



ACF-INTERNATIONAL
POLICY

WATER, SANITATION AND HYGIENE





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This document is the output of a joint ACF International project aiming at the improvement of WASH interventions on ACF's' missions. This policy has been written with the holistic support of the ACF's teams, head quarters and missions. It has been written and piloted by Dr. Jean Lapegue (ACF) and Souleymane Sow (ACF), and peer reviewed by a twenty people working group, including five ACF WASH field coordinators and four external reviewers.

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MAIN ACRONYMS

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action alnap.org
ARI	Acute Respiratory Infection
CMAM	Community Management of Acute Malnutrition
CTC	Cholera Treatment Centre
CLTS	Community Led Total Sanitation
CBO	Community Based Organisation
COP	Covenant of Parties
DAC	Development Assistance Committee
DALYs	Disability Adjusted Life Years
DOW	Drawers of Water
DRM	Disaster Risk Management
ECOSAN	Ecological Sanitation
EPRP	Emergency Preparedness and Response Plan
EWP	End Water Poverty
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GFA	Global Framework for Action
GHP	Global Humanitarian Platform
GLAAS	Global Assessment of Sanitation and Drinking Water
GWC	Global WASH Cluster
HDR	Human Development Report
HWWS	Hand Washing With Soap
IASC	Inter Agency Standing Committee
ICRC	International Committee of Red Cross
IPCC	Inter Governmental Panel on Climate Change
JMP	Joint Monitoring Programme
KAP	Knowledge, Attitude and Practices
LFA	Logical Framework Analysis
MDG	Millennium Development Goals
MOH	Ministry of Health
NCA	Nutrition Causal Analysis
NGO	Non-Governmental Organisation
NFI	Non Food Items
MDG	Millennium Development Goals
OECD	Organisation for Economic Cooperation and Development
PCM	Project Cycle Management
PFE	Partenariat Français pour l'Eau (French Water Partnership)
PHAST	Participatory Hygiene and Sanitation Transformation
PLHA	People living with HIV / AIDS
RRT	Rapid Response Team
SAM	Severe Acute Malnutrition
TFC	Therapeutic Feeding Centre
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WWC	World Water Council
WWW	World Water Week

REFERENCES

a	Lancet, 2010
b	WHO, UNICEF, WB, 2010
c	Activity report ACF, 2009
d	WHO 2008
e	WHO, 2005
f	UNSCN, 2010
g	Lancet, 2008
h	WHO, 2002
i	JMP, 2010
j	WHO, 2009
k	GLAASS, 2010
l	HDR, 2006
m	IASC, 2009
n	GHFSI, 2009
o	UNDP, 2006
p	OECD/DAC , 2006
q	UNICEF, 1990, adapted ACF
r	Fewtrell & all, 2005
s	IPCC, 2007
t	IFRC, 2007
u	WHO, 2000
v	Haub 2009 in HPN, 2010
w	HPN, 2010
x	Ganeshan and Diamond, 2009
y	HPN, 2010 ; UNISDR, 2009
z	World Bank, 2006
aa	Bates et al, 2008
ab	Pachouri and Reisinger, 2007
ac	FAO, 2007
ad	Confalonieri et al, 2007
ae	katabira, 1999 ; Monkemuller & wilcox, 2000

WHERE AND WHEN? ←



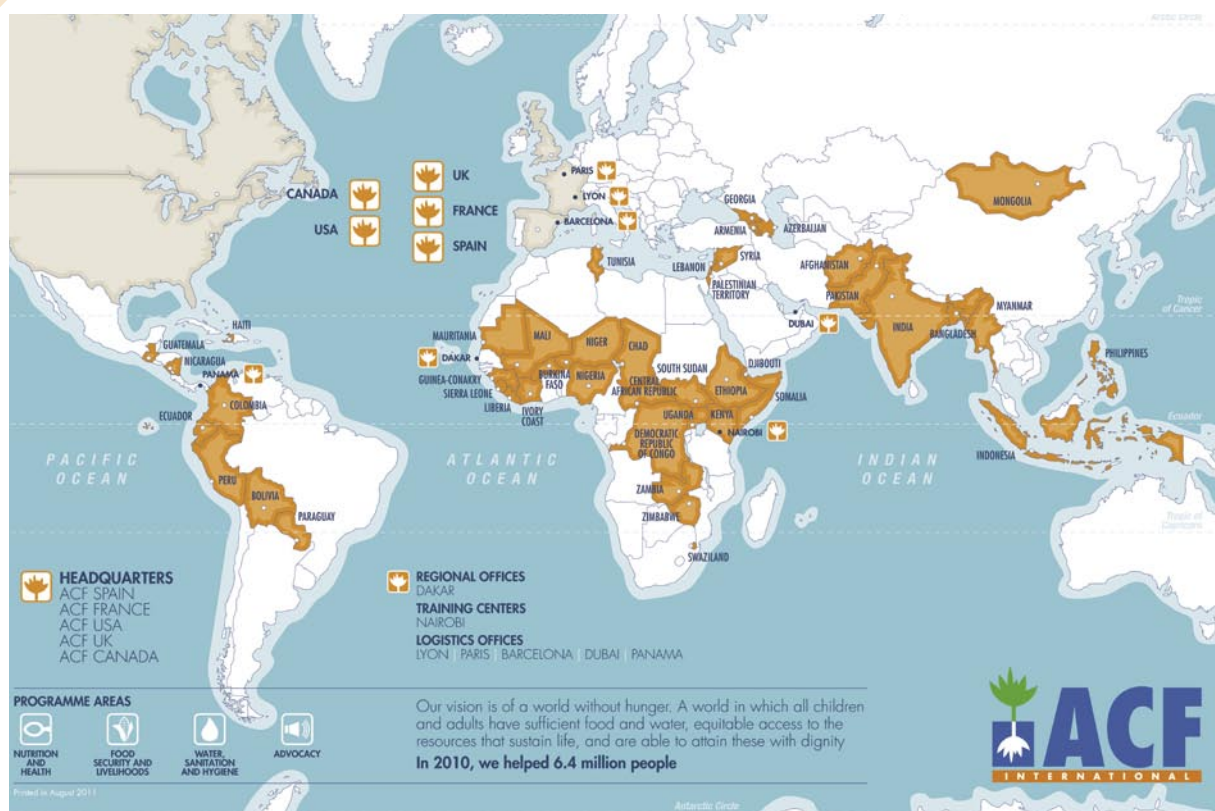
Context

Since 1979, Action Contre la Faim (ACF) International shares an overall vision of a world where children and adults have access to sufficient food and water that they are able to attain with dignity. ACF's mandate is twofold:

- ➔ **To fight hunger and undernutrition worldwide**, especially severe acute undernutrition, a preventable disease affecting 19 million people and killing 1 million children under 5 every year. (a)
- ➔ **To respond to and be prepared for emergencies**, as well as working on disaster prevention and mitigation of their impact. 3.4 million people die every year from WASH-related diseases, mainly diarrhoea. (b)

ACF's approach to undernutrition combines treatment with an integrated preventive approach based on the conceptual framework of undernutrition. Proper access to safe water, sanitation and to a hygienic environment is intrinsic to addressing the issue of undernutrition. The 3 main underlying causes of undernutrition – insufficient or unsuitable food intake, poor care practices and disease – are directly or indirectly related to inadequate access to water, sanitation and hygiene. The basic causes of undernutrition, especially the issue of governance and national priorities are targeted by ACF through focused advocacy projects and communication campaigns, as these are what underpin the overall conceptual framework.

ACF's approach to disasters is to intervene both at local and international levels, carrying out direct interventions for beneficiaries as well as becoming actively involved in coordination bodies such as the Global Clusters. The ACF approach concentrates on vulnerability reduction, risk management and response to crises (emergency response, preparedness and EPRP, mitigation, resilience building and adaptation to climate change). ACF intervenes from emergency through to development, in more than 45 countries, with about 5,000 staff, and supports more than 2 million people in the WASH sector. (c) In addition to the clusters, ACF is an active member of key networks such as End Water Poverty, and Partenariat Français de l'Eau. ACF is also a member of the SPHERE project.



