UNICEF THE GAMBIA

WATER SANITATION AND HYGIENE

SECTORAL THEMATIC REPORT

SUBMITTED TO REGIONAL OFFICE

GRANT NUMBER: SC-149903

MARCH 2019

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for every child

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ACRONYMS

CBOs	Community based Organizations
CLTS	Community Led Total Sanitation
CRR	Central River Region
FBOs	Faith Based Organizations
MICS	Multiple Indicator Cluster Survey
NGOs	Non-Governmental Organizations
OD	Open Defecation
ODF	Open Defecation Free
KOICA	Korean International Cooperation Agency
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

WATER, SANITATION AND HYGIENE IN THE GAMBIA

Top Level Results:

- In 2018 access to WASH services was improved for 70,462 people with the majority being children across the country.
- 53 VIP toilet blocks with hand washing facilities in 51 schools were constructed benefitting 20,827 people (10,366 boys and 10,426 girls).
- Nine (09) new boreholes for schools and health facilities were constructed and 5 dysfunctional boreholes rehabilitated which has resulted in improved access to safe portable drinking water to 49,505 people (24,257 male and 25,248 female).
- 130 Water Management Committee members and Mothers Clubs capacity was enhanced on water sanitation and hygiene management for sustainability aimed at improving operation and maintenance of WASH facilities in schools and health facilities.
- Guideline for WASH in Health Care Facilities was developed aimed at strengthening the capacity of WASH institutions to plan, deliver and monitor WASH services.
- 13,850 people (7,064 female and 6,786 male) from 230 communities were empowered with information on good hygiene practices and open defecation using various channels aimed at creating awareness about the benefits of stopping open defecation which resulted in the construction of 235 household latrines by the communities themselves.

1.0 Issue Background

Although The Gambia has made some progress in improving access to safe drinking water over the past years, disparities continued to exist, indicating unequitable distribution. More than three times as many rural households as urban households use non-improved sources of drinking water (15% versus 4%) (Gambia DHS, 2013). Unavailability of water supply in health facilities makes child birth delivery unhygienic and unsafe. In schools, the lack of WASH facilities in schools threatens girls' completion of school as some have to either drop out of school or miss school days due to lack of separate sanitation facilities for boys and girls.

At the end of 2017, a cumulative total of 1675 out of 1891 communities (89%) had been declared ODF, leaving only 216 Gambian communities working to solve their OD problem. But to be fair, it is not the entire community that is practicing OD, rather it is often only a handful of households within a community which are engaging in OD activities. Thus, if only the population of people practicing OD in the 2017 OD Gambian communities is considered, the OD population is approximately 3,900 people. When compared with the country's total population of 1,857,181, as indicated in the 2013 Gambian national census data, the number of OD practicing people in The Gambia is currently *less than 1%*.

As a result of the last mile campaign and the Never Again in My Generation strategy used in 2017, ODF status in the country improved with only 1% of the total population practicing Open Defecation. The biggest challenge to attainment of Country ODF status is the specific needs and constraints faced in communities especially those in the riverine areas and the Lower River Region coupled with limited technology options available for communities with high water tables. Cultural practices also continue to limit behavioral change as communities continue to practice poor sanitation and hygiene practices because they are culturally acceptable e.g. group hand washing which does not promote proper washing of hands with

soap and clean water which remains a big challenge especially in schools and communities. Other reasons include: convenience, age barriers, limited finances, gender-based restrictions, geological constraints, and land ownership issues.

2.0 Rationale

The lack of access to safe drinking water, and sanitary hygiene in communities, especially growing population has resulted in water collection points in rural areas and some specific urban communities not been enough to meet the water needs of households. In addition, some of the water supply facilities are old and rusty and could potentially lead to lead poisoning if not attended too. Unavailability of water supply in health facilities makes child birth delivery unhygienic and unsafe. In schools, the lack of WASH facilities in schools threatens girls' completion of school as some have to either drop out of school or miss school days due to lack of separate sanitation facilities for boys and girls.

