



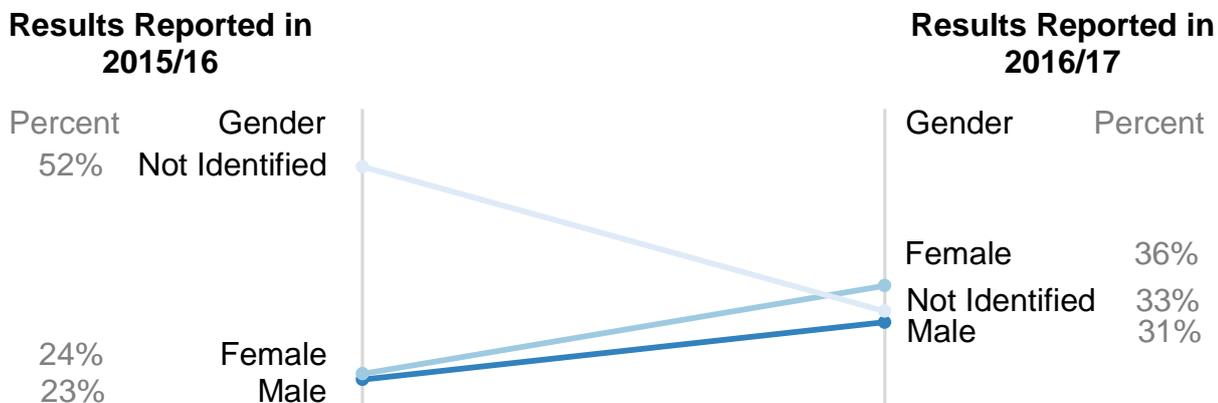
Water, sanitation and hygiene (WASH)

Number of people with sustainable access to clean water and/or sanitation through DFID support.

1. Results¹

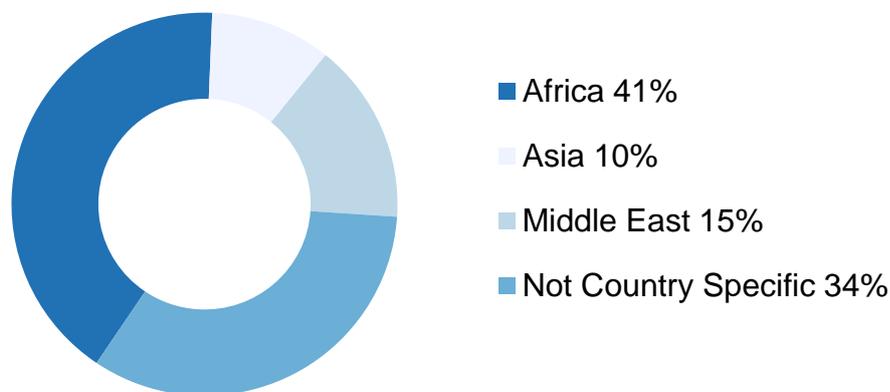
In 2015-2017 DFID supported **27.2 million** people to access clean water and/or better sanitation.

Figure 1: Change in gender-disaggregated WASH results between the 2015/16 and 2016/17 reporting period:



Of the results that have been disaggregated by gender from 2015 to 2017, DFID water, sanitation and hygiene programs reached 9.8 million women. DFID is continuously working with our existing partners towards improving collection of disaggregated data². In 2016/17 67 percent of our reported WASH results were disaggregated by gender. This is a 20 percentage point increase in data disaggregation by gender between the results reported in 2015/16 and the results reported in 2016/17.

Figure 2: DFID's WASH results by region



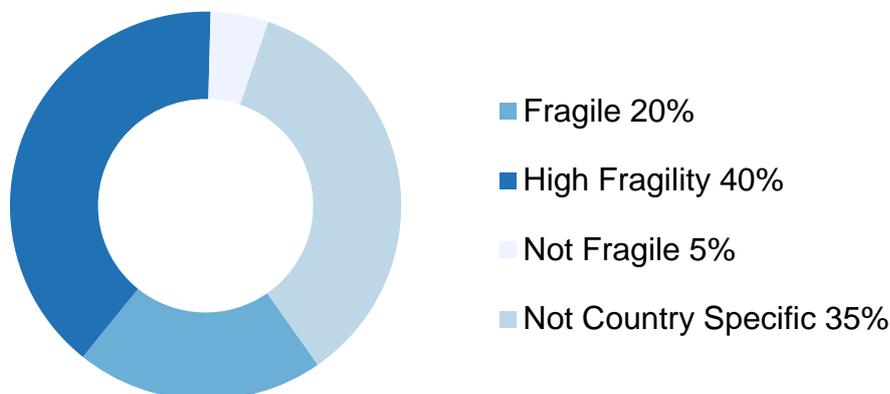
¹ Note that all the figures are rounded down to the next 100,000. Rounding may mean that the total figure do not correspond exactly to the sum of the country/department results quoted in the text. For more detailed figures please refer to the 'Results by DFID Office and Indicator' dataset.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf

From 2015 to 2017, Africa was the largest beneficiary of DFID WASH programmes, with 11.2 million beneficiaries reached. DFID reached 4.1 million beneficiaries in the Middle East: the majority of whom were in Syria (3.5 million). DFID reached 2.7 million beneficiaries in Asia.

