

Millennium promise

The impact of water, sanitation and hygiene
on young people born since 2000

[#mdgpromise](#)



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Cover photo: Hlifti, 13, walks for water, Adi Sibhat, Ethiopia

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A heavy burden for young shoulders

In the year 2000, the world came together at the UN Millennium Summit to agree a visionary declaration for the world's development. The Millennium Development Goals (MDGs) and targets, which were agreed following the declaration, have played a key role in encouraging action on development, and progress has been made in many areas.

The MDGs included a commitment to halve the number of people globally without safe water or sanitation. However, as we approach the 2015 deadline, we are living in a world where **nearly one in ten people lack safe water and one in three lack basic sanitation.** In fact, sanitation is one of the most off-track of all the MDG targets – at the current rate of progress, 2.4 billion people will not have access to a toilet in 2015¹. **Action is needed now to tackle this crisis.**

Children and young people are among those most affected by the water and sanitation crisis. Unsafe water and inadequate sanitation and hygiene are the primary causes of diarrhoea, the second biggest killer of children under five globally – responsible for 700,000 deaths each year². As well as being most vulnerable to water-related diarrhoeal diseases, children and young people often have to shoulder the time-consuming burden of water collection. As a result, their education and

health suffer, affecting their future employment opportunities and continuing a cycle of poverty³.

Safe and accessible water, sanitation and hygiene are crucial in breaking this cycle – ensuring children and young people stay healthy, stay in education, and can step out of poverty. The development benefits of a world where everyone, everywhere has these basics would be wide-reaching and long-lasting.

The three young people featured in this publication – Mustapha in Madagascar, Diba in Bangladesh and Hlifti in Ethiopia – were all born since the MDGs were agreed in 2000. Their stories illustrate the serious challenges still faced by those growing up without full access to safe water, basic sanitation and hygiene. Moreover, they demonstrate the close links between these necessities and other areas of development covered by the MDGs – from health to education to environmental sustainability.

WaterAid is calling on UN member states to ensure that everyone, everywhere has access to water, sanitation and hygiene by 2030. We must start by meeting the existing commitments on water and sanitation. This will require increasing spending, improving the quality of spending, and focusing on the poorest and most marginalised people. All member states should then support the emerging proposals for a bold new framework that focuses on unifying poverty eradication and sustainable development objectives and commits to ending extreme poverty by 2030. To do this it must include universal access to water, sanitation and hygiene.

¹WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf

²Child Health Epidemiology Reference Group (CHERG) (2012)

³WaterAid (2013) *Everyone, everywhere: A vision for water, sanitation and hygiene post-2015*. Available at www.wateraid.org/everyone2030

Mustapha's story

Mustapha, 12, lives in Morondava, a small town on the west coast of Madagascar. He lives with his family in an informal settlement. The community has no access to basic sanitation or safe water.

In between the houses is an area in which everyone piles their rubbish. Several latrines have been built hanging over the rubbish dump and they empty directly on top of it. When the tide comes in, it floods the whole area with deep water, taking rubbish and toilet waste into people's homes.

Mustapha told us that he and others in the town are frequently ill as a result:

“I have stomach ache very often, especially during rainy season. When I was sick I went to the doctor and he gave me some medicine. I know why I was sick, because of the dirty water – we play in it.

“The environment here is really dirty, because when the water comes here it goes into people's houses and brings rubbish and faeces – I think that is the cause of people's sickness. I think the worst thing is the dirty water because it brings flies, mosquitoes and dirt. I think that is the cause of disease.”

Although he knows the links between open defecation and disease, Mustapha's only options are between using the unsafe hanging latrines and going to the toilet in the open in a mangrove forest nearby.

The effect of poor sanitation on people's health has further impacts on education and livelihoods. Water-related illnesses stop Mustafa from attending school regularly:

“There are times I can't go to school because of the sickness. I think that to have a better life we should have a toilet for each house so we don't get sick anymore. I would like to make my life better. I would like to go to school.”

Mustapha's story demonstrates how hard it is to achieve progress in health and education when sanitation and safe water are unavailable.

In Madagascar

11 million

people don't have access to safe water⁴.

18 million

people don't have access to adequate sanitation⁵.

4,000

children die every year from diarrhoea caused by unsafe water and poor sanitation⁶.

MDG progress

At current rates of progress, the MDG targets for Madagascar will be missed by over **three million** for water and over **nine million** for sanitation⁷.

⁴WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf

⁵Ibid.

⁶Calculated from the Child Health Epidemiology Reference Group (2012) and Unicef (2012) *Child mortality report*.