In addition to consolidating the achievements from the ODF Last Mile campaign, providing water and sanitation facilities to schools and health facilities was expected to improve availability and access to running water in health facilities, which will in turn reduce cross infection, and improve neonatal survival rates in these communities. Provision of sanitation facilities in schools was expected to help in creating child-friendly schools that offer private and separate toilets for boys and girls, as well as facilities for hand washing with soap. As part of the strategy to influence attitudes, beliefs, and practices towards achieving ODF status, it was decided that local community structures needed to be the primary leads in social mobilization and behavioral change intervention.

The focus of the Country Office in 2018 was therefore to scale up ODF implementation in communities not yet declared ODF and in urban areas that have been lagging as a result of Govt focus on rural communities over the past years. To ensure universal access to basic WASH services, the Country office priority in the last year was on provision of water and sanitation facilities to schools and health facilities in addition to strengthening government capacity to plan, implement, monitor and sustainably manage WASH programs in the country.

3.0 Strategy and Implementation

In collaboration with Ministry of Health and Social Welfare and Ministry of Fisheries and Water Resources as implementing partners, strategies used to promote improved access to basic WASH services in the Country were service delivery through construction and rehabilitation of water and sanitation facilities, capacity building of community structures, Institutional strengthening through development of guidelines and strategies.

Ministry of Health and Social Welfare as a partner through the Directorate of Hygiene Promotion and Education was responsible for implementing ODF social mobilization activities which included; CLTS monitoring of triggered villages, updating the National CLTS data base, conducting the urban CLTS assessment and development of the guideline for WASH in health care facilities among others.

On the other hand, Ministry of Fisheries and Water Resources under the Directorate of Water Resources was responsible for implementation of interventions related to construction of Water and sanitation facilities in schools and health facilities, water quality assessments and chlorination of water facilities.

4.0 Financial Resources

UNITED NATIONS CHILDREN'S FUND (UNICEF)

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: GLOBAL - WATER SANITATION & HYGIENE
DONOR STATEMENT BY NATURE OF EXPENSE (UNCERTIFIED) FROM 01 OCTOBER 2013 TO 23 MARCH 2019 IN US DOLLARS

Status of Contribution

External Reference:	THEMATIC WASH 2014-2017
Description:	Thematic MTSP 2014-2017 Outcome 3: Water, sanitation, hygiene
Contribution Reference:	SC149903
Effective Date:	01.10.2013
Expiry Date:	31.12.2018
Recipient Office(s):	EAPR Regional Office, ESAR Regional Office, LACR Regional Office, MENAR Regional Office, SAR Regional Office, WCAR Regional Office, Afghanistan, Algeria, Angola, Azerbaijan, Bangladesh, Bhutan, Bolivia, Burkina Faso, Burundi, Cabo Verde, Cambodia, Central African Republic, Chad, China, Colombia, Comoros, Congo, Cote D'Ivoire, Cuba, DP Republic of Korea, Data, Research and Policy, Democratic Republic of Congo, Djibouti, Ecuador, Egypt, El Salvador, Eritrea, Eswatini, Ethiopia, Evaluation Office, Fiji (Pacific Islands), Gabon, Gambia, Georgia, Guatemala, Guinea, Guinea Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iran, Kazakhstan, Kenya, Lao People's Dem Rep., Lesotho, Liberia, Macedonia, Madagascar, Malawi, Malaysia, Maldives, Mali, Moldova, Mongolia, Morocco, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Office of Emergency Prog., Pakistan, Palestine, State of, Papua New Guinea, Paraguay, Peru, Philippines, Programme Division, Public Partnerships Division, Rep of Uzbekistan, Republic of Cameroon, Republic of Kyrgyzstan, Republic of Mozambique, Rwanda, Sao Tome & Principe, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Syria, Tajikistan, Timor-Leste, Togo, Tunisia, Uganda, Ukraine, United Rep. of Tanzania, Vietnam, Yemen, Zambia, Zimbabwe
Agreement Currency:	Various
Funds Received:	USD 0.00
Refunds:	USD 0.00

Summary of Expenditures (USD)

Description	Cumulative Expenditure
Programmable Expenditure:	163,440,949.55
Indirect support cost 6.651480%	10,871,242.07
Total:	**174,312,191.62**
Funds Received in USD:	0.00
Unspent Balance:	**(174,312,191.62)**

Details of Expenditures (Gambia)

