



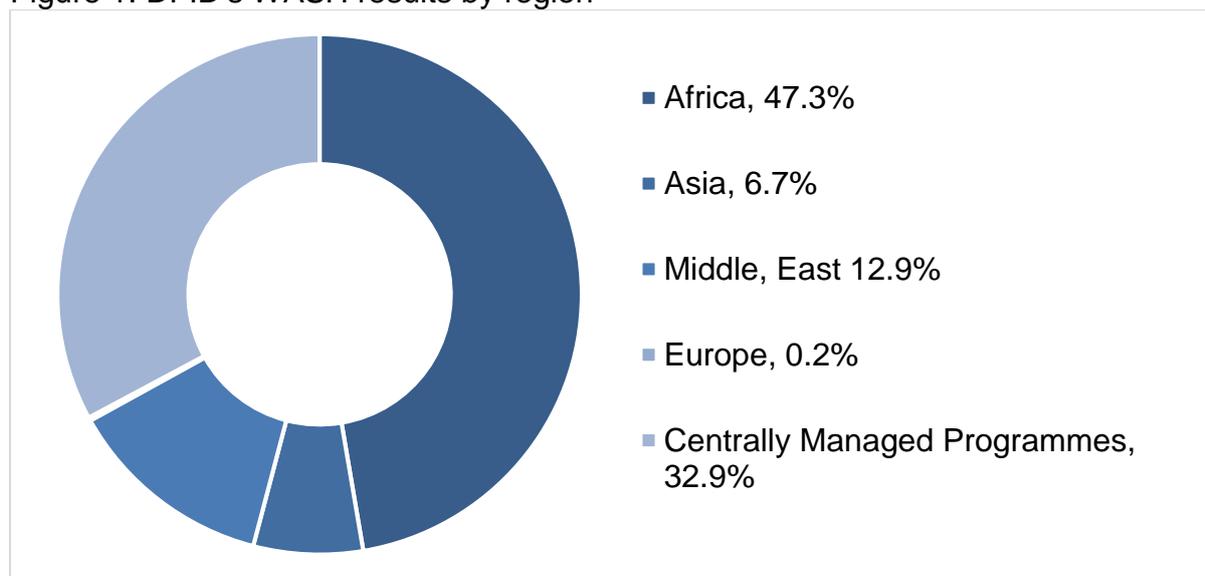
Water, sanitation and hygiene (WASH)

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

1. Results¹

Between 2015 and 2019 DFID supported **51.8 million** people to access clean water and/or better sanitation.

Figure 1: DFID's WASH results by region

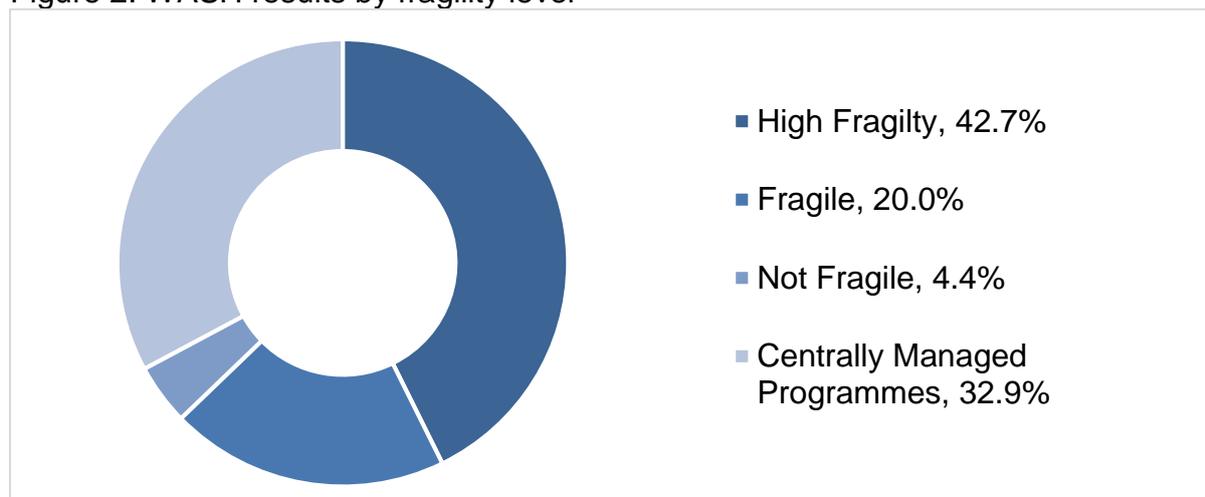


From 2015 to 2019, Africa was the largest beneficiary of DFID WASH programmes, with 24.5 million beneficiaries reached. DFID reached 6.6 million beneficiaries in the Middle East: the majority of whom were in Syria (4.9 million). DFID reached 3.4 million beneficiaries in Asia and 100,000 in Ukraine.