ACF mission, 2010

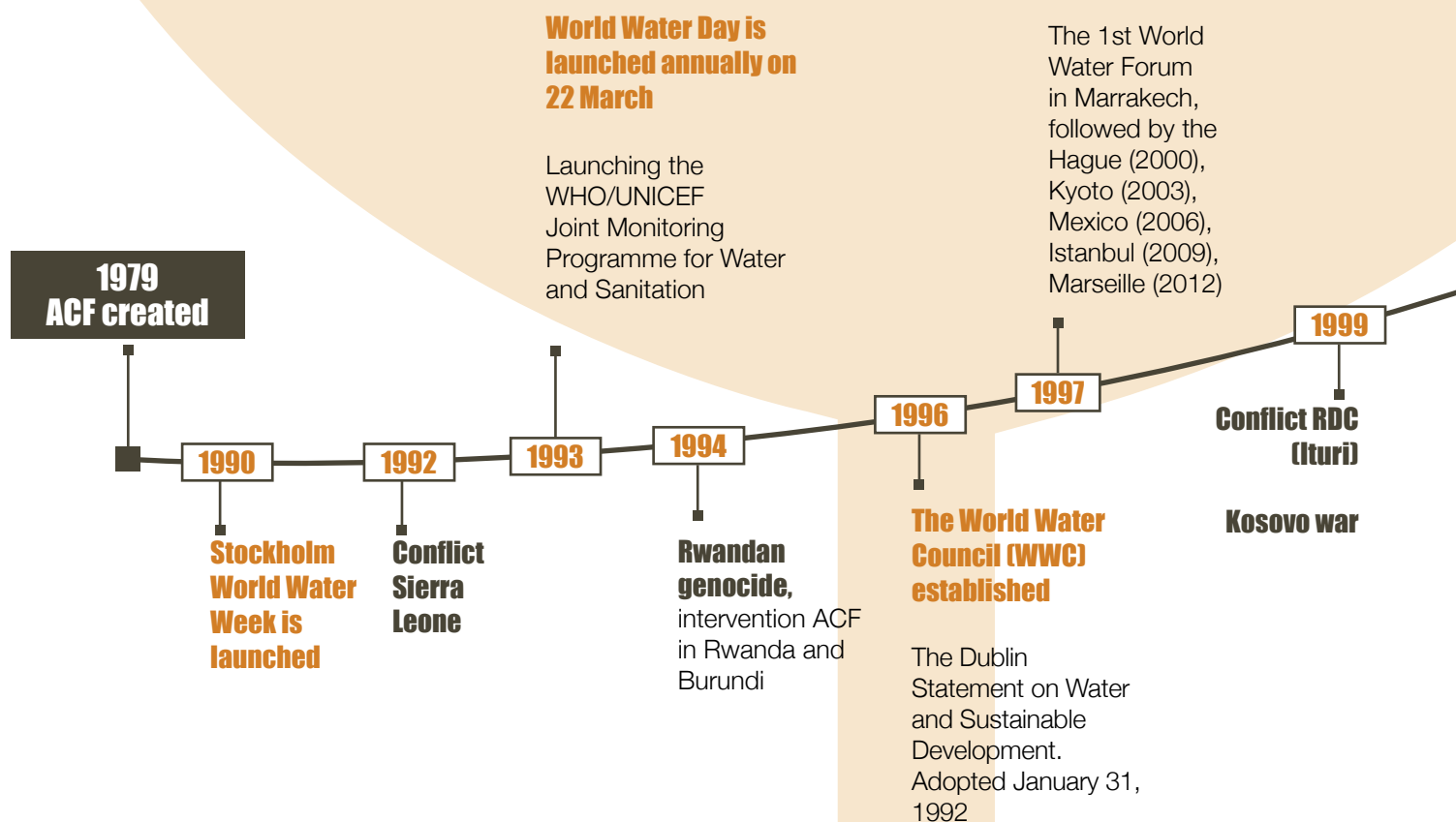


This document is a revised version of the 1st edition of the ACF WASH policy paper issued in August 2006 and takes into account numerous internal and external developments within the sector, as well as various comments and suggestions received since then. Its aim is:

- **To establish ACF's position and set its course of action** vis-à-vis the different challenges faced by the Water, Sanitation and Hygiene sector
- **To lay down a standard approach and serve as a platform** from which to develop ACF's technical strategy for this sector
- **To define the guiding principles, approaches and practices** that govern ACF WASH-related interventions

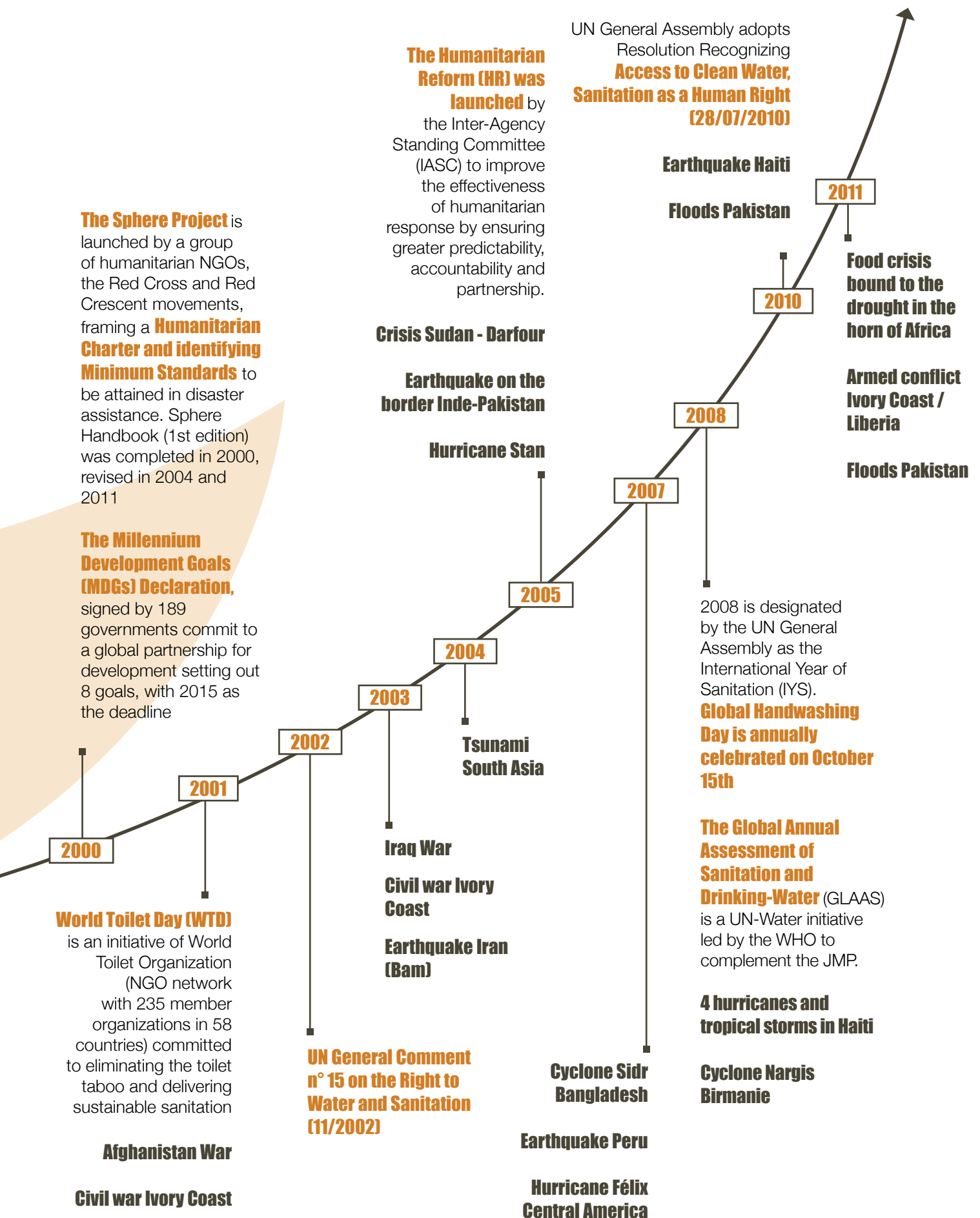
Therefore it is a binding document for the Organisation that must be complied with both at Headquarters and at mission levels. It must ultimately be reflected in ACF WASH programme strategy, design and implementation. As indicated in their job descriptions, WASH programme coordinators and managers are responsible for ensuring optimum promotion, use and monitoring of this policy throughout the project cycle. This policy is not stand-alone as it integrates internal and external policies, guidelines and standards. Internally, it is embedded in other existing ACF policies and strategies, including both Technical¹ and Operational policies. Externally, it integrates some key international principles and references such as SPHERE², World Health Organisation guidelines, OECD/DAC operational principles and the Millennium Development Goals initiatives, as well as national policies and strategies.

This document is divided into three sections. The 1st chapter looks at the “**why?**” of ACF WASH interventions, highlighting the global burden and resultant impacts, challenges and key initiatives within the sector. The 2nd frames the “**what?**” describing programme objectives and activities. Finally, the 3rd chapter defines the “**how?**” by setting technical and operational principles and values, as well the criteria for ACF WASH interventions.



