017 Target	15

Achievement 111%

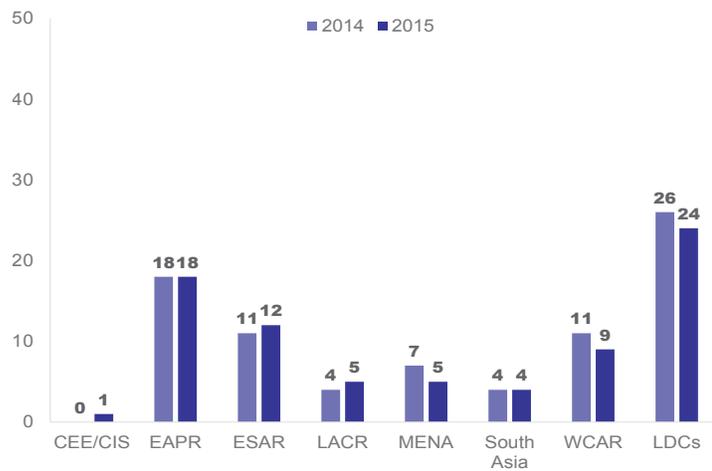
Countries where a sustainability compact has been introduced	Compact signed
Benin	2013
Côte d’Ivoire	2013
Guinea	2013
Mauritania	2013
Sierra Leone	2013
Ghana	2014
Mali	2014
Central African Republic	2015
Ethiopia	2015
Madagascar	2015

P3.c.2

Countries integrating climate-resilient development and/or risk management strategies into WASH sector plans

2014 Baseline	55
2015 Result	54
2015 Milestone	60
2017 Target	65

Achievement 90%



Output d

Increased country capacity and delivery of services to ensure that girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities in humanitarian situations

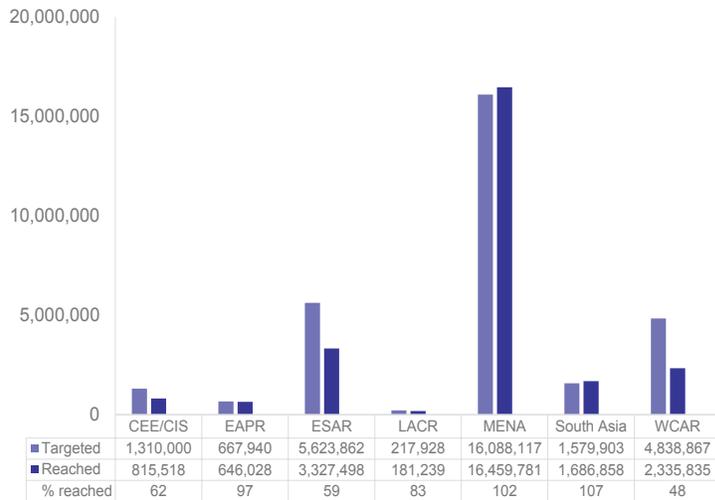
Average output achievement
85%

P3.d.1 (a)

UNICEF-targeted population in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene

2014 Baseline	92%
2015 Result	84%
2015 Milestone	100%
2017 Target	100%

Achievement **84%**

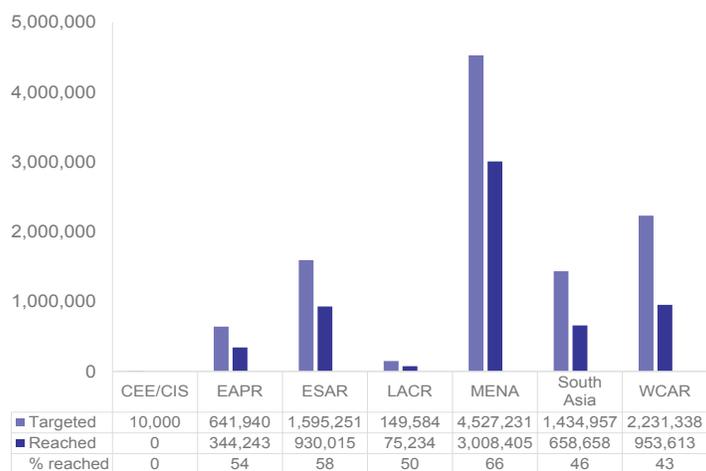


P3.d.1 (b)

UNICEF-targeted population in humanitarian situations using appropriate sanitation facilities and living in environments free of open defecation