⁷Calculated from UN population division population statistics available at: www.un.org/en/development/desa/population and WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf

A young boy with short dark hair and a serious expression stands in the foreground with his arms crossed. He is wearing a dark grey t-shirt with purple and white stripes at the collar. The background shows a makeshift settlement with structures made of wooden planks and sticks, situated near a body of water. The ground is cluttered with debris and trash. The lighting is bright, suggesting a sunny day.

“There are times I can’t go to school because of the sickness. I think that to have a better life we should have a toilet.”



Diba's story

Diba is 12 and lives with her parents and younger brother in the Lakatoorah tea garden, Sylhet, north-eastern Bangladesh.

WaterAid and our local partners have been working with the community in Lakatoorah to improve access to safe water, build latrines and raise awareness of good hygiene practices.

Diba and her family used to have no access to a latrine and had to defecate in the open. They now have a safe and hygienic latrine, which has transformed their lives:

“It used to be very dirty in my community because people used to go to the toilet in the open. It is much less smelly now. Now, people keep themselves clean, and because of this they get sick a lot less.”

Improving hygiene has been critical to improving health in the community. Simply washing hands with soap after going to the toilet and before eating can cut rates of diarrhoea almost in half⁸.

Diba has become a member of a youth group that promotes good hygiene in the community.

She says:

“I’ve learned a lot through the group about cleanliness and being hygienic. If I wash my hands I will be free from diseases, and if I am less ill I hope my family will also be less ill too.”

In her spare time, Diba visits other families in the community with her mother, and talks to the children while her mother is talking to the adults. She shows them how to wash their hands and tells them about the importance of good hygiene.

Diba has been inspired by working with other children to tell them about the benefits of hygiene and would like to be a doctor when she is older.

Young people like Diba can be strong advocates for behaviour changes like handwashing. Her story is a positive example of the impact that sanitation facilities allied with simple hygiene awareness programmes can make to the health of a community.

In Bangladesh

25 million

Over 25 million people lack access to an improved water source⁹.

45%

don't have access to basic sanitation – over 67 million people¹⁰.

7,000

Over 7,000 children die every year from diarrhoea caused by poor water and sanitation¹¹.

MDG progress

At current rates of progress, the MDG targets for Bangladesh will be missed by over **five million** for water and over **17 million** for sanitation¹².

⁸World Bank (2006, 2nd ed) *Disease control priorities in developing countries*. Available at: <http://files.dcp2.org/pdf/DCP/DCP.pdf>

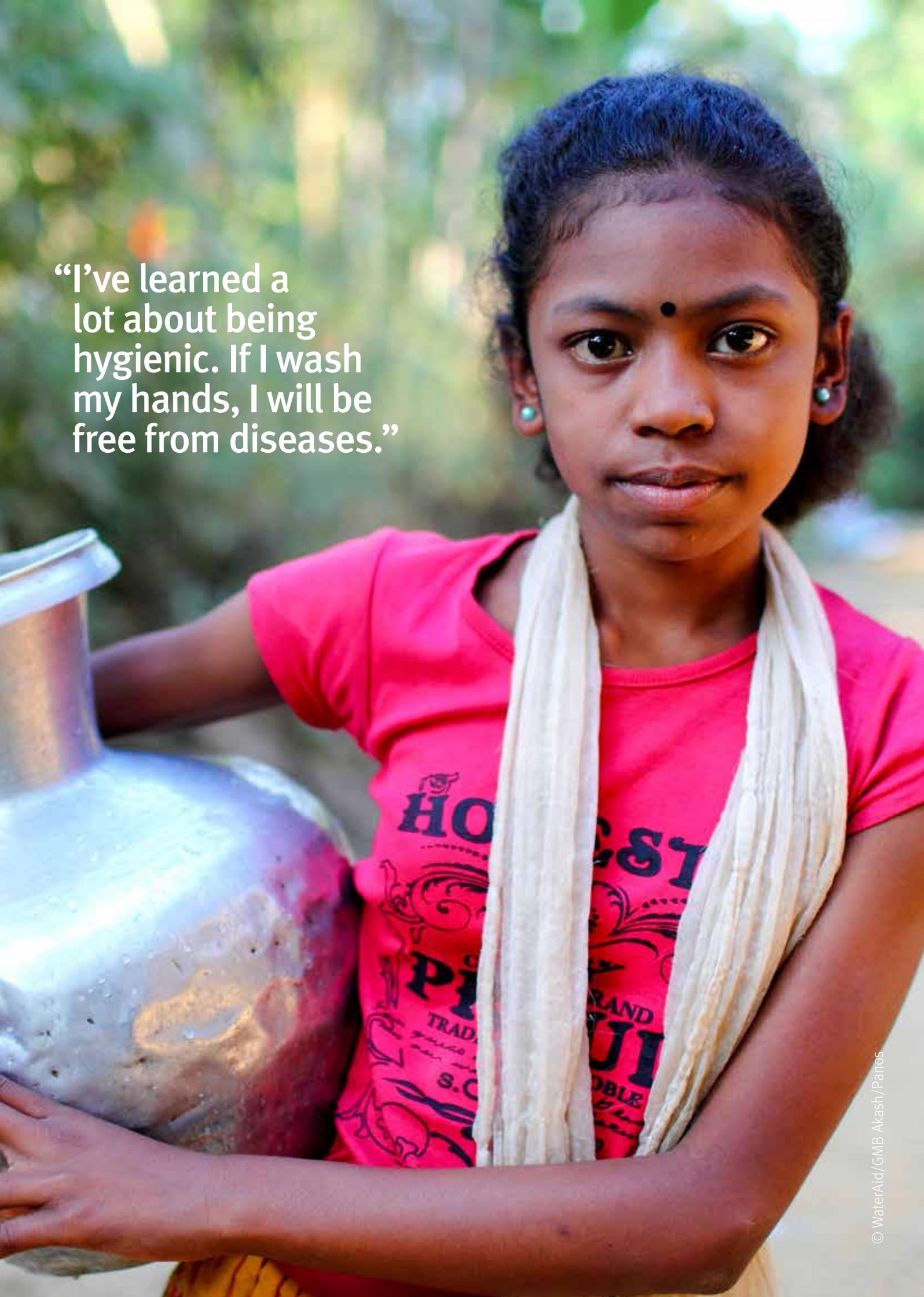
⁹WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf

¹⁰Ibid.

¹¹Calculated from the Child Health Epidemiology Reference Group (2012) and Unicef (2012) *Child mortality report*.

¹²Calculated from UN population division population statistics available at: www.un.org/en/development/desa/population and WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf

“I’ve learned a lot about being hygienic. If I wash my hands, I will be free from diseases.”



Hlifti's story



Hlifti is 13. She lives in Adi Sibhat, in the highlands of northern Ethiopia, with her parents who are farmers and her two brothers and four sisters. She goes to school and hopes to continue her education. Hlifti would like to become a doctor when she is older so that she can help people stay healthy.

Like many families across Ethiopia, Hlifti's family home has no safe water or toilet nearby.

"I collect water twice a day. I carry 20 litres. I collect water in the morning and evening. I am tired when I do it."

"We had a latrine but it collapsed. Now we go in the open away from home but the small children go behind our home and we cover it with soil. It smells."

Hlifti is fortunate to have washing facilities and toilets at her school. Since the construction of these facilities, the stark reality between her life at school and home has become clear:

"We had no toilet at school before and it was difficult for us, but now they have built a shower and a toilet. It would be nice to have facilities at home – our environment would become clean. We would wash daily and I would advise my little brothers and sisters and we would have a healthy family."

Washing facilities at school are particularly beneficial for adolescent girls like Hlifti, helping them to manage their menstruation hygienically and preventing them from having to stay at home or even drop out completely:

"When [girls] menstruate at school, they get permission from the teacher and wash at the shower. They can change their cloths every day. It is good to see that; it makes me happy."

Safe water and basic sanitation can make a huge difference to girls and young women, helping them stay in school, get an education, and in turn improve gender equality and inclusion. Providing water, sanitation and hygiene facilities in schools also helps young women like Hlifti to become agents for change, passing on good practices in their community.

In Ethiopia

41 million

people don't have access to safe water. This is over half of the population¹³.

67 million

people don't have access to basic sanitation, almost four-fifths of the population¹⁴.

33,000

children die every year from diarrhoea caused by unsafe water and poor sanitation¹⁵.

MDG progress

At current rates of progress, the MDG targets for Ethiopia will be missed by over **one million** for water and over **24 million** for sanitation¹⁶.

¹³WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf

¹⁴Ibid.

¹⁵Calculated from the Child Health Epidemiology Reference Group (2012) and Unicef (2012) *Child mortality report*.

¹⁶Calculated from UN population division population statistics available at: www.un.org/en/development/desa/population and WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPReport2013.pdf



“We had a latrine
but it collapsed.
Now we go in
the open.”

The bigger picture

These are just three stories describing the challenges facing young people growing up without access to safe water, sanitation and hygiene. Despite the promise of the Millennium Development Goals, many millions of children and young people still face the daily consequences of living without basic necessities – ranging from poor health to missed educational opportunities.

While progress has been made on improving access to safe water, it has failed to reach the poorest and most marginalised people. Slower progress on sanitation means there are almost as many people without access to a toilet as there were 20 years ago. Over 50 countries in Sub-Saharan Africa and Asia are off-track to meet one or both of the MDG water and sanitation targets¹⁷.