1 - Research, HIV-AIDS and Gender Policies, Food Security and Livelihoods

2 - The Humanitarian Charter of the SPHERE Handbook is based on the principles and provisions of International Humanitarian Law, International Human Rights Law, Refugee Law and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental organisations (NGOs) in Disaster Relief



WHY? ←



Key challenges and initiatives of the sector

Water, Sanitation and Hygiene are pivotal to human existence and dignity. WASH conditions directly affect a number of aspects of human development, including health and nutrition, livelihoods, prosperity, environment, culture, and peace. Of direct interest for ACF (in line with its mandate) is the impact of WASH on undernutrition. As vital and basic as it is, adequate access to WASH services for billions of people remains a global challenge for the international community. Moreover, this crisis is rooted in power, poverty, inequality, poor governance and not in physical availability. There is more than enough water in the world for domestic use, for agriculture and for industry. The problem is that many people - particularly the poorest - are excluded from access to water and sanitation services. In essence, like hunger (which also to a great extent results from such exclusion), lack of access to adequate WASH facilities and services is a silent crisis suffered by the poor and tolerated by those with the means, the technology and the political power to end it.

Public health: undernutrition and hunger, WASH-related diseases

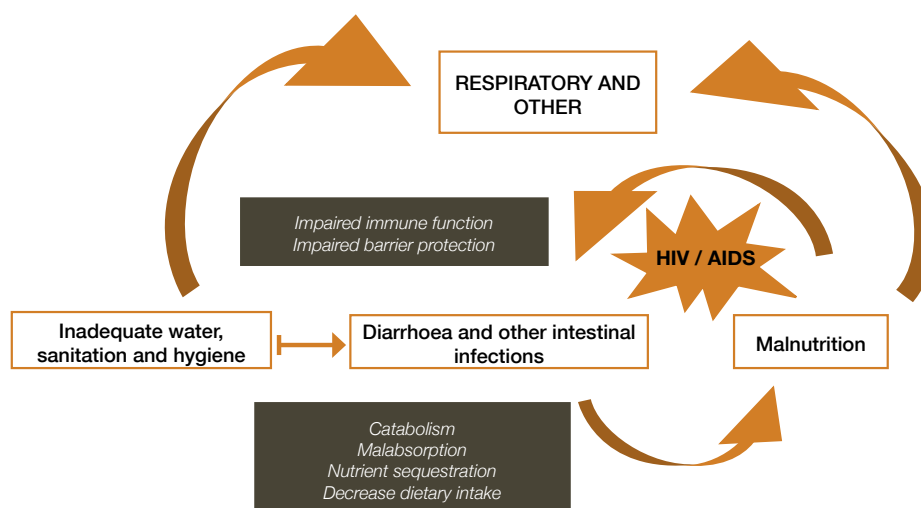
Hunger is a major public health problem with devastating and far reaching repercussions on human existence and dignity. The WASH crisis is a driver of hunger and nutrition crises.

Water is an essential nutrient.

Indeed the majority of hungry people depend on agriculture and natural resources for their livelihoods and, therefore, on water (rain fed and irrigated crops, cattle rearing).

The close relation between undernutrition and diarrhoea is well established.

The undernourished are more likely to suffer longer bouts, higher incidence of and increased mortality rates from diarrhoea, while those suffering from diarrhoea are more likely to suffer from wasting, stunting and associated impacts such as decreased cognitive development, therefore creating a vicious circle.



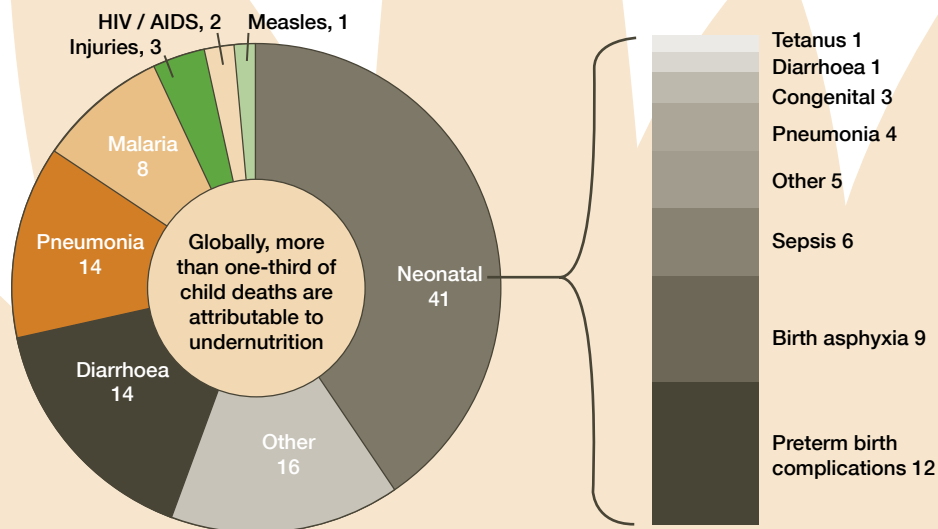
Pathways linking WASH with undernutrition
(WHO, 2007), Brown 2003, adapted ACF

BURDEN OF UNDERNUTRITION (g, n)

- **55 Million children** under 5 affected by acute undernutrition
- **19 Million children under 5** suffer from severe acute undernutrition (SAM)
- **Maternal and child undernutrition** is the underlying cause of 3.5 million deaths per year
- **860,000 deaths per year** in children under 5 caused by undernutrition (d)



Diarrhoea related mortality risks increase by 80% in cases of under nutrition or immunodeficiency (h). The most serious form of undernutrition (severe acute) is often caused by poor sanitation and disease (z). Infections that lead to diarrhoeal diseases result mainly from pathogens transmitted by contaminated food or water, or through unhygienic contact. Nearly half the people living in developing countries suffer at any given time from a health problem caused by poor water and sanitation. Diarrhoea, like pneumonia, represents 14 % of the annual public health related death toll for children under five, which represents a casualty of 8,087,000 (data 2009) (b).



Under five mortality causes (b)

Children suffering from severe infection with parasitological infections such as whipworm miss twice as many school days as their infection-free peers (e). In children, chronic heavy-intensity hookworm infections also are associated with growth retardation, as well as intellectual and cognitive impairments (Neglected Diseases 2005) (b).

Diarrhoea is a very common symptom of HIV and AIDS; it affects 90% of PLHA, becomes more frequent and severe as the immune system deteriorates, and results in significant morbidity and mortality (ae).

THE BURDEN OF WASH RELATED DISEASES

- **2.2 million annual deaths** (1.2 being children under five) attributable to preventable diarrhea (b)
- **80% of children** dying from diarrheal diseases are <2 (j)
- **1.2 million malaria** (including 647,000 under five) deaths each year (b)
- **280 000 preventable deaths** from drowning (b)
- **2 billion people affected** by intestinal parasitic worms (b)
- **25 million seriously incapacitated** by lymphatic filariasis (b)
- **260 million** with preventable schistosomiasis infections (b)
- **5 million people** visually impaired by trachoma (b)

A sector facing both on-going and new challenges

Over the past decade, the humanitarian landscape within which ACF operates has become more complex. New hazards have emerged and developed, adding to structural long-term challenges such as the neglected sanitation sub-sector. These new or on-going challenges of urbanisation, environmental degradation, climate change and migration, amalgamate within demography, population growth and economic marginalisation so that meeting growing needs induced by these phenomena becomes a huge challenge for the humanitarian community. This, in turn, gives rise to a new sense of global urgency, requiring global action, and finally giving new direction to ACF WASH interventions.

• Access to basic infrastructures: sanitation is not on track

87% of the world population uses improved sources of drinking water (2010), and statistics have consistently increased since 2002. Nonetheless, 884 million people remain excluded from acceptable water services. On the other hand, the 2010 JMP (i) showed that 39% of the planet still does not have access to proper sanitation, and that the MDG target 7.9 related to sanitation might not be achieved by December 2015. Lack of water and sanitation jeopardises economic growth (sick days, medicine expenditures, time lost in water chores) and public health, whereas proper sanitation improves livelihoods (e.g. through eco-sanitation), the environment and human dignity.

WASH FACTS AND FIGURES 2010

- **2.6 billion people** do not have access to basic sanitation (i)
- **Lowest sanitation coverage is in Oceania** (53%), Southern Asia (36%), Sub-Saharan Africa (31%) (i)
- **Slowest progress in sanitation affects Sub-Saharan Africa** (3% in the last 18 years) (i)
- **Open defecation** was still 17% in 2008: this globally diminishing number increases in urban contexts (i)
- **884 million people** in developing countries have inadequate access to an improved water source (i)
- **1 billion urban dwellers** do not have access to improved sanitation to meet MDGs (n)
- **People living in slums pay water an average 5–10 times more than those living in city centres** (o)
- In urban areas poorly served with water and sanitation, **child mortality rate is multiplied by 10 or 20** compared to areas with adequate water and sanitation services (g)



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• WASH is an underfunded sector

A WHO study (Hutton and Haller, 2004) shows that achieving the MDG's N°7 related to water and sanitation targets could bring economic benefits ranging from US\$3 to US\$34 per US\$1 invested, thus increasing GDPs by an estimated 2% to 7% depending on the country context (k).

