





# Sparking chain reactions

By working together, we have transformed millions of lives with clean water, decent toilets and good hygiene.

In 2017-18 we helped millions of people achieve clean water, decent toilets and good hygiene by working together with communities, governments, businesses and civil society organisations.

By working in partnership, we have strengthened institutions, provided models for others to replicate, and advocated for changes in policy and practice.

It is hugely satisfying to see firsthand how, by working directly with communities to install clean water and decent toilets, and to improve hygiene, we help them transform their lives. This vital aspect of our work not only provides direct benefit but also keeps us connected to the people we serve, and allows us to test and prove new approaches.

For an even bigger impact, we actively promote these approaches for others to use. To make such transformations normal for everyone, everywhere by 2030, we also work with others – especially governments, businesses and civil society organisations. This means we can spark chain reactions that secure greater improvements than we could achieve by ourselves.

In Mali, for example, we ran a programme over three years to integrate water, sanitation and hygiene into 23 health care facilities with a combined catchment of over 1.8 million people. We then produced good practice guidelines based on the experience, in partnership with the Ministry of Health and World Health



New water pump in Tombohuaun, Sierra Leone.

Organization. Other partners are using these to improve another 450 facilities across the country.

Combining direct delivery with this kind of collaboration and influencing is the heart of our global strategy.

#### A crisis needing more urgency

Together, the world as a whole has many successes to celebrate. Since 2000, **1.4 billion** people have gained access to clean water and decent toilets.

But this progress is nowhere near fast enough. Around 289,000 children under five die every year from diarrhoeal diseases caused by poor water and sanitation. That is almost 800 children a day.

At our current pace, everyone in low– and middle–income countries will only have safely managed water by 2064, and safely managed sanitation by 2107. This is a crisis, and we all need to address it with more urgency.

Front cover images: Top – Rekha, in Birtadeurali, Nepal. Bottom – Collecting water in Bundelkhand, India. To ensure we combine our own efforts as effectively as possible, the seven national members of the WaterAid Federation – Australia, Canada, India, Japan, Sweden, the UK and the US – all share the same global strategy. Together we focus on:

• **Equality** – we tackle the inequalities that prevent the poorest and most marginalised people from realising their rights.

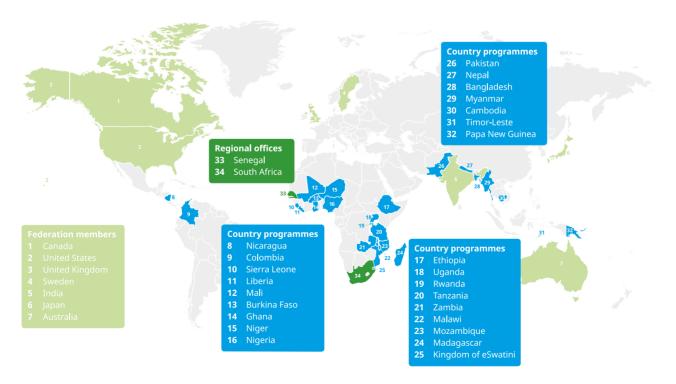
• Sustainable services – we support governments and service providers to strengthen systems to deliver services that last.

• **Integration** – we work with others to develop plans that accelerate change by integrating water, sanitation and hygiene into sustainable development.

• **Hygiene** – we positively influence hygiene behaviour to maximise the benefits of access to safe water and sanitation.



Aissata with her baby daughter Kadiatou at a vaccination clinic in Mali.



## Where we work

Find out more about where we work

# Achievements at a glance

Together with our partners we reached millions of people who directly benefited from our work installing clean water and decent toilets, and promoting good hygiene, in their homes, schools and healthcare centers.

We also indirectly benefited millions more by influencing and strengthening the policies and practices of governments, businesses and civil society organisations, so that we can spark lasting change on a bigger scale.

We do this by:

 Convincing governments to change laws and policies

- Strengthening service providers' capacity
- Changing attitudes and behaviours
- Pooling knowledge and resources

 Rallying support from people and organisations around the world.

Our cause receives huge support from the general public worldwide, with over 400,000 people actively volunteering, donating and campaigning.

#### References

1. Numbers for households and schools = people who use these services every day. Numbers for healthcare facilities = the population each facility exists to serve, adjusted to reflect the scale of alternative / private provision.