Studies have shown that improvements in water, sanitation and hygiene directly affect people's health, welfare and productivity. The lack of these most basic services across Sub-Saharan Africa and Asia acts as a brake on progress towards related human development goals – nutrition, health, education, gender equality, growth and unemployment.

While there has been no shortage of commitments made on improving access to water and sanitation, the international community has been too slow to implement them.

Resourcing of water, sanitation and hygiene, in both human and financial terms, falls far short of what is required¹⁸. At national, regional and international levels, decision-makers need to ensure promises are kept and commitments are turned into action. Backing coalitions focused on making this possible, such as the Sanitation and Water for All partnership¹⁹, will be crucial.

With the MDG goals soon to reach their target date, UN member states across the world are beginning to consider the question, 'What comes next?' The context has changed since the year 2000, with issues from climate change to rapid urbanisation, and the changing geographical distribution of power, wealth and poverty presenting new challenges and opportunities. More than ever, there is a clear need to recognise the integrated nature of factors affecting development and create incentives for coordinated and sustainable action across sectors.

If the post-2015 framework for development focuses on a bold and ambitious vision of ending extreme poverty, it will transform the lives of people like Mustapha, Diba and Hlifti, and ensure their children inherit a world where everyone, everywhere has access to water, sanitation and hygiene.

¹⁷WHO/UNICEF Joint Monitoring Programme (JMP) (2013) *Progress on drinking water and sanitation, 2013 update*. Available at: www.wssinfo.org/fileadmin/user_upload/resources/JMPreport2013.pdf

¹⁸WaterAid (2011), *Off-track, off-target: Why investment in water, sanitation and hygiene is not reaching those who need it most*. Available at: www.wateraid.org/~media/Publications/water-sanitation-hygiene-investment.pdf

¹⁹Sanitation and Water for All (SWA) is a partnership of governments, donors, civil society and multilateral organisations. Its aim is to ensure that all people have access to basic sanitation and safe drinking water. SWA's approaches to tackling this crisis include: hosting a biannual High Level Meeting of global decision-makers to focus on key water and sanitation issues; improving mutual accountability for delivery on sector commitments; improving information on the sector, such as in the UN-Water GLAAS Report, to assist evidence-based decision-making; providing additional support to developing countries' processes through technical assistance, coordination and support.

Keeping the promises of the MDGs

If the MDG targets for sanitation and water are to be met in those countries most in need, the rate of progress must increase.

- 1 Priority should be given to water, sanitation and hygiene at national level.
- 2 Developing countries should keep their promises on financing for sanitation in particular, and accelerate progress to ensure the MDG targets can be met:
 - Off-track countries in Sub-Saharan Africa should aim to spend at least 1% of

GDP on sanitation and at least a further 2.5% on safe water.

- Off-track countries in South Asia should aim to spend at least 1% of GDP on sanitation.
 - Access for the poorest and most marginalised people should be prioritised.
- 3 Donor countries should prioritise spending to the most in-need countries and double global aid flows to water, sanitation and hygiene to release an additional US\$10 billion per year.

- 4 Developing countries, donors, development partners and civil society should work together through the Sanitation and Water for All (SWA) partnership to maximise the impact of WASH resources.
- 5 SWA partners should use the High Level Commitments Dialogue to ensure that the 2014 High Level Meeting marks a step-change in progress, delivering the future we want for everyone, everywhere.

Building a new framework

The MDGs must be followed by a bold, ambitious new framework. At its core should be an end to extreme poverty by 2030. This can only be achieved if everyone, everywhere has access to water, sanitation and hygiene.

Specifically, the new framework must:

- 1 Include a dedicated goal on water and sanitation and set ambitious targets to achieve universal access to WASH by 2030 that prioritise the following²⁰:

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

- 2 Recognise that universal access to water, sanitation and hygiene is an essential component of an integrated approach to tackling poverty, hunger, ill-health and inequality.
- 3 Recognise that achieving lasting universal access to water, sanitation and hygiene depends on establishing accountable systems for equitable and sustainable management of water resources.

²⁰WHO/UNICEF Joint Monitoring Programme shared vision for progressive realisation of the human right to water and sanitation. See www.wssinfo.org/post-2015-monitoring/overview/ for full technical proposals for post-2015 WASH targets and indicators.

The three young people featured in this publication – **Mustapha** in Madagascar, **Diba** in Bangladesh and **Hlifti** in Ethiopia – were all born since the MDGs were agreed in 2000. Their stories illustrate the serious challenges still faced by those growing up without full access to clean water, basic sanitation and hygiene.



WaterAid transforms lives by improving access to safe water, sanitation and hygiene in the world's poorest communities. We work with local partners and influence decision-makers to maximise our impact.

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