Compared to other sectors, the sanitation and drinking-water share of development aid has markedly decreased over the period 1998–2008, despite its relevance to the achievement of almost all of the MDGs. Commitments to water and sanitation amounted to US\$7.4 billion, or 5% of all reported development aid(k). Aid for drinking-water and sanitation is generally not well targeted. Low-income countries receive only 42% of total aid and aid for basic sanitation and drinking water services decreased from 27% to 16% over the period 2003–2008. Developing countries indicate that they have rarely developed or applied criteria for the distribution of funding to unserved populations, especially with respect to sanitation. Financing for sanitation comprises 37% of total aid funding for sanitation and drinking water (k).



• **Urban contexts, demography and economic marginalisation**

A rapidly increasing world population has outstripped development planning, leading to huge numbers of highly vulnerable people living in periurban slums at great risk of disaster (y). Although approximately 75% of poor people are presently located in rural settings (f), continuing trends in urbanisation will see around 2 billion living in urban slums as early as 2025³ (v): in 2009, urban populations exceeded those in rural areas, and this is a trend unlikely to reverse. Urban slums offer little access to clean water and adequate sanitation. Insecurity, discrimination and lack of community cohesion prevail: one in every three urban dwellers lives in precarious conditions without proper access to basic services. Poor and vulnerable people in developing nations have been marginalised by the world economy, leading to weakened public health services, job insecurity, lack of social protection and poor food security. This combination of factors (associated with poor hygiene practices) engenders health emergencies, including outbreaks of communicable diseases. For aid workers, this equates to a shift of operations from rural to urban centres. The humanitarian community faces major challenges in working in urban contexts: targeting, registering, service level and scaling-up activities, finding sustainable solutions, influencing local policy, developing or adapting current approaches and tools to urban settings, ensuring the respect of ethical and humanitarian principles (e.g. fighting corruption), and finally influencing specific donor strategies.

• **Increased risk of disaster and climate change adaptation: the new challenges ahead**

Climate change increases the frequency of heat waves and, coupled with higher rainfall intensity, occurrences of drought, tropical storms and extreme sea levels are likely (s). This could lead to a 50% escalation in the number of individuals affected by climate-related disasters by 2050 (x) and involve up to 50% of people living in developing countries by 2025 (t). It is predicted that climate change will have a massive impact on water resources with wide-ranging consequences for human societies and ecosystems (aa). Hundreds of millions of people risk exposure to a growing scarcity of water (ab), with repercussions for hygiene, running sanitation plants and ever more water chores especially for women. By 2025, 1.8 billion people will live in countries or regions suffering water shortages (ac). Climate change related alterations in rainfall, surface water availability and water quality will have an impact on the incidence of water-related diseases (ad). The contribution of climate-related stress to the global disease burden represents 5.5 million disability-adjusted life years annually (u).

• **Environmental degradation**

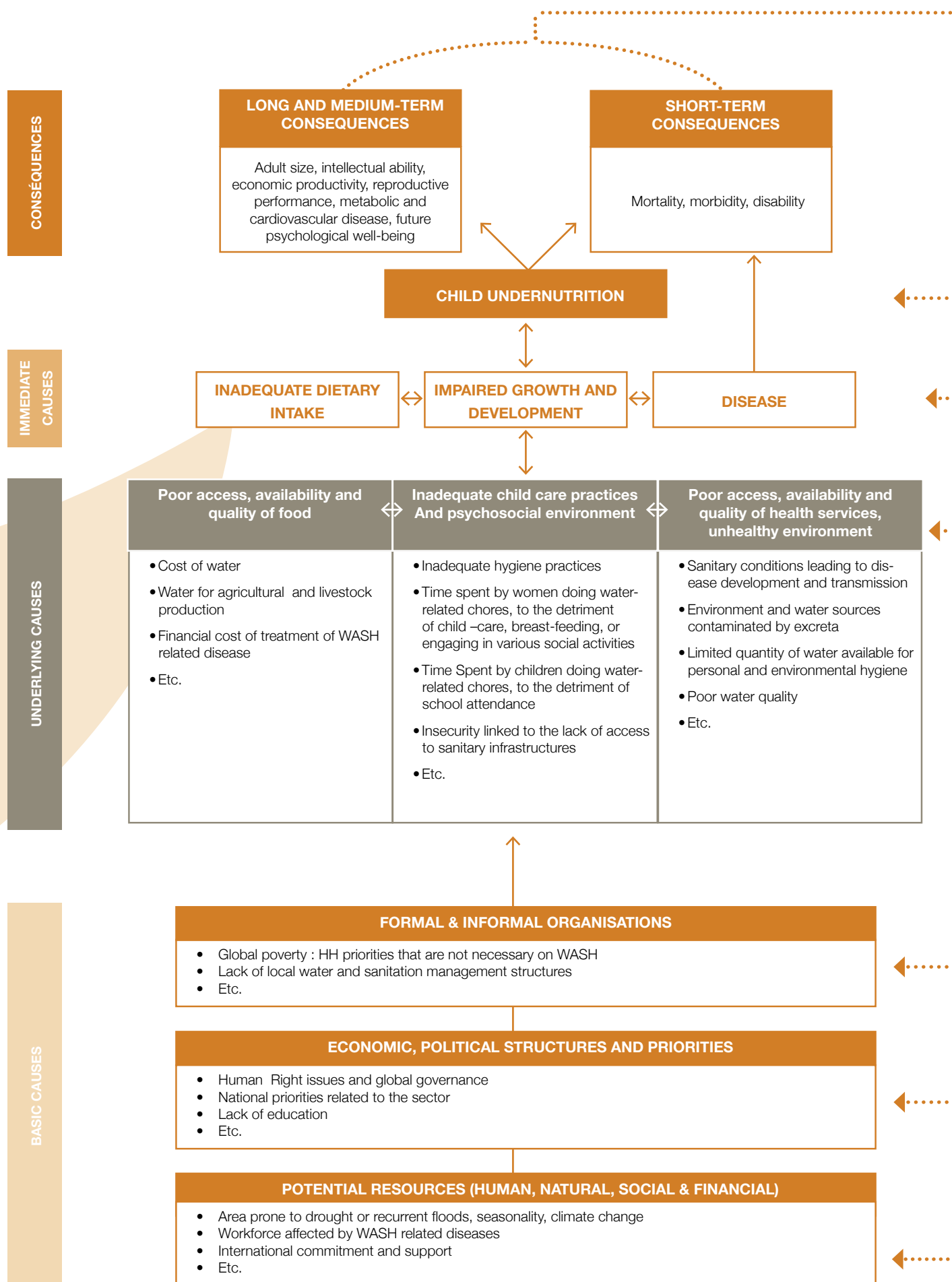
Environmental degradation, including deforestation, desertification, resource depletion/scarcity and pollution is at the forefront of issues of growing concern for the international community. Ecosystem damage driven by unsustainable development practices and increasing population density are raising levels of vulnerability. An altered environment can become a driving force behind serious episodic and chronic crises with major humanitarian consequences. However, areas of concern are also those resulting from humanitarian contexts such as responses to major crises that can also generate environmental degradation.

ACF'S APPROACH TO THESE KEY CHALLENGES IS REFLECTED IN THE SPECIFIC OPERATIONAL AND TECHNICAL ORIENTATIONS ADOPTED BY THE ORGANISATION

Those orientations are:

- ➔ Align nutrition & care practices with WASH projects
- ➔ Special focus on urban context (nearly 1/3 of ACF WASH projects in 2011)
- ➔ Priority to Sanitation sub-sector
- ➔ Increased humanitarian emergency response (especially related to climate changes), with better coordination and preparedness, especially through the Humanitarian Reform mechanisms (Clusters)
- ➔ Advocacy for a better recognition and funding of the global WASH sector
- ➔ Advocating for States to promote access to water and sanitation services, starting by the most vulnerable populations

3 - Around 70 % of the global population will be living in cities by 2050 (v)



Conceptual Framework of Undernutrition from a WASH perspective
adapted from Black et al. 2008



Objectives and activities

Five major goals are prioritised (cf. ACF's international strategy for 2010-2015), in relation to the mandate of ACF set out in the introduction to this document -fight hunger and undernutrition, emergency response and disaster risk management. The concept underpinning all ACF's policies and strategies is to achieve a stronger and more sustainable impact by scaling-up activities. Intervening judiciously by means of EPRP and emergency response is essential. Our main concern is to ensure accountability by promoting and organising external audits of projects undertaken in partnership with stakeholders and primarily the communities involved. This focus on coverage should in no way come at the expense of quality of the intervention, but should rather guide the organisation in seeking alternative strategies, from partnerships to advocacy for the promotion of legal frameworks, rights and governance in all sectors of intervention.