2. People reached either through facilities or sustained promotion. Hygiene promotion numbers are estimates of people reached with hygiene promotion messages at least three times in a year through local marketing campaigns in communities, in schools and via local health services.

## We got clean water to:

321,000 people in households<sup>1</sup>
148,000 people in schools<sup>1</sup>
971,000 people in healthcare centres<sup>1</sup>

## We got decent toilets to:

405,000 people in households<sup>1</sup>
151,000 people in schools<sup>1</sup>
868,000 people in healthcare centres<sup>1</sup>

# With good hygiene, we reached:

1,433,000 people in households<sup>1, 2</sup>
198,000 people in schools<sup>1, 2</sup>
950,000 people in healthcare centres<sup>1, 2</sup>

We also worked with governments to change 14 national policies, strategies or standards.

Improved water service management in 26 urban public utilities.

Strengthened management capacity to deliver clean water, decent toilets and good hygiene in 84 rural districts.

# Equality

Together with our partners we are determined to reach everyone, whatever their gender, age or ability. Water and sanitation are human rights; it is each UN Member States' duty to ensure everyone can claim them equally. We and other organisations are increasingly understanding and addressing why people do not have these services. We are also supporting them to engage with governments to make decent facilities normal for everyone. But slow progress and weak accountability mean millions of people are still being left behind.

Empowering people to claim their rights, and holding governments responsible for addressing discrimination, brings long-term changes in attitudes, policies and laws. We are working to change and strengthen systems so that everyone's rights are fulfilled, sustainably.

## Examples of our impact

Together with partners in Cambodia we are committed to building a workforce of skilled professionals to deliver and sustain water, sanitation and hygiene services. Women face significant barriers, so we are working in partnership to provide them with relevant training, skills and mentoring to boost their study, career and leadership opportunities.

In a unique project funded by the Bill and Melinda Gates Foundation, we teamed up with the London School of Hygiene and Tropical Medicine to understand challenges that young disabled women face in Nepal. Using research findings, we developed an intervention so women could manage their periods more independently.

In Debre Tabor, Ethiopia, we made sure 410 more households now have water, and at cheaper rates previously only available to wealthier residents. Through our Twenty Towns project with Yorkshire Water we linked service providers with the town's customer forum, who supported poor households to jointly fund installing shared taps.



Top: Suon Nai, 30, with her son En Chea, 8. Middle: Bijeshwori from Nepal. Bottom: Muluken, Water Utility Manager, Ethiopia.

# Sustainable services

To make a lasting difference, clean water, decent toilets and good hygiene need to remain a normal part of daily life long after being introduced. This takes the right skills and financing, strong utilities and supporting systems, and tried and tested behaviour change. Recognition is growing of the need to invest in these areas, but action has been slow. Too many other organisations simply build facilities and hand them to communities without ensuring they can be maintained. Facilities break, and people return to unhealthy habits.

By strengthening every part of the systems involved, from the national to the local and adapting to each context, we help communities feel the benefits long after we have gone.

## Examples of our impact

Together with partners in Nicaragua, we launched a hub for affordable technologies – the Smart Centre. With private and public sectors involved, we reached over 4,600 people with water filter technology, in-line chlorination in piped drinking water supply systems and rooftop rainwater catchment systems.

• We examined 600 hand pumps and boreholes installed by governments and other organisations in Uganda, Ethiopia and Malawi to investigate why they sometimes stop functioning. Finding poor implementation to be the main problem, we published guidelines to build high quality, lasting facilities.

Since 2015 our co-compost plant in Sakhipur, Bangladesh, has been turning toilet waste into a valuable resource. This year it turned 990 tons of waste into 22 tons of compost, and attracted government interest as a model solution to sewage challenges.







Top: Constructing a rainwater harvesting tank in Wawa Bar, Nicaragua. Middle: Mary from Uganda. Bottom: Shared toilet and water facilities in Mollar Bosti, Bangladesh.

## Integration

The challenges that marginalised people face cannot be separated into isolated issues – so neither can the solutions. Clean water, decent toilets and good hygiene are an essential foundation for people's human rights. By integrating plans and policies between different sectors, such as health, nutrition and education, we can make a bigger difference. However, despite growing interest in this, governments are rarely integrating work across sectors. Opportunities are being missed, and progress restricted.