Description	Incurred Expense 2013-2018	Incurred Expense 2019	Cash Advances and Prepayments	Cumulative Expenditure	Commitments*
Contractual Services	25,000.00	0.00	0.00	25,000.00	0.00
Travel	2,424.43	0.00	0.00	2,424.43	0.00
Transfers and Grants to Counterparts	501,864.50	0.00	0.00	501,864.50	0.00
General Operating + Other Direct Costs	269.38	0.00	0.00	269.38	0.00
Total Programmable Cost	**529,558.31**	**0.00**	**0.00**	**529,558.31**	**0.00**
Indirect support cost 6.651480%	35,223.47	0.00	0.00	35,223.47	
Total	**564,781.78**	**0.00**	**0.00**	**564,781.78**	

* "Commitments" include undelivered purchase orders, payment commitments for implementing partners and travel advances approved but not yet paid. The amounts shown in this column represent the status and value of the commitment as at the date the report is produced. As goods are received and commitments in respect of implementing partners and travel advances are paid these amounts will be added to "incurred expense".

Amounts in this report are provisional. Official amounts are provided in the Certified Statement of Account.

Note: This report contains data as of refreshed date 21.03.2019

Report Generated On: 23.03.2019 9:27 AM

5.0 Progress and Results

Access to WASH services has been improved for 70,462 people with the majority being children across the country through construction of 53 VIP toilet blocks with hand washing facilities in 51 schools and 6 health facilities resulting in the improved access to basic sanitation services for women, men, boys and girls directly benefitting 20,827 people (10,366 male and 10,426 female). In addition, 130 Water Management Committee members and Mothers Clubs capacity was enhanced on water sanitation and hygiene management for sustainability aimed at improving operation and maintenance of WASH facilities in schools and health facilities. Nine (9) new boreholes for schools and health facilities were constructed and 5 dysfunctional boreholes rehabilitated which has resulted in improved access to safe portable drinking water to 49,505 people (24,257 male and 25,248 female). These interventions were aimed at reducing morbidity and mortality especially among children 5 years and below who are more prone to WASH related diseases such as diarrhea and typhoid.

In collaboration with the Ministry of Health and Social Welfare, the National CLTS data base was updated and a guideline and standards for WASH in Health Facilities developed aimed at strengthening the capacity of WASH institutions to plan, deliver and monitor WASH services. It is expected that the guidelines for WASH in Health Care Facilities will result into harmonized WASH service provision and increase access to basic WASH facilities in all Health Care Facilities in the country.

Assessment of sanitation in urban areas conducted to determine the sanitation status of urban areas and rural growth centres, findings of these assessments are likely to draw attention to gaps related to urban sanitation which if not addressed may affect the likelihood of achieving a country declaration of ODF. Support to the two municipal councils may be required in regard to development of a strategy for urban sanitation, waste management and deliberate interventions to strengthen their capacity to plan and deliver WASH services to those underserved in urban areas.

As a result of the last mile campaign and the Never Again in My Generation strategy, ODF status in the country improved with only 1% of the total population practicing Open Defecation, 13,850 people (7,064 female and 6,786 male) from 230 communities were reached with information aimed at behavioral change towards good hygiene practices and open defecation using multiple channels and approaches that included youth led community house to house and school visits, community drama, social and community theatre, radio and TV spot messages in the three main local languages spoken in the country i.e. Mandinka, Wollof and Fula. 2 weekly Markets in rural areas were also visited at least once where distribution of communication materials and education sessions to sensitize people on the last Mile was conducted using the Never Again Open Defecation in my Generation strategy. These resulted to the empowerment of communities and construction of 235 household latrines in 200 communities.

6.0 Lessons Learned and challenges

The lack of an updated national information management system for WASH that should help in tracking progress against targets is a challenge, it is difficult to measure achievement of indicators at national level. National Monitoring of Open Defecation Free Status (ODF) by the CLTS task force is ongoing so it’s expected to generate data that will be input into the

CLTS data base. In addition, water quality remains a challenge with the preliminary MICs report indicating E. coli infection was 73.2% and 45.3% respectively at household and water points respectively. Despite interventions to provide water and sanitation services in schools and health facilities, WASH in schools and health facilities remain a big challenge.