A coordinated approach (coherent with strategy of other actors) as well as an integrated approach (combining several sectors with common targets and beneficiaries in order to maximise impact) must be prioritised. Health data - especially on nutrition - is primarily used to guide entry and exit points for WASH interventions⁴ - as well as to validate their impact. WASH infrastructure coverage data is deemed to be a second step in the selection of areas for action.

ACF WASH projects intend to expand their focus to cover periurban settings, (ecological) sanitation, care practices (e.g. handwashing promotion) and DRM. Low-cost and appropriate replicable technologies, public/private partnerships, value chain and social marketing, integrated natural resource management, and enhancing institutional support mechanisms will be explored as key approaches towards increasing coverage and sustainability. Research and organisational learning, to share and replicate good practices, are inextricably linked to ACF WASH interventions.

**THE ULTIMATE GOAL OF WASH PROGRAMMES
IS TO CONTRIBUTE TO THE REDUCTION OF
MORTALITY AND MORBIDITY RATES,
ESPECIALLY IN UNDER-FIVE CHILDREN, BY:**

- contributing to prevent and treat acute under nutrition,
- addressing the survival needs of populations,
- reducing the risk of the spread of and vulnerability to WASH-related diseases,
- supporting food security, livelihoods and socio-economic development of vulnerable communities,
- building population's resilience to crisis

4 - This may not apply to stand-alone DRM and emergency projects



I - INCREASE IMPACT ON ACUTE UNDERNUTRITION, CURATIVELY AND PREVENTIVELY, ESPECIALLY IN YOUNG CHILDREN

CURATIVE *(in health and nutrition centres):*

- WASH in nutrition and health centres, e.g. water points and toilets facilities; refuse collection transport and disposal; medical waste management; run-off and wastewater disposal systems; etc.
- Support to CMAM projects (either stand alone or integrated)

PREVENTIVE :

WASH projects developed in areas identified as high prevalence acute undernutrition zones (integrated approach) through:

- Construction and rehabilitation of water supply and sanitation systems in communities targeted by nutrition programmes - excreta disposal management systems; solid waste management systems; vector control (e.g. malaria prevention)
- Integration with nutrition & health sector related to hygiene promotion & care practices (hand washing; projects focused on mothers and young children; WASH in schools)
- Support to CMAM projects

II - RESPOND TO AND PREVENT HUMANITARIAN CRISES, ADDRESS VULNERABILITY AND REINFORCE LONGER TERM RESILIENCE TO FOOD, WATER AND NUTRITIONAL CRISES

DISASTER RISK MANAGEMENT:

- Preparedness, mitigation, prevention and emergency response

EMERGENCY RESPONSE:

- Construction and rehabilitation of emergency type systems to meet survival WASH needs of affected communities (Cholera treatment centres, camps)
- Hygiene promotion
- Contribution to coordination mechanisms (Clusters)
- Rapid deployment (RRT, emergency pool)

RESILIENCE OF COMMUNITIES:

- Conservation of water sources through integrated management of the resource
- Construction and rehabilitation of infrastructures, including for agriculture and livestock (irrigation, ecosan, cattle troughs)
- Operation and maintenance of infrastructures
- Vector control (mosquitoes, worms, flies, rodents, etc.)
- Hygiene promotion and education in communities and schools (WASH in Schools)

III - DEVELOP PARTNERSHIPS WITH LOCAL, NATIONAL AND INTERNATIONAL STAKEHOLDERS TO INCREASE THE NUMBER OF PEOPLE WE ASSIST AND PROMOTE SUSTAINABILITY

- Capacity building through knowledge and resource transfer, training local and national structures
- Joint programming and implementation with local and national structures (Government, NGOs, CBOs, Private actors)
- Community accountability mechanisms, etc.

IV - BUILD OUR CAPACITY TO ENSURE AN EFFECTIVE AND EFFICIENT RESPONSE TO HUMANITARIAN CRISES

- Emergency pool and Rapid Response Team at Headquarters and rapid response teams at Mission level to ensure timely response to crises
- Standard emergency stocks at Headquarters, regional and mission levels to ensure timely response to crises
- Package of adapted tools (assessments, monitoring, samples for concept papers and proposals, EPRP, etc.) at mission level
- Appropriation of Cluster Approach both at Global (Headquarters) and country (mission) levels, etc.

V - MAXIMISE OUR PRE-EMINENCE AS AN ADVOCATE AND A REFERENCE SOURCE ON HUNGER AND UNDERNUTRITION

- Evidence-based data collection and use to influence decision-making, especially related to undernutrition (NCA, etc).
- Promotion of legal framework, rights and governance in all ACF sectors of intervention
- Promotion and active involvement in key events (World Water Day, Handwashing Day, etc) to raise public awareness to ACF's aims, etc.
- Scientific publications and media interventions to advocate in respect of WASH sector and its links with undernutrition.

Some WASH activities & approaches related to the 5 pillars of ACF's strategy for 2015

I - Increase ACF's impact on acute undernutrition, curatively and preventively, especially in young children

Regardless of the context (emergency, rehabilitation, development), ACF promotes a public health approach based on the conceptual framework of undernutrition. Providing WASH facilities and services to reduce the risk of spreading WASH-related diseases is one way to prevent undernutrition and mortality. Similarly, the curative WASH-related needs of patients (especially the undernourished) in hospitals, health and nutrition centres and in areas where undernutrition projects are run will be addressed (integrated approach). ACF gives priority to WASH interventions in zones experiencing high levels of undernutrition and requiring immediate action (defined by WHO as greater than 10% GAM plus aggravating factors and taking population density into account) or that are at significant risk of attaining critical levels of undernutrition (5-10% GAM *ibid.*). Specific areas with high prevalence of diseases that directly impact the risk and/or prevalence of undernutrition (diarrhoeal diseases, malaria, HIV/AIDs) also receive priority for WASH interventions. Malaria prevention is included within the scope of ACF WASH activities.



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II - Respond to and prevent humanitarian crises, address vulnerability and reinforce longer term resilience to food, water and nutritional crises

Prior to the onset of humanitarian crises, ACF mainstreams Disaster Risk Management into its emergency response capacity. DRM comprises preparedness (early warning systems, EPRP, linking with coordination bodies and task forces such as WASH Cluster, cholera task forces), mitigation (reducing impact of shocks and disasters on populations, improving sanitation to reduce the risk of transmitting WASH-related diseases) and prevention (working with institutions and local authorities on core DRM strategies, building up capacities of local counterparts). In addition, ACF considers reinforcing community resilience (capacity to face, adapt to and recover from disaster) to be a major issue. This is especially true for communities



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affected by climate change and global warming related disasters. WASH projects are designed to support food security, livelihoods and socio-economic development in coherence with global and national initiatives (e.g. MDGs, Poverty Reduction Strategies).

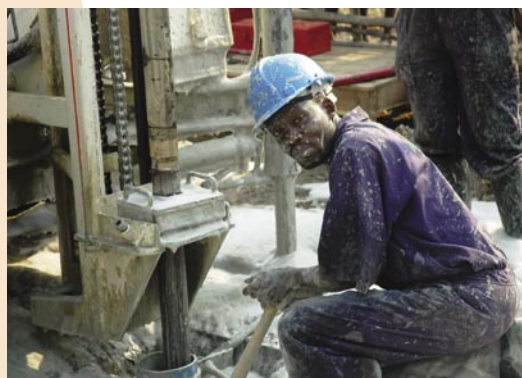
Practically, this entails physical and financial access to safe water, promoting productive use of water and sanitation at domestic levels (e.g. eco-sanitation, irrigation of kitchen gardens, providing cattle troughs) as well as safe practices, building communities' capacity on infrastructure operation and maintenance. Likewise, protecting the environment – primarily water resources – from contamination and over exploitation, is a fundamental component of resilience strategies.

In response to emergencies, ACF provides water, sanitation and hygiene facilities and services (water trucking, emergency latrines, NFIs, household water treatment apparatus, etc.) to help victims survive a disaster and prevent outbreaks of disease. ACF also contributes to coordination efforts during major emergencies, either supporting or leading the WASH cluster activities at global and national levels.



III - Develop partnerships with local, national and international stakeholders to increase the number of people ACF assists and promote sustainability

ACF promotes partnerships that first and foremost focus on the target population and commit to the Principle of Partnership endorsed by the GHP (equality, transparency, result-oriented approach, responsibility and complementarity). The provisions of any partnership and what they involve are fundamental, far-reaching and affect key aspects of programmes such as appropriateness, effectiveness, efficiency and sustainability. The partnership approach also potentially impacts the coverage (e.g. indirect beneficiaries). Finally, it contributes to building-up civil society.