Leaders need proof that integration works, so we are sharing evidence from our work and beyond, to influence change at local and global levels.

## Examples of our impact

In Tanzania we are improving maternal and child health for over 660,000 people by providing water and sanitation services at 12 obstetric and neonatal care clinics. We constructed waste incinerators and placenta pits in all of the centres, and water sources in half of them, and trained health workers and others in sanitation and hygiene best practice.

In Bangladesh we worked with the Shorno Kishoree Network Foundation, a network of 5,000 adolescent girls on a special programme on girl-friendly toilets and proper menstrual hygiene management in schools. The network enabled the girls to learn and speak openly about menstrual health, and brought national attention to the challenges girls face staying healthy in school.

In Mali we joined with the World Health Organization to help revive a national taskforce to improve hygiene in hospitals and clinics. By encouraging better collaboration and integration across the health and the water, sanitation and hygiene sectors, the taskforce will help health care centres to be as clean as everyone should expect.







Top: Sada with her baby Jafary, Tanzania. Middle: Shamoli from Bangladesh. Bottom: Dr Dramane Daou, Mali.

# Equality

We welcome the increasing global attention being paid to hygiene. However, this has focused mostly on handwashing with soap, when people benefit more by combining this with food hygiene, staying clean during their periods, and keeping homes and hospitals clean. This takes more than adequate facilities – hygienic habits are essential. And changing behaviours is hard. But growing evidence shows that behavioural psychology approaches work better than traditional one-off hygiene lessons.

Our experience also demonstrates what is needed to make it normal for everyone, everywhere to practise good hygiene. Integrating a package of interventions, including evidencebased hygiene promotion with water and sanitation improvements, and with health, nutrition and education policies, is key.

## Examples of our impact

In Papua New Guinea and Timor-Leste, we started a new partnership with Marie Stopes International to deliver services and increased awareness on sexual and reproductive health, and menstrual hygiene practices. The three-year project will enable over 9,000 women and girls to use their choice of contraception, and improve knowledge among nearly 15,000 girls, boys adults.

In Madagascar, Malawi, Mozambique and Bangladesh we researched and designed creative hygiene promotion campaigns for use at local level. Together with governments we designed different packages for communities, schools and health care workers, so they are more likely to motivate people to healthy habits.

During the cholera outbreak in Lusaka, Zambia, we worked with the Government promoting good hygiene in the city's worst affected areas. Combined with a vaccination programme, this helped to stem the spread of the disease.







Top: Schoolgirls in Timor-Leste. Middle: School children in Mozambique. Bottom: Lilian, community volunteer.

## **Our partnerships**

Together, we have a bigger impact. Here are just a few examples of our partnerships with governments, businesses and civil society organisations.









#### HSBC supply chains in India and Bangladesh

Together with HSBC we launched a new three year project to improve the sustainability of apparel supply chains in India and Bangladesh. By advancing water management and transforming working and living conditions we will change thousands of lives. Village women collecting water in Khulna, Bangladesh.

#### Yorkshire Water, Twenty Towns project

We continued our project with Yorkshire Water, linking their experts with utilities and municipalities in 20 Ethiopian towns. It strengthened the utilities' ability to deliver improved and lasting services to the towns' nearly one million residents. The team has shared valuable skills including leak management, water testing and customer billing.

Tenalem, electrician at Debre Tabor Water Utility.

### Plan International and Unicef

Working together with Plan International and Unicef, we researched and created guidance on how to reach people in the most remote areas of the world. Our guidance will help policy-makers to design, fund and build services that will work best in their context. Bundelkhand region of Uttar Pradesh, India.

### DFID, Andrex and Belu, Untapped

For our Untapped campaign, our partners Andrex reached 1.25 million people through cash machine advertising and ethical water company Belu reached almost 2 million people, while raising over £40,000 through their customers and D&D London. Our supporters surpassed expectations and the UK Government matched donations. Together, we raised £8.2 million, enough to reach 250,000 people.

Promoting Untapped in London.