Whereas much attention has been given to improvement of WASH service delivery in rural areas due to the assumptions that rural areas is where most of underserved communities are found, urban areas also need to be targeted for universal WASH coverage and meaningful inclusion in service delivery is to be realized. The lack of a strategy to guide WASH service provision for urban with a focus on sanitation doesn't seem to help either creating the need to support the country in developing a strategy for urban sanitation which will go a long way in providing UINCEF and other stakeholders a clear sense of direction.

The biggest challenge to attainment of Country ODF status is the specific needs and constraints faced in communities especially those in the riverine areas and the Lower River Region coupled with limited technology options available for communities with high water tables. Cultural practices also continue to limit behavioral change as communities continue to practice poor sanitation and hygiene practices because they are cultural acceptable e.g. group hand washing which does not promote washing hands with soap and clean water which remains a big challenge especially in schools and communities. Due to limited funding for WASH, interventions to scale up the gains from the last mile campaign were minimized which also affected the achievement of country ODF status.

The pace of attaining ODF status is also affected by the technology type of latrines constructed and dependency of communities on subsidy to build their own latrines. CLTS promotes use of locally available materials for constructing latrines however they are often not durable enough to with stand weather changes or on set of heavy rains making them susceptible to collapsing and consequently demotivating the users who have to dig repeatedly resulting in slippage to open defecation.

7.0 Moving Forward

While sanitation in the rural areas has been given much focus and attention resulting in the reduction of people still practicing open defecation to 1%, urban sanitation if not looked into is likely to affect efforts to declare the Country ODF. Mapping of water and sanitation facilities and communities declared ODF was not done hence it is challenging to determine the actual WASH status in the country. Although this may not be a key indicator, planning and resource allocation is dependent on availability of actual data, hence the need to ensure mapping of all WASH facilities and ODF communities is done.

Leveraging on the enabling environment and political will to ensure access to WASH services to the underserved populations, schools and health facilities, through the presidential commitment to end open defecation among others, UNICEF will continue to support Government in ensuring that systems, guidelines, resources and capacity for technical staff is enhanced for these outcomes and outputs to be achieved.

Although the last mile campaign registered great achievements in enabling most communities to achieve ODF status, continuous monitoring, focus on behavior change, sanitation in public places and sustainability of ODF needs to be paid much attention. Strategies such as the Nsa

Kenno approach and interventions to support riverine communities and those with special needs will be initiated.
Engagement of key influencers in communities such as faith leaders, natural leaders and cultural leaders where applicable will be intensified to create awareness among communities about the benefits of using latrines and adopting good hygiene and sanitation practices.

Innovations and adoption of appropriate technology options for the riverine communities and people with special needs i.e. the elderly and differently abled will be promoted in order to scale up construction of sanitation facilities in households, public places such as markets and ferry crossings points among others. Urban sanitation issues such as poor waste management, fecal sludge management and lack of sanitation facilities among poor urban settlements may require attention without which the dream of attaining country ODF status for the Gambia may not be realized. In addition, hand washing with soap practice remains very low not only in communities but in school and health facilities as well hence the need for urgent focus through massive awareness campaigns and development of Information Education and Communication (IEC) materials to sensitize communities about benefits of washing hands with soap and clean water especially for children under 5.

The willingness and commitment by the government ministry of Health and Social welfare, Directorate of water resources coupled with the Presidential declaration to end open defecation all provide an enabling environment for achievement these outcomes and outputs.

ANNEX 1: DONOR REPORT FEEDBACK FORM

Title of Report/Project: SECTORAL THEMATIC REPORT

UNICEF Office: The Gambia
Donor: Non-Thematic Fund
Date: March 2019

Donor Report Feedback Form

UNICEF The Gambia is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to Partnerships Manager who will share your input with relevant colleagues in the Country Office. Thank you!

Please return the completed form back to UNICEF The Gambia by email to:
Name: Gloria Momoh
Email: glmomoh@unicef.org

SCORING: 5 indicates "highest level of satisfaction" while 0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____
_____

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____
_____

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

_____
_____
_____

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____
_____

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

_____
_____
_____

6. Are there any other comments that you would like to share with us?

_____
_____
_____