



## Water and Sanitation Policy

### **Introduction**

Access to safe water and sanitation is a human right<sup>1</sup> with everybody entitled to *sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses*. Nevertheless, 780 million people lack access to safe water and almost 2.5 billion do not have adequate sanitation facilities<sup>2</sup>, a major contributing factor to disease transmission, ill health, misery and death throughout the developing world.

According to the World Health Organisation<sup>3</sup>, 1.8 million people die from diarrhoeal diseases (including cholera) each year, 90% of whom are children under the age of five. With 88% of cases of diarrhoeal disease attributed to an unsafe water supply, and inadequate sanitation and hygiene, evidence shows that:

- An improved water supply reduces diarrhoea morbidity by 21%.
- Improved sanitation reduces diarrhoea morbidity by 37.5%.
- The simple act of washing hands at critical times can reduce the number of diarrhoeal cases by up to 35%.
- Additional improvement of drinking-water quality, such as point of use disinfection, would lead to a reduction of diarrhoea episodes of 45%.

Since 2000, efforts to tackle the water and sanitation crisis have been measured against targets 10 and 11 of Millennium Development Goal 7 (Environment Sustainability) which sought to *halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*. Globally, the target for improved access to safe drinking water was met in 2010<sup>4</sup>, 5 years ahead of schedule, reflecting the significant investment made in improving water infrastructure around the world. Between 1990 and 2012, over 2.3 billion people gained access to an improved source of drinking water, reducing the percentage of the world's population without access from 24% to 11%. Efforts to meet the target for improved access to basic sanitation have been less successful. Despite 2 billion people having gained access to an improved sanitation facility, there remains 2.5 billion without and 1 billion still resorting to open defecation. According to the UN, 'much greater effort and investment will be needed to redress inadequate sanitation in the coming years'<sup>5</sup>.

Future efforts and investment will be measured against the Sustainable Development Goals (SDGs) which seek to build on the Millennium Development Goals (MDGs) and complete what was not achieved by the year 2030. For this new global agenda, Water and Sanitation have been designated their own goal (number 6) which seeks to *ensure the availability and sustainable management of*

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<sup>1</sup> The UN Committee of Economic, Social and Cultural Rights, 2002

<sup>2</sup> <http://www.unwater.org/water-cooperation-2013/water-cooperation/facts-and-figures/en/>

<sup>3</sup> [http://www.who.int/water\\_sanitation\\_health/publications/factsfigures04/en/](http://www.who.int/water_sanitation_health/publications/factsfigures04/en/)

<sup>4</sup> <http://www.un.org/millenniumgoals/2014%20MDG%20report/MDG%202014%20English%20web.pdf>

<sup>5</sup> Wu Hongbo, Under-Secretary-General for Economic and Social Affairs



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*water and sanitation for all by 2030*. Whilst the MDGs clearly demonstrate good progress against this goal globally (at least with regards to access to clean, safe water), there remains much to be done, particularly in sub-Saharan Africa which is likely to miss the MDG target by the end of 2015.

At a strategic level, Aidlink views improved access to water and sanitation as integral to *reducing poverty and improving the lives of the targeted rural poor, particularly girls and women*, in line with the overall goal of the Integrated Rural Community Development Programme (ICDP). Whilst the focus of our work is on *reducing the incidence of disease associated with poor water, sanitation and hygiene conditions*, we recognise the wider impact of improved access to clean, safe water in the other sectors in which we work, namely health, education and agriculture. Water and Sanitation therefore represents the foundation upon which all of our programmes are based.

As well as working towards the targets established by the MDGs and the SDGs, Aidlink's focus on Water and Sanitation is in line with Irish Aid's 2006 *White Paper* commitment to *support activities which increase access to water and sanitation*.

