



## Getting the balance right

A Red Cross Red Crescent call to address the imbalance between sanitation and water



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Strategy 2020 voices the collective determination of the IFRC to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom we work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified, and peaceful world.

Over the next ten years, the collective focus of the IFRC will be on achieving the following strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises
  2. Enable healthy and safe living
  3. Promote social inclusion and a culture of non-violence and peace
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## Foreword

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The 2012 Joint Monitoring Project (JMP) Report (WHO/UNICEF), which monitors progress towards the water and sanitation related Millennium Development Goals (MDGs), stated that the target of halving the number of people without access to an improved water source is on course to be met by 2015. However, the goal of reducing by half the number of people without basic sanitation will fall short. The signs are clear that we need to rebalance the way we address issues of water and sanitation and align them with global issues such as health, hunger and economic growth. The lack of access to adequate and sustainable sanitation facilities takes its highest toll on the poor, underprivileged and disenfranchised. We need to explore, develop and advocate for ways of redressing this imbalance by adapting present delivery models and piloting new ones that can address this global challenge at a greater scale. We must also foster partnerships between governments, the private sector, academia and other stakeholders worldwide. Most importantly, we need to give sanitation the funding and focus it deserves.

It is in this constructive spirit that we present this advocacy report, which demonstrates that more can be done to address this global issue from three main perspectives: public health, development and human rights. It captures Red Cross Red Crescent approach in thought and practice, and highlights the ways we can improve the global effort to map, monitor, manage, mitigate and get the balance right between the provision of universal access to improved sanitation and to safe water. It is a 'call to action' for the international community to improve our coordination and collaboration. We must use our strong ties to communities as well as our unique auxiliary role to governments, to promote sanitation as everybody's business; from individuals, families and communities to government leaders and the broader international community.

## What needs to happen

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- The IFRC calls on governments, donors, and communities to get the balance right between action on sanitation and on water.
- Sanitation activities should be at least as well funded as water supply, and we believe this balance in funding can be achieved by 2015 so that the next global push for universal access to water and sanitation will focus equally on both aspects.
- Communities in rural areas and urban settlements must be empowered to increase their resilience through access to safe water, improved sanitation and effective hygiene promotion.
- No one government, donor or community can do this alone, so strategic partnerships must be established and nurtured.
- As auxiliaries to their governments, national Red Cross and Red Crescent societies must bridge the gap between government and communities.

# Executive Summary

## Stark reality

There are 7 billion people on the planet today and by 2050, we will have welcomed another 2 billion. Currently an estimated 2.5 billion do not have access to basic sanitation, and 1.1 billion of those people still practice open defecation (15 per cent of the world's total population)<sup>1</sup>. This is not only 'an affront to human dignity', but also a serious public health issue as faecal-oral transmitted diseases such as diarrhoea, cause at least 1.5 million deaths per year in children under 5<sup>2</sup>.

*Water is essential for human life, but it is not enough. The majority of illness in the world is caused by faecal matter.*

## An issue of health inequity

In line with the old adage that prevention is better than cure, providing clinical health services without improving infrastructure and hygiene awareness is counterproductive, as too many resources are invested and ultimately wasted. We have seen historically that the biggest health advances at the start of the 20th century came as people earned higher incomes and enjoyed greater access to sewage systems, safe water supplies and medical care. Developing countries of today can expect similar advances in health, dignity and economic growth but only if sanitation is viewed as an equal priority.

## Barriers to sanitation

Traditionally donors and humanitarian or development agencies have focused more on providing a safe water supply, than increasing access to sanitation. This is understandable as water is often a more immediate need. However, diarrhoeal and other hygiene related diseases cannot be reduced unless people also have access to sanitation facilities. Neither water nor sanitation is more important; both elements are required to maintain and improve health and dignity. Therefore we cannot afford to de-emphasize the need for safe water, rather we must increase our focus on sanitation.

*If we are to collectively address the sanitation needs of the world's poorest we have some major hurdles to clear. Weak infrastructure, inadequate human resource base and scarce resources are the primary challenges.*

## Community buy-in to ensure sustainability

Access to adequate sanitation and improved hygiene behaviour is challenging to achieve as it often requires a change in behaviour among those who most need it. This can take more time than the provision of water supply and infrastructure as sanitation is rarely seen as a high priority among vulnerable rural communities or urban – or peri-urban – slum dwellers.

## Community engagement and community mobilisation is the way forward

The other main challenge is ensuring sustainability and ownership of water and sanitation facilities by the communities and local government authorities. The community engagement process is essential to ensure this and requires sufficient time to conduct participatory problem analysis, needs assessment and planning. Local leadership and the development of links and networks within communities are part of the process. A key lesson learned from decades of community sanitation development work is that sanitation promotion and hygiene education should be started prior to embarking on the technical/construction implementation process.

*There are no shortcuts; if we want health and dignity that sanitation provides we are going to have to pay for it.*

## Climate change and climate variability

Climate variability and climate change often undermine development efforts and exacerbate the situation by damaging water and sanitation infrastructure or by reducing availability of safe water supply from natural sources. As water and sanitation infrastructure continues to be improved, designs need to be climate-smart to mitigate against the impact of climate change. This can be as simple as placing water and sanitation infrastructure away from flood-

1. *Progress on Sanitation and Drinking Water, Update, WHO/UNICEF JMP, 2012*

2. *Critical management of acute diarrhoea Joint Statement, World Health Organisation/UNICEF, 2004*

plains, increasing water availability (including the water needed for handwashing, toilet flushing and anal cleansing) through rainwater harvesting all year round, recycling of water and improved integrated water resource management.

### Red Cross Red Crescent approach

Innovation and technology are crucial factors in the effective provision of sanitation and water by the Red Cross Red Crescent worldwide. The approach adopted utilizes strategic thinking, empirical knowledge and sufficient flexibility to enable it to deliver responses to specific social, geographical, hydrological and climatic conditions of the different regions in targeted areas. Red Cross Red Crescent activities include infrastructure (hardware) in combination with a community approach (software), and this encourages community participation from the project's inception, and builds in relevant health education programmes that recognize the special needs of women, children and the socially marginalized and excluded.

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*Almost 884 million people are living without access to safe drinking water, but approximately three times that number lack basic sanitation.*

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### The target beyond 2015

The IFRC's primary delivery mechanism for sustainable long-term water and sanitation programming is the Global Water and Sanitation Initiative (GWSI), a 10-year initiative (2005-2015) that encourages, and indeed has had substantial success in, scaling up Red Cross Red Crescent efforts worldwide. At this stage (2012) our original target of providing sustainable solutions to 5 million people over 10 years has trebled and we envisage serving 15 million people by 2015. However, we recognise that we need to continue beyond 2015 if universal coverage is to be achieved. This will require:

- building further partnerships;
- improving impact assessment and sustainability to build more resilient communities;
- increasing integration of water, sanitation and hygiene promotion into other