A further 34 percent (9.1 million beneficiaries) of DFID's WASH results were delivered via non country specific programmes, non-region specific programmes, and multilateral organisations.

Figure 3: WASH results by fragility level



States are considered fragile by DFID if they are:

- Fragile states defined based on objective data on state stability from United Nations and the World Bank.
- Neighbouring countries of fragile states and/or part of the three designated regions: Middle East, North Sahara and South Sahara.

DFID produces an internal listing of fragile states³ which is used to monitor the UK commitment to focus resources in fragile states. Most of the population reached by DFID water, sanitation and hygiene programs live in fragile states (16.4 million beneficiaries), including 10.8 million beneficiaries living in states with a high level of fragility.

A further 35 percent (9.5 million beneficiaries) of DFID's WASH results were delivered via non country-specific programmes, non region-specific programmes, region-specific programmes⁴, and multilateral organisations.

2. Context

Safe drinking WASH confers health, social and economic benefits⁵. Universal access to WASH could prevent 842,000 diarrhoeal deaths per year in low and middle income countries. WASH is linked to the prevention of a range of other diseases including malaria and neglected tropical diseases⁶. Inequalities are compounded by lack of access to WASH⁷.

In September 2015, world leaders agreed to 17 Global Goals for Sustainable Development⁸. Global Goal 6 aims to ensure availability and sustainable management of water and sanitation for all by 2030. It includes the targets:

- Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all.

³ According to Full list of Fragile States and Region in 2017 published by DFID.

⁴ Results from regional programmes were not included in the fragility disaggregation, since they benefit multiple countries with various level of fragility.

⁵ Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage, WHO, 2012.

⁶ Preventing diarrhoea through better water, sanitation and hygiene: exposures and impacts in low- and middle-income countries, WHO, 2014.

⁷ Progress on Drinking Water and Sanitation: 2012 Update, WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

⁸ More information can be found here: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

- Target 6.2: By 2030, 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.

Indicators and methodologies to monitor progress against these targets are currently being developed by the WHO/UNICEF Joint Monitoring Programme (JMP)⁹ and the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water.

Globally, progress has been made. 68% of people now use an improved sanitation facility and 91% an improved drinking water source, compared to 54% and 76% in 1990¹⁰. At the Millennium Summit in September 2000 world leaders adopted the UN Millennium Declaration, committing their nations to a global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015, that have become known as the Millennium Development Goals (MDGs). The MDG target on water was met in 2010 but improved drinking water sources do not necessarily provide safe water, free of contamination. The MDG target on sanitation was not met and 2.4 billion people still lack access to improved sanitation. Progress globally has been uneven and both the MDG water and sanitation targets were not met for least developed countries. Only 37% of people living in least developed countries have access to improved sanitation¹¹.

3. Methodology summary

The methodology counts the number of people gaining access to water and/or sanitation with DFID's support, who did not previously have access to a basic level of service. All people counted under the indicator have gained access to a basic level of water or sanitation or both. Each person is counted only once. Qualitative information on sustainability is collected and assessed for each programme contributing results under this indicator. For example, approaches and progress in building local capacity to maintain and monitor services. Programmes include a range of established approaches to support people to gain access water and/or sanitation including creating demand within communities to build their own sanitation facilities.

WASH results are reported from all forms of DFID's funding including bilateral, regional, multilateral and civil society programmes. As results are directly reported at programme level, adjustments to avoid double counting within countries are not generally required but are applied if there is evidence that programmes target the same populations.

There have been no changes to the methodology since the 2016 data release.

Please refer to the methodology note for more information.

4. Data sources

The information on results is collected from DFID country offices, central DFID departments and multilateral institutions. The data is collected from a variety of sources, such as representative sample surveys of households, management information systems held by our partner country governments and individual project data generated from routine project monitoring by our partners.

Please refer to the 'Results by DFID Office and indicator' for more information.

⁹ More information can be found in 'WASH in the 2030 Agenda. New global indicators for water, sanitation and hygiene.'

¹⁰ More information on the definitions can be found here: <https://www.wssinfo.org/definitions-methods/watsan-categories/>

¹¹ Progress on sanitation and drinking water – 2015 update and MDG assessment., WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

5. Data quality notes

Given the range of data sources used, the accuracy of the results data varies and is subject to the quality of the underlying data source. In many cases DFID uses data collected by others (e.g. partner country governments, international organisations) and therefore DFID has limited control over the quality of the data. Statistics Advisers in DFID undertake quality assurance of the results data and attempt to minimise the source of any errors although there is a risk that errors may still exist. Reported results for 2016/2017 may change following provision of more up to date information.

The methodology for this indicator allows for estimates to be made of the number of people reached based on data such as community populations, surveys of levels of access pre-and post-intervention and recommended numbers of users of appropriate technologies. In cases where detailed data is lacking (for example, on numbers of individuals reached with water and/or sanitation), we report conservative figures to avoid double counting.