#### Government of Nepal, maternal hygiene

Our ground-breaking initiative with the Government of Nepal meant that the proportion of mothers practicing good hygiene increased from 2% to 53%. Cases of diarrhoea fell from 15% to 5%. We trained healthcare workers to motivate tens of thousands of mothers to practise breastfeeding, handwashing, food hygiene, water treatment and faeces management. Mandari with her daughter Sarita

### Gates Foundation and Gavi, action on cholera

At the World Health Assembly we co-hosted an event with the Global Taskforce on Cholera Control, the Bill and Melinda Gates Foundation and Gavi, the Vaccine Alliance. We rallied countries and partners to reduce cholera deaths by 90% by 2030. The plan calls for governments to prioritise clean water, decent toilets and good hygiene – alongside quality health care and vaccinations. Garden Compund, Lusaka, Zambia.

#### Japan's International Cooperation Agency (JICA)

JICA is leading the Initiative for Food and Nutrition Security in Africa, to help governments implement nutrition policies faster. In response to our advocacy work on integrating water, sanitation and hygiene with other sectors including nutrition, JICA asked us to lead a workshop on the issue – together we strengthened their policies and practices.

#### Marie from Madagascar.

## Swedish International Development Cooperation Agency (SIDA)

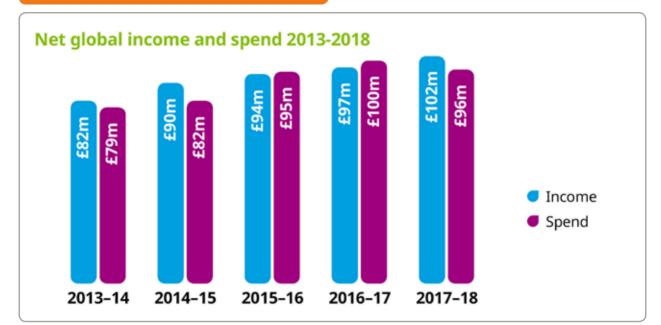
Our partnership with SIDA goes beyond matching funds to specific projects. Together we are committed to leaving no one behind, with a strong focus on gender equality. We pursue our shared vision and values in the global policy arena, through national advocacy and local development activity. It is an approach we are keen to replicate with other partners. **Imalingat from Uganda.** 

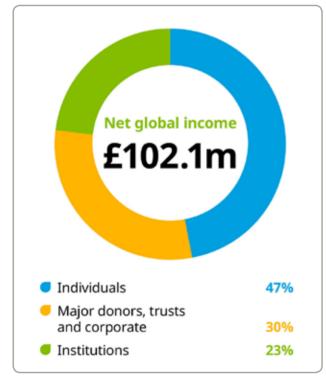
To discuss how we could work together, please contact your nearest WaterAid member using the details on page 12.

# **Finances**

Between 2017-18, our net global income was £102.1 million, and our net global spend was £95.7 million.

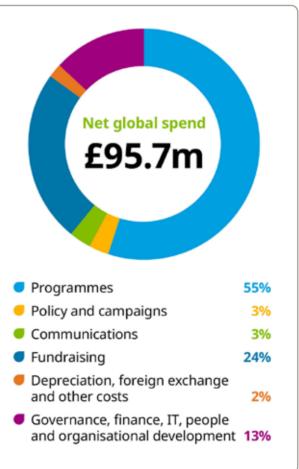
These summary accounts are based on audited accounts for each federation member. <u>Please see each member's</u> <u>annual report for details.</u>





Net global income is net of transfers from other members.

Net global spend is net of other member funding.



## Find out more

# The WaterAid federation

WaterAid is a federation of national member organisations. We collaborate to maximise our collective impact towards our shared vision.

To date, we have seven national member organisations. Each mobilises support in its home country, engaging individuals, companies and institutions to raise funds and influence policies to support our mission. We collaborate on regional and global advocacy and campaigns to influence governments, companies and international institutions. Four of our federation members also manage country programmes on behalf of our global network.

Our work together is coordinated through our federation, WaterAid International. This is governed by our International Board, made up of representatives of our member organisations, and supported by our Executive Director and a small secretariat. <u>Federation members' annual reports</u> <u>How we're run</u>

## Contact our federation and federation member offices

The WaterAid Federation Australia Canada India Japan Sweden United Kingdom United States



If you share our commitment to reaching everyone, everywhere with clean water, decent toilets and good hygiene by 2030, let's discuss how we could work together. Or visit us at www.wateraid.org