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Partnership activities are wide-ranging. They may, for example, entail identifying and working with national and local partners (NGOs, Community Groups, private sector, etc.) to strengthen and expand mutual capacities. They involve active participation in coordination activities (Cluster, consortium, etc.) or network organisations (e.g. PFE, WWC).

ACF BELONGS TO THE FOLLOWING WASH NETWORKS



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- GWC - Global Wash Cluster
- EWP - End Water Poverty
- Coalition eau – Water Coalition
- BE - Butterfly Effect
- WWC - World Water Council
- FWP – French Water Partnership
- pS-Eau – Water Solidarity Program
- CFE – French Water Circle
- French Water Academy
- SuSanA - Sustainable Sanitation Alliance

IV - Build ACF's capacity to ensure an effective and efficient response to humanitarian crises

Professionalism is one of the principles of ACF's Charter. Adequate knowledge, skills and resources are prerequisites to the ability to develop and implement programmes. Therefore systematically developing research, deploying professional and committed human resources, enhancing management, finance and logistics capacities are an integral part of ACF WASH policy at all levels (Headquarters and Missions). In concrete terms, this involves planning and investing time and resources in research, career plans (for national and international staff), staff training and evaluation and interaction with the support sectors (i.e. Logistics, Human Resources, Communication and Administration).



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V - Maximise ACF's pre-eminence as an advocate and reference source on hunger and undernutrition

Sound advocacy is a powerful means of promoting and achieving change and increasing project coverage and impact. For ACF, undernutrition should be the hub of advocacy action. Global nutrition and WASH agendas are currently separate and distinct. Therefore, a two-fold advocacy focus for ACF is to ensure that undernutrition is placed high on international WASH advocacy agendas and, in turn, make certain that WASH is considered within all global nutrition advocacy initiatives.

In ACF WASH interventions, space need to be systematically sought for advocacy related activities as part of a WASH contribution to “food for thought” in the immediate and underlying causes of undernutrition and mortality. Field data relating to WASH coverage, economic benefits and risks, disease and undernutrition must be collected and analysed in ways consistent with the global advocacy aims of the Organisation. WASH specialised networks, such as End Water Poverty or Coalition Eau (Water Coalition), offer opportunities for ACF WASH-related advocacy by means of their promotion and provision with tangible and reliable field evidences. Using advocacy networks is also a way to preserve ACF operational capacity.



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Intervention principles and criteria

Overarching principles

• Humanitarian principles

ACF is committed to the humanitarian principles outlined in its **International Charter** (Annex 1) and which underpins each and every ACF intervention, as well those set out in the **ICRC code of conduct**.

• Professionalism and ensuring quality

WASH projects must show evidence of **technical excellence** based on the principle of **professionalism**: processes, input materials and resources must systematically undergo quality control.

• Grassroots approach, community empowerment and accountability

ACF ensures an active community decision-making through **participation** and involvement at all stages of the PCM. Furthermore, ACF is committed to **accountability** in the frame of its projects.

→ **A community-led approach** is pivotal for project success (e.g. PHAST and CLTS).

→ **Accountability is ensured** by developing participation, transparency, feedback, monitoring and evaluation and **complaint mechanisms** in cooperation with communities and primary project stakeholders such as local authorities and MOH. The approach and aptitudes of individuals involved in the project process should also be evaluated.

→ **External evaluation including the sharing of results** (e.g. ACF contributes to the ALNAP website) is a powerful accountability tool. Similarly, **learning processes** contribute to the quality of projects.

• The “first do no harm” and precautionary principle

The “**first do no harm**” principle ensures that activities do not adversely affect local communities (health, security, socio-economic, environmental parameters) including anyone working in ACF projects. Likewise, the **precautionary principle** can cause project cancellation at any time an uncontrollable risk is identified.

→ **WASH projects** (potentially apart from an emergency) must be subject to a pre-project **feasibility study** (health⁵, technical, socio-economic, environmental), that includes above principles.

→ **The enforcement of health and safety regulations** (e.g. fencing of sites, protective clothing for workers) on building sites should be monitored and is the responsibility of the programme manager and should be monitored by him.

→ **Programmes preserve and do not adversely affect the environment** (e.g. ensuring decommissioning of infrastructures and rehabilitation of sites, preservation of resources, monitoring of hydrological parameters).

• Operational approach – a balance between risk, need, demand and right based

ACF recognizes, advocates for and promotes the human right to water, however its core operational approach remains need/ risk based

→ **ACF supports the MDG initiative** and advocates for the operational realisation of the Right to Water and Sanitation as a Fundamental Human Right.

→ **ACF, mainly in urban contexts, must ensure that accessibility to services** for the most vulnerable is considered (e.g. working with local authorities and private stakeholders on an affordable price of water for the most deprived, making people aware of their rights and duties related to water services).

→ **ACF must be aware of the position of the right to water in the constitution or official documents** of any country in which they intervene and work in conformity within any such legal frameworks.

5 - Using WHO water quality guidelines especially public health quoted elements (As, Cl, Cu, F, Pb, Mn, NO3, NO2)

Operational principles

Besides the above principles, ACF also follows a code of practice consisting of certain technical and operational standards described in the **OECD's Development Assistance Committee**⁶ (p). In designing, implementing, reviewing and evaluating its interventions ACF must abide by these principles.



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CROSS-CUTTING ISSUES

→ Cross-cutting issues are multi-sectoral. They must be considered as factors that can exacerbate vulnerability and therefore they need to be integrated into any ACF WASH intervention strategy. They include disability, gender, age, HIV, environment, political or economical discrimination, displacement and protection.

EXTRACT FROM ACF WASH ENVIRONMENTAL GUIDELINES 2010

Environmental preservation and recovery:

→ Unless the lives of beneficiaries are immediately threatened, ACF WASH activities will be implemented in such a way that natural resources such as land, water and vegetation are preserved, wisely used and potentially restored to ensure their sustainability.

• Achieving a measurable impact

The result of WASH interventions should be to have exerted a positive impact in terms of significant and sustainable change in the lives of targeted populations. Impact pertains to the overall objectives of a project and therefore is not easy to measure. However, measuring the effect, at a specific objective level, is essential.

→ **The impact of WASH programmes** is quantified through **morbidity data** monitoring⁷. When reliable morbidity data is not available, proxy indicators (e.g. improvement of the daily personal domestic water quantity) captured via comparison of initial and final KAP surveys must be used.

→ Impact is enhanced by an **integrated approach** illustrated by **Nutritional Causal Analysis** (NCA) (q).

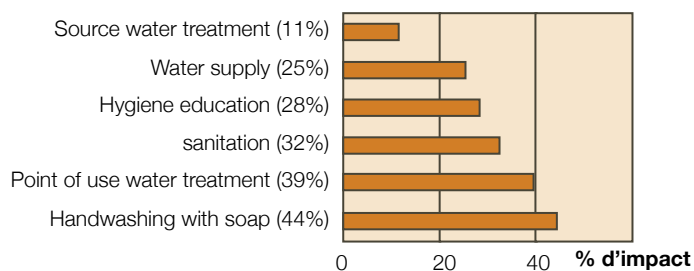
Cost-effectiveness of interventions against Diarrhoeal Disease (Jamison et al. 2006)	Ratio (US\$ per DALY averted)
Cholera immunizations	1,658 to 8,274
Rotavirus immunizations	1,402 to 8,357
Measles immunizations	257 à 4 565
Oral rehydration therapy	132 to 2,570
Breastfeeding promotion programs	527 to 2,001
latrine construction and promotion	≤270,000
House connection water supply	223
Hand pump or stand post	94
Water sector regulation and advocacy	47
latrine promotion	11,15

6 - Development Assistance Committee is the principal body through which the OECD deals with issues-related to co-operation with developing countries. It works on: aid statistics and effectiveness, conflicts and fragility, policies for development, governance, gender, evaluation of programmes, MDGs, poverty reduction and capacity building.

7 - Although WASH programmes also have an impact on other sectors (socio-economic, rights, etc.)

→ **The impact of WASH interventions** on under five diarrhoeal morbidity is illustrated by Fewtrell et al chart (r) and must guide ACF programming. Efficiency is another parameter to consider (cf. chart below). For example, handwashing with soap (HWWS) is a practice that can reduce ARI's by up to 23%. Equally maternal HWWS can reduce neonatal mortality by 44% (e).

Impact of WASH activities on under 5 diarrhoeal morbidity (Fewtrell, 2005)



→ **To strengthen their impact, WASH projects must combine the improvement of safe water access, sanitation and hygiene**, leading to a behaviour change for the target group. This integrated approach will also influence the degree of project efficiency.

→ **Achieving full coverage of an area** (e.g. through CLTS approaches) is a precondition to achieving a real impact on the public and on environmental health.