2014 Baseline	56%
2015 Result	56%
2015 Milestone	70%
2017 Target	90%

Achievement **80%**

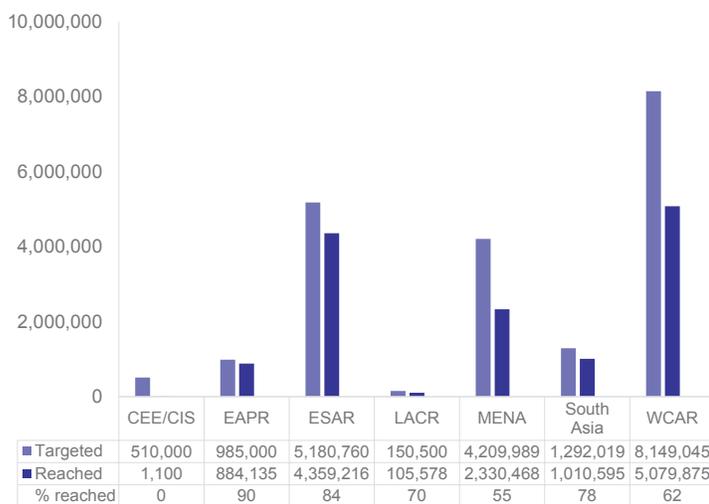


P3.d.1 (c)

UNICEF-targeted population in humanitarian situations able to practise appropriate handwashing and menstrual hygiene

2014 Baseline	62%
2015 Result	67%
2015 Milestone	70%
2017 Target	90%

Achievement 96% ●

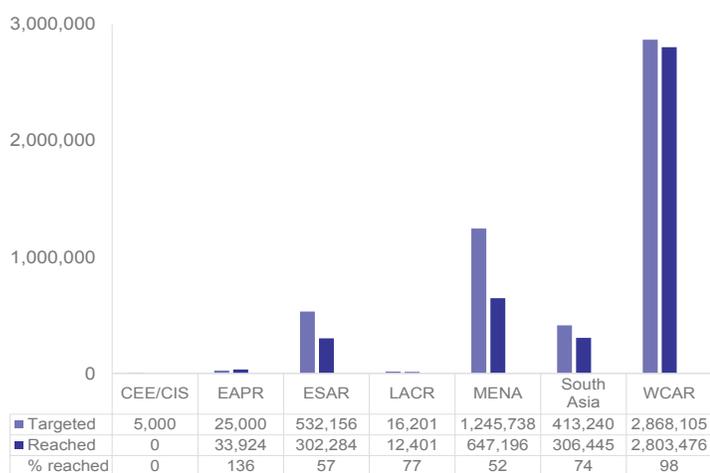


P3.d.1 (d)

UNICEF-targeted population in humanitarian situations accessing appropriate WASH facilities and hygiene education in schools, temporary learning spaces and other child-friendly spaces

2014 Baseline	76%
2015 Result	80%
2015 Milestone	80%
2017 Target	90%

Achievement 100% ●

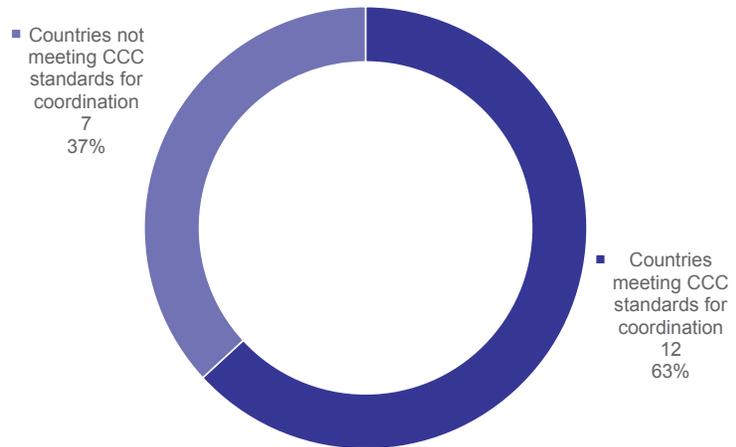


P3.d.2

Countries in humanitarian action in which country cluster coordination mechanism for WASH meets CCC standards for coordination