A further 32.9% (17 million beneficiaries) of DFID's WASH results were delivered via non-country specific programmes, non-region specific programmes, and multilateral organisations.

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.

Figure 2: 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 states² 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 (32.5 million beneficiaries), including 22.1 million beneficiaries living in states with a high level of fragility.

Table 1: Change in gender-disaggregated WASH results between the 2017/18 and 2018/19 reporting period:

| Gender | 2017/18 | 2018/19 |
|----------------|----------------|----------------|
| Female | 34% | 36% |
| Male | 34% | 35% |
| Not Identified | 32% | 29% |

Of the results that have been disaggregated by gender from 2015 to 2019, DFID water, sanitation and hygiene programs reached 18.6 million women. DFID is continuously working with our existing partners towards improving collection of disaggregated dataⁱ. In 2018/19 71% of our reported WASH results were disaggregated by gender. This is a 3-percentage point increase in data disaggregation by gender between the results reported in 2017/18 and the results reported in 2018/19.

² According to Full list of Fragile States and Region in 2017 published by DFID.

2. Context

Universal access to WASH could help prevent the diarrhoeal deaths of nearly 1,000 children under 5 living in low and middle income countries every dayⁱⁱ.

WASH is critical in managing epidemic diarrhoeal diseases such as cholera, which currently affects over 40 countries across three continents. It also is critical to managing some of the most prevalent neglected tropical diseases, including trachoma, schistosomiasis and soil transmitted helminths.

The non-health benefits of WASH are equally significant, especially for improving the lives of women and girls whose education and future prosperity can suffer from, for example, bearing the burden of collecting water, but also for people with disabilities and other vulnerable groups.

Investing in water and sanitation can represent good value for money. Globally for every £1 invested there is a return of over £4ⁱⁱⁱ. In many countries, the returns are even higher. Improved WASH services, alongside investments to improve health, nutrition and education underpin just about every aspect of human and economic development.

Sustainable Development 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.
- **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

In 2017 the Joint Monitoring Program (JMP), supported by DFID, issued a baseline report for the SDG 6 targets^{iv}. This showed that in 2015, only 39% of the global population had access to safely managed sanitation, with 71% having access to a safely managed water supply. A further 29% of the global population had access to a basic improved toilet and 17% had access to at least a basic improved water supply. Africa and South Asia are the regions with least access to safely managed sanitation and Africa also has the fewest people with access to safely managed water supply.

A 2019 Joint Monitoring Programme (JMP) report estimates that 26% of all health care facilities lack a basic water supply; 21% have no sanitation, and 16% have no hygiene service. These failings undermine the promise of **universal health coverage**, adversely affect quality care and infection prevention and control and contribute to the unnecessary use of antibiotics and the spread of antimicrobial resistance.

The cost of achieving the SDGs reflects the scale of their ambition. The World Bank has estimated that reaching the water and sanitation targets will require \$114 billion per year^v, excluding recurrent and replacement costs. Based on the current rate of progress, the JMP has estimated that only 1 in 5 of reporting countries is on track to

achieve universal access to basic water by 2030. For sanitation the ratio is only 1 in 10. Meeting these ambitious targets will require much greater investment by countries themselves from both public finances and by attracting private capital investments.

The UK has played a major role in helping poor people gain access to at least basic water and sanitation services, with over 64.5 million people benefiting from April 2011 to March 2015. We are now placing an increased emphasis on supporting countries to develop sustainable systems for water and sanitation service delivery.

We have also helped establish key components of the global WASH architecture, including the Joint Monitoring Programme, and the Sanitation and Water for All partnership. We are leading the way in addressing climate change impact on water and sanitation services to ensure they are made more resilient to future threats.

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 2017 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.

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.

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, we report conservative figures to avoid double counting.

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

ii *Preventing Diarrhoea through better Water, Sanitation and Hygiene; Exposures and Impacts in Low and Middle Income Countries*, WHO Geneva, 2015.

iii http://www.who.int/water_sanitation_health/publications/2012/globalcosts.pdf

iv WHO and UNICEF, 2017. Progress on drinking water, sanitation and hygiene: 2017 Update and SDG baselines. World Health Organisation, Geneva, Switzerland.

v *The Costs of Meeting the 2030 Sustainable Development Goal Targets on Drinking Water, Sanitation, and Hygiene*, Guy Hutton and Mili Varughese, January 2016