• Coherence

Coordination demands that we respect, value and work closely with communities, national and local authorities (when applicable) and other partners (donors, UN agencies) in order to avoid gaps and duplication, to reduce the risk of disputes and increase the efficiency of the overall response. **Standardisation** offers an opportunity for a harmonised response especially in emergency contexts. This aims at minimising potential for grievances induced by humanitarian aid, and can be achieved by sharing the same indicators and standards among all actors.

→ Regardless of the context (emergency, rehabilitation, development), **ACF actively contributes to sector coordination, being an active member of the WASH Cluster⁸**. Such involvement requires ACF's contribution to the coordination mechanisms at both global and national levels, and that ACF is familiar with the WASH Cluster's procedures and tools prior to the emergency response.

→ **ACF must apply SPHERE Humanitarian Standards in emergency situations and WHO guidelines / national standards in development contexts**. When discrepancies exist between international and national standards, ACF will use the sector coordination to advocate for upgrading national policies.

⁸ - ACF has been an active member of the Global WASH Cluster since 2006, and has developed a positioning paper on the Humanitarian Reform.

• Coverage

Coverage implies three concepts that are not necessarily complementary: **vulnerability of beneficiaries**, number of people served by the project and its **geographical scope**⁹. Coverage is not simply a matter of geographical deployment, as the same coverage figures can apply in a dense urban district as in a large rural region with a scattered population.

→ **Correct coverage implies that the most vulnerable groups are targeted within an appropriate geographical area.** This is strategically selected, taking into account criteria such as public health risk (nutritional and WASH morbidity or mortality data), demonstrated needs, sector coordination, feasibility and potential for impact. The potential for community selection to create tension between communities must be anticipated via a transparent selection process.

→ In the first phase of an emergency intervention, **ACF will aim at covering basic needs for as many people** as possible, based on survival standards, which will then be progressively upgraded. In post-crisis and development contexts, ACF prefers to achieve full coverage of a specific target area rather than diluting its activities across a larger area.

→ **ACF recommends** that hospitals, health centres, nutrition centres and schools should be the first structures to be provided with safe water and hygienic sanitation facilities in its areas of intervention.

→ **ACF also recommends the rehabilitation of existing infrastructures** before constructing new one for reasons of coverage, appropriateness and efficiency.

→ **ACF is committed to increasing the number of people benefiting from its programmes**, in line with the national sector strategies and aligned to MDGs.

→ **Replication of activities by the community** is favoured by promoting low-cost technologies and has a positive influence on the coverage of projects.



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• Relevance and Appropriateness

Relevance is obtained by ensuring that ACF WASH projects match the local needs, rights and priorities of beneficiaries.

→ **Programming (all PCM steps) needs to be driven by a participatory approach.**

→ **ACF promotes an evidence-based approach**, i.e. documented, monitored, thorough, explicit and judicious use of the latest and most reliable data in making programme decisions. The “DOWII” classification of disease by transmission mode and the “5F” diagram are two examples.

⁹ - Note : coverage refers to the number of people served by a project, not to the geographical scope of the intervention

→ **For ACF, emergency based interventions are prioritized over development based interventions**, and the organisation therefore promotes an approach based on a public health risk analysis. For example, ACF promotes sanitation in (peri) urban contexts, more so than in rural areas as the risk to public health caused by poor sewage management is far more critical in urban than in rural areas, even though rural sanitation coverage remains poor.

→ **The “ideal” targeting considers an amalgam of the following issues:** organisation and host country strategy (when agreeable), confirmed risks and needs, feasibility, logistics constraints and security, community capacity and motivation for the project, coordination with partners, integration of different sectors, extent of coverage and the potential to generate sustainable impact.

Appropriateness means tailoring project activities to meet the needs of local contexts and communities, thus increasing appropriation, accountability, ease of operation and maintenance and sustainability. This implies that activities are designed in keeping with the wishes, competence and capacity of beneficiary communities.

→ **The contribution of the communities** (financial or other) to a project increases appropriation, accountability and sustainability. However, the level of involvement must be accurately tailored to match community capacity, and settled in coordination with other actors.

→ **Feasibility covers at least five factors:** health (e.g. water quality parameters), technical (e.g. hydrological parameters to extract water from an aquifer), cultural (e.g. defecation practices) socio-economical (e.g. the financial capacity to run a water plant) and environmental (e.g. preservation of the resource).

→ **ACF WASH programmes** will be conceived on the basis of scientifically and rigorously tested solutions that have proved effective.

ACF KEY INTERVENTION CRITERIA

Due to the “raison d’être of the Organization” entry criteria are ideally, but not exclusively, determined by the prevalence or risk of acute undernutrition. Emergency is equally a valid entry criteria.

Limited time and resources means that priorities must be set strategically to achieve maximum impact and coverage.

- Population survival is threatened (risk-based approach)
- Crises are recurrent and are leading to disintegration of the affected communities (risk-based)
- Communities petition for assistance (demand-based)
- In-country structures are unable to respond to needs and require external assistance (needs-based)
- Populations are prevented from attaining minimum standards of living and human dignity (rights-based)

TYPOLGY OF BENEFICIARIES

- Populations with high prevalence or at risk of acute undernutrition or epidemics
- Displaced or refugee communities in need
- Communities having lost their livelihoods due to crisis (open conflict, natural disaster, etc.)
- Populations victims of the discriminatory behaviour of governments, other communities or groups
- Isolated communities, excluded from development plans



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• Sustainability

Sustainability is achieved by exploring and putting in place means/measures that will ensure that the project's benefit continue onwards its end¹⁰.

➔ **Sustainability must be taken in account in the earlier stages of the project cycle**, i.e. within the framework of the feasibility study. The institutional link between communities (through their water and sanitation committees) and the relevant authorities, such as water ministries and municipalities is a way to avoid substitution¹¹ and a prerequisite for sustainability. Authorities should in no way disengage from their institutional responsibilities and remain the primary WASH service providers for their communities.

➔ **The combination of human, environmental and resource components** (integrated resource management) is essential for overall project sustainability. This concept is ideally developed on a watershed scale to maintain coherence with the overall water source renewal and draw off.

➔ **Any project promoting economic benefit for the population** (e.g. income generating activities such as setting-up a local private water pump spare part company) has the potential for sustainability. A value chain approach, especially through public/private partnerships (PPP)¹², is a good example of rendering projects sustainable through economic benefits generated, especially in urban contexts.

➔ **Appropriation and ownership, is a key factor in ensuring sustainability.** It is a process by its own and is measured through a regular monitoring of water committee dynamism (and financial wealth).

➔ **Building capacity of communities, water and hygiene committees and local authorities** provides a strong added value toward sustainability.

➔ **Phasing over of a project to an authority or a national NGO and replication of activities are integral parts of sustainability.** Replication of a project by the community is the utmost achievement of sustainability.

¹⁰ - Sustainability is context specific, given that emergency response interventions are not meant to last forever.

¹¹ - Authorities must not be disengaged from their institutional mandate and are the population's primary service providers.

¹² - Please note that the 5P approach (Scott & Jenkins, 2005) refers to Product, Price, Place, Promotion and Policy.



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• Effectiveness

Effectiveness is about achieving the objectives of the project in a timely manner on the basis of resources, activities and services planned and carried out. It links results (outcomes) to activities (outputs) implemented.

→ **Effectiveness in an emergency is the capacity to deploy in the shortest possible time.** It means EPRP and prepositioned emergency stocks and actively participating in coordination groups (especially the WASH cluster) before, during and after an emergency occurs. It means ownership of cluster tools, such as standard assessment forms.

→ **A well-structured project** is designed according to a Logical Framework Analysis, with SMART¹³ indicators.

→ **Effectiveness will be obtained by designing and following an appropriate project timeframe** and documented monitoring of activities that ensure the PCM is taken fully into consideration.

• Efficiency

Efficiency is the link between inputs (mainly financial) and outputs (activities). This requires an optimal use of project means, which can be achieved through sound administrative and managerial processes.

→ **Efficiency is demonstrated through accurate and systematic (ideally monthly) budget follow-up,** standard logistic and financial processes.

→ **Promoting low-cost technologies,** and purchasing locally whenever possible.

→ **Promoting alternate funding strategies,** e.g. community contribution to the project (in-kind or financial) through smart financing mechanisms (revolving funds, micro lending), income generating activities, etc.



ACF Charter of Principles

ACF is a non-governmental, non-political, non-religious, non-profit network of Action contre la Faim, Acción Contra el Hambre and Action Against Hunger organisations. It was established in France in 1979 to deliver aid in countries throughout the world. The mission of ACF is to save lives by combating hunger and the diseases that threaten the lives of vulnerable children, women, and men. ACF intervenes in the following situations:

- natural or man-made disasters that threaten food security or that result in famine;
- situations of social/economic breakdown, linked to internal or external circumstances that place groups of people in extremely vulnerable positions;
- Situations where survival depends on humanitarian aid.