2014 Baseline	57%
2015 Result	63%
2015 Milestone	100%
2017 Target	100%

Achievement 63% ●



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

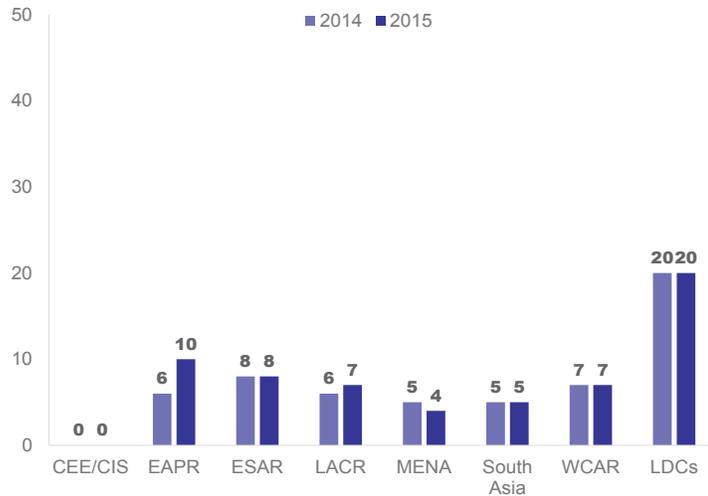
Average output achievement **88%**

P3.e.1

Countries with national monitoring systems reporting on equity of access to WASH services

2014 Baseline	37
2015 Result	41
2015 Milestone	40
2017 Target	47

Achievement **103%**

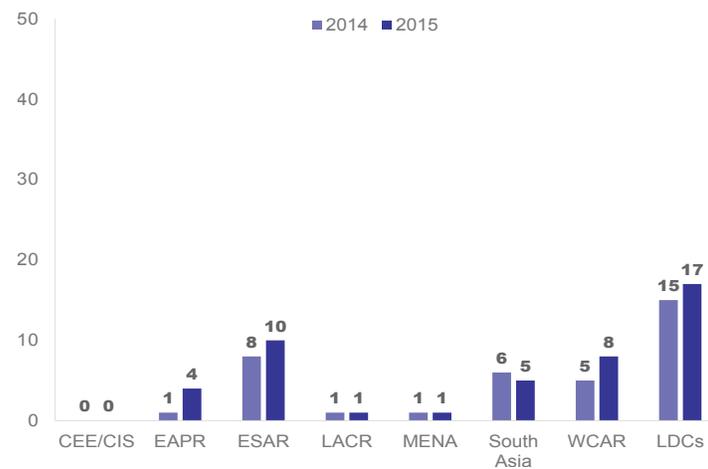


P3.e.2

Countries implementing menstrual hygiene management in WASH in Schools programmes

2014 Baseline	22
2015 Result	29
2015 Milestone	40
2017 Target	48

Achievement **73%**



Output f

Enhanced global and regional capacity to accelerate progress in safe water, sanitation and hygiene practices

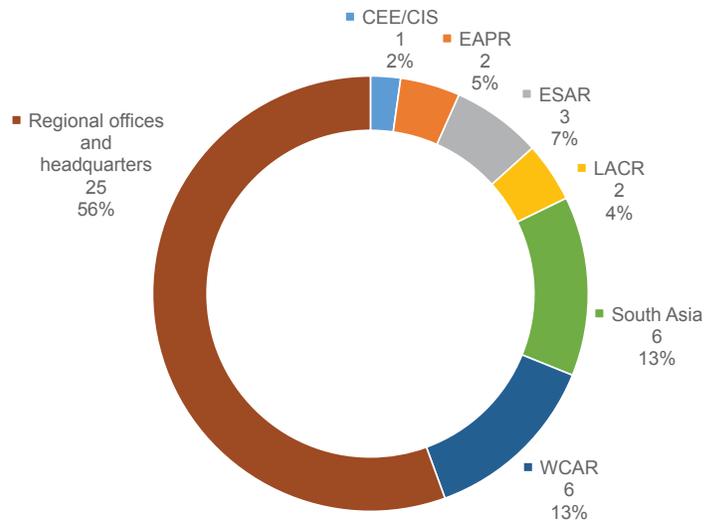
Average output achievement
120%

P3.f.1

Peer-reviewed journal or research publications by UNICEF on WASH and children

2014 Baseline	23
2015 Result	45
2015 Milestone	32
2017 Target	32

Achievement 141%



P3.f.2

Key global and regional WASH initiatives in which UNICEF is the co-chair or provides coordination support

2013 Baseline	5
2014 Result	5
2015 Result	5
2015 Milestone	5
2017 Target	5

Achievement 100%

Global initiatives

- Sanitation and Water for All partnership
- WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
- WASH in Schools action network
- Inter-Agency Standing Committee cluster approach
- The Global Public-Private Partnership for Handwashing



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