### **Scope**

This policy paper sets out Aidlink's objectives with regards to WASH programming and clarifies, both internally and for partners, the priorities and limits for support from Aidlink within this theme. It also seeks to provide guidance and focus for partners in developing their WASH programmes. Aidlink, through its partners, recognises the importance of working with local communities and their leaders, and local government in implementing any programme. They are therefore involved at all stages of the process, from planning through implementation to ensuring the long-term sustainability of the intervention.

### **Focus**

Aidlink's Water, Sanitation and Hygiene (WASH) programming has three main objectives:

- Increasing access to safe, sufficient and reliable drinking water supply;
- Increasing access to improved sanitation
- Instigating sustained positive change in hygiene behaviour

This is realised through targeted interventions in contexts in which people are vulnerable to WASH-related disease and under-development, notably poor communities and primary schools situated in rural and peri-urban areas.

The communities and schools targeted for WASH programming are identified by Aidlink partners following a needs assessment. This is carried out prior to the intervention in consultation with local government officials and the targeted communities.



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### Guiding Principles

Aidlink WASH programmes are governed by the following principles within an overarching Human Rights Based Framework to programming:

- **Rights Based Programming.** WASH strategies and programmes will be guided by a rights based approach.
- **The Partnership Approach.** Aidlink will continue to support and build the capacity of partners to develop innovative approaches and leverage resources. Aidlink continues to encourage greater coordination and collaboration, knowledge management, use and sharing, both between partners and other agencies/stakeholders.
- **Working with Government.** Aidlink and partners continue to work with and alongside local government to improve service delivery in the context of local Poverty Reduction Strategy Plans and National Development Plans.
- **Participation.** Aidlink programmes are founded on a participatory approach which brings together local communities, local authorities and partner organisations in an open, accountable and transparent manner to bring about community-owned and sustainable change.
- **Gender.** Women and girls have a central role in WASH, as the main providers of domestic water supply and sanitation, and as maintainers of a hygienic home environment. Aidlink promotes the full involvement of women, particularly in decision-making processes, in all WASH activities.
- **Pro-Poor Approaches.** Meeting the rights of the poor to WASH is at the heart of Aidlink's mission. Aidlink, alongside its partners, will undertake concerted efforts in advocacy to ensure that the voices of the poor are represented at national level and that government resources and policies are directed to those most in need.
- **Evidence-Based Advocacy and Programme Design.** Aidlink aims to ensure that programme designs are based on the best available information and knowledge, and that advocacy is based on rigorously analysed evidence.
- **Learning-Based Approaches Guided By Results.** Programme activities should reflect clear learning and evidence of what works in practice.

### Strategies



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The below strategies are in line with the UNICEF pillars for effective and sustainable WASH programmes<sup>6</sup>.

- **Providing New Water Sources to Under-Served Communities.** Equitable access to safe and sustainable drinking water is essential for poverty reduction and the economic and social development of communities and individuals. Aidlink and partners therefore work to construct and rehabilitate shallow-wells, boreholes and protect springs in communities which have limited or no access to clean, safe water. Improved access to water – alongside hygiene and sanitation interventions – reduces poverty by increasing productivity and lowering healthcare costs. Safe water sources near homes reduce the time-burden of fetching water (a task disproportionately performed by women and girls) and provide opportunities for poor families to engage in small-scale productive activities such as market gardening<sup>7</sup>. Ensuring the sustainability of new water sources is equally important to their initial construction with high system breakdown rates resulting in no lasting benefits for the community. Sustainability depends on many factors including: participation by communities and households (especially women and children) in programme planning, design, implementation, operation and maintenance; a range of technologies that are within the means of communities and households to operate and maintain; the existence of functional supply chains for spare parts and supplies; the technical, financial and institutional support capacity of intermediate-level actors; and the existence of enabling and supporting legislation. Sustainability will be a central design element in all Aidlink WASH programmes.
  