ACF provides assistance either during the crisis itself, through emergency interventions, or afterwards through rehabilitation and sustainable development programmes. ACF also intervenes to prevent certain high-risk situations. The goal of all ACF programmes is to enable beneficiaries to regain their autonomy and self-sufficiency as quickly as possible. While carrying out its activities, ACF respects the following principles:

Independence

ACF acts according to its own principles so as to maintain its moral and financial independence. ACF's actions are not defined in terms of domestic or foreign policies, or in the interest of any particular government.

Neutrality

A victim is a victim. ACF maintains strict political and religious neutrality. Nevertheless, ACF may denounce human rights violations that it has witnessed as well as obstacles put in the way of its humanitarian action.

Non discrimination

ACF refutes all discrimination based on race, sex, ethnicity, religion, nationality, opinion or social class.

Free and direct access to victims

ACF demands free access to victims and direct control of its programmes. ACF uses all means available to achieve these principles and will denounce and act against any obstacle that prevents it from doing so. ACF also verifies the allocation of its resources to ensure that they reach the individuals for whom they are destined. Under no circumstances can partners working with or alongside ACF become the ultimate beneficiaries of ACF aid programmes.

Professionalism

ACF bases the conception, realisation, management and assessment of its programmes on professional standards and its years of experience to maximise its efficiency and use of resources.

Transparency

ACF is committed to respecting a policy of total transparency to beneficiaries, partners and donors and encourages the availability of information on the allocation and management of its funds. ACF is also committed to providing guarantees of good management.

ACF WASH Key Activities

Domains	Activities
Context analysis and studies	<p>Socio-economic studies related to water and sanitation</p> <p>KAP surveys, sanitary surveys</p> <p>Evaluation of existing and potential water resources</p> <p>Monitoring of hydro-geological parameters (piezometric levels, etc.)</p>
Hygiene	<p>Construction / rehabilitation of sanitary infrastructures</p> <ul style="list-style-type: none"> -Showers and laundry areas -Hand-washing facilities <p>PHAST and other participatory approach (social marketing, etc)</p> <p>Hygiene education (at schools)</p> <p>Hygiene promotion</p> <ul style="list-style-type: none"> - Basic hygiene habits such as hand washing - Use of water and latrines - Hygiene and food - Hygiene kits distribution
Water supply and management	<p>Construction / rehabilitation of water points:</p> <ul style="list-style-type: none"> - Open wells - Boreholes - Springs, River / lake catchment - Rainwater catchments - Ponds <p>Conservation of water sources: integrated management of the resource</p> <p>Water systems for agriculture (irrigation) and livestock (Cattle troughs)</p> <p>Installation of water-extraction systems:</p> <ul style="list-style-type: none"> - Manual (e.g. rope and bucket) - Gravity - Hand pumps - Motorised pumps - Solar systems <p>Water trucking</p> <p>Water-quality analysis and monitoring</p> <p>Water treatment (point of delivery, point of use)</p> <p>Storage and distribution,</p> <p>Public Private (& People) Partnership (PPP and PPPP)</p>
Excreta management	<p>Construction / rehabilitation of latrines</p> <p>Composting / ecological sanitation</p> <p>Community Led Total Sanitation approach (CLTS, etc.)</p>
Liquid waste	<p>Sewerage systems and treatment</p> <p>Drainage systems, grease traps and soakaway pits</p>
Solid waste	<p>Solid waste management</p> <p>Medical waste management</p> <p>Value chain approach, recycling</p>
Vector control	<p>Risk analysis</p> <p>Vector-related hygiene awareness</p> <p>Mosquito-net distribution, etc</p> <p>Insecticides, rodenticides and disinfection, fly traps</p>
Sustainability, partnership, disengagement	<p>Operation and maintenance</p> <p>Models of partnership</p> <p>Disengagement and exit strategies</p>
Knowledge transfer and local capacity building	<p>Strengthening of local and national structures and training</p> <p>Management models set-up, system exploitation</p> <p>Data collection and transfer of information</p> <p>Water policy development</p>
Disaster risk management and Response	<p>Preparedness, mitigation, prevention</p> <p>Emergency response</p> <p>Protection of river banks, soil conservation, environment</p>
Advocacy	<p>Evidence based data collection</p> <p>Promotion of Legal framework, right and governance</p> <p>Gender</p>

Key references

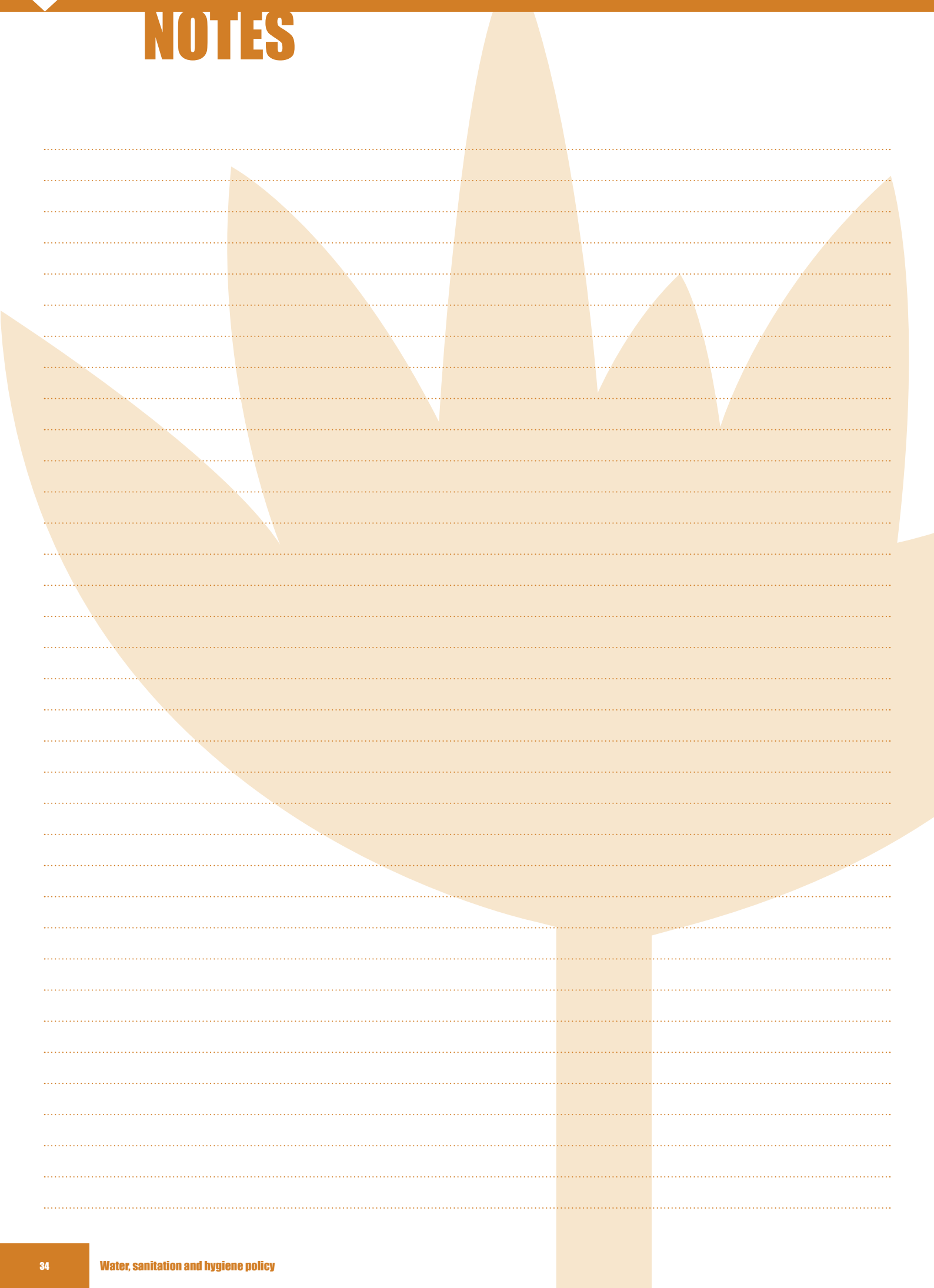
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Additional information on ACF technical policies and strategies

Additional information is available at ACF headquarters and includes the International Strategy 2015 document, yearly mission strategies, all technical and operational policies produced by the Organisation (Gender, HIV, Research, Food Security and Livelihoods, Nutrition). Please also consult the document "nutrition works" (2010), as well as the numerous WASH technical manuals produced, all available on line at www.actioncontrelafaim.org website, and at Hermann Editions, 6 rue de la Sorbonne, 75005 Paris, France.



NOTES







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