- **The Promotion of Hygiene and Sanitation Behaviour Change at the Household Level.** Evidence shows that hygiene and sanitation behaviour change is a key factor in saving lives, and that targeting at the household level is the most effective means of ensuring this. Aidlink and partners promote home improvement through the construction of basic hygiene facilities such as tippy taps, dish racks, pit latrines, water jars etc. out of local available materials. A clean living environment, including access to sanitary means for excreta disposal and an adequate water supply for washing is linked, not just to well-being, but to the dignity of families and communities<sup>8</sup>. The “home improvement programme” is also accompanied by hygiene and sanitation promotion that focuses on key household practices such as hand washing, the disposal of faeces, and boiling water before use etc. This is led and re-enforced by pre-existing, or newly established community structures such as Village Health Teams (VHTs), Community Health Workers (CHWs) and Water User Committees (WUCs). These structures are trained by Aidlink partners in partnership with local government officials and follow both local and national government policy.

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<sup>6</sup> UNICEF’s three pillars for effective and sustainable WASH programmes: Enabling Environments; Behavioural Change; Water and Sanitation Services.

<sup>7</sup> UNICEF water, sanitation and hygiene strategies for 2006 - 2015

<sup>8</sup> Ibid



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- **WASH in Primary Schools.** WASH is an important prerequisite for ensuring the right to basic education and the realisation of a child-friendly learning environment<sup>9</sup>. Children commonly miss school because they are too busy fetching water or are sick with a water-related disease. Girls, especially those who have reached the age of menarche – are often reluctant to stay in school when toilet and washing facilities lack privacy, are unsafe, or are non-existent. Even when children are in school, they are often not meeting their learning potential due to mental stunting caused by worm infections and diarrhoea. Aidlink aims to ensure that programmes combine improved sanitation and hand-washing facilities in schools with hygiene education that can improve the health of children for life. School-based programmes also have the potential to instigate positive change in the community as a whole; with evidence showing that children act as powerful advocates for improved hygiene in the home.
- **Lobbying and Advocacy.** Working through a rights based approach, lobby and advocacy represents a fundamental part of Aidlink’s WASH strategy and is built into programming at the micro, meso and macro levels. At the micro level, Aidlink and partners seek to build target communities awareness of their right to water and sanitation, and increase their capacity to hold duty-bearers to account through events such as *Walk for Water* and *World Toilet Day*. At the meso level, partners seek to utilise their strong working relationship with local government to advocate for improved service delivery, ensuring that the government is accountable and responding to the needs of community members. At the macro level, Aidlink and partners participate in national networks which bring NGOs together to develop a united voice and consistent proposals based on data and analysis. This then forms the basis for strengthened engagement with government, service providers and other key WASH stakeholders, ensuring that policies, legislation and services are pro-poor, and focused on realising the right to water and adequate sanitation for all.
- **Capacity Building of Partners.** Through its Organisational Approach to Capacity Building, Aidlink works with its partners to ensure that they have the organisational and technical capacity (knowledge, skills and experience) to design and implement specific projects in relation to each of their programme themes, including WASH. This is realised primarily through; the provision of technical support and training, either by Aidlink staff, another partners’ staff with a particular competency in the area, or an external consultant who has the relevant expertise; facilitating partners’ to participate in national and international networks who provide access to resources and support in areas such as WASH.

### **Approach**

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<sup>9</sup> In line with the UNICEF Child Friendly School model.



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There are a number of recognised approaches to WASH programming, as documented by WaterAid<sup>10</sup>. Whilst Aidlink does not itself subscribe to any specific approach, instead encouraging its partners to adopt and adapt that which is most appropriate to the context in which it operates, partners have chosen to utilise the CLTS and PHAST approaches above all others. A brief summary of each approach is provided below:

- **CLTS.** Originally developed in India, Community Led Total Sanitation (CLTS) is an approach for achieving and sustaining open-defecation (OD) free communities. It aims to mobilise people to create OD-free environments through behavioural change, rather than the provision of latrines and hardware. CLTS involves communities analysing their sanitation conditions, the practices of defecation and the consequences this has on public health, evoking a sense of shame, fear and disgust about OD. CLTS concentrates on the whole community rather than on individual behaviour and raises awareness that as long as even a few people continue to defecate in the open, it poses a risk to everyone. People then collectively decide on how they will create a clean and hygienic environment that benefits everybody. CLTS works on the basis that providing latrines or other hardware does not guarantee improved hygiene and sanitation behaviour and is not sustainable. It therefore advocates for communities to construct latrines themselves, improve solid waste management, adopt hygienic practices and protect and maintain drinking water sources. For more information on CLTS, please visit [www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org).
- **PHAST.** The Participatory Hygiene and Sanitation Transformation (PHAST) approach aims to improve hygiene behaviours and encourage effective community management of water and sanitation services. PHAST is based on the principle that community participation is essential, empowering local people to improve their own situation but taking responsibility for the services they need and want. As communities gain awareness of their water sanitation and hygiene situation through participatory activities, they are empowered to develop and carry out their own plans to improve the situation. PHAST uses local languages, situations and perceptions across 7 key stages, from problem identification and analysis, to planning and selection of appropriate solutions. These solutions can incorporate the construction and management of new facilities, the adoption of safer individual and collective behaviour change, and the training of community workers to ensure the sustainability of the intervention. It is important that PHAST has the full support of a community before being implemented. For more information on PHAST, please visit: [www.water.worldbank.org/phast](http://www.water.worldbank.org/phast)

### **Crosscutting Issues**

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<sup>10</sup> For a summary of the different recognised sanitation and hygiene approaches, WaterAid have produced a guide: <http://www.wateraid.org/~media/Publications/Sanitation-and-hygiene-approaches.pdf>



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- **Gender.** A lack of access to water, sanitation and hygiene affects women disproportionately, due to both biological and cultural factors. In addition to meeting women's specific practical needs, WASH is also essential for their social and economic development, contributing towards gender equality and the realisation of their rights<sup>11</sup>. Aidlink supports partners to tackle the specific issues which affect women in target communities by monitoring and promoting a gender balance throughout WASH programmes.
- **Environment.** The relationship between WASH and the environment is evidenced by the Millennium Development Goals which place water and sanitation under goal 7: *Environmental Sustainability*. As a finite, although renewable, resource, the water supply needs careful management to ensure that it can meet the basic needs of the population, whilst respecting the needs of the environment, particularly where waste treatment relies on natural processes. As such, Aidlink emphasises the sustainable management of the natural environment in order to ensure that risks to service delivery such as flooding, erosion and pollution are not realised. With the impact of climate change on water stress and scarcity likely to intensify in the future, ensuring that drought mitigation strategies are in place should form a key component of WASH programming in the future.
- **Sustainability.** The sustainability of a programme depends on many factors, including participation by communities and households at all stages of the intervention; a range of technologies that are within the means of communities to operate and maintain; the existence of functional supply chains for spare parts and supplies; the technical, financial and institutional support capacity of intermediate-level actors; and the existence of enabling and supporting legislation<sup>12</sup>. Aidlink aims to ensure that long-term sustainability is a key consideration in the design of all its WASH programmes.
- **Monitoring and Evaluation.** Aidlink's approach to M&E is governed by its monitoring and evaluation policy (May 2014) which outlines both our partners and our own commitments to M&E. The implementing partner is responsible for front line monitoring and evaluation and will carry out three quarterly reviews and one end of year evaluation to assess the progress and impact of this project. Aidlink monitors the implementation of project activities from its Dublin base, receiving both informal and formal reports on a regular basis and tracking the emerging results against expected outcomes. Furthermore, Aidlink conducts at least one site visit per annum to each partner to assess and verify the implementation of activities and the reported outcomes. These visits also include an assessment of the lessons learnt from each project in order that future planning can be improved.

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<sup>11</sup> [www.wateraid.org/WASH-womens-rights-and-gender-equality](http://www.wateraid.org/WASH-womens-rights-and-gender-equality)

<sup>12</sup> UNICEF Water, Sanitation and Hygiene Strategies for 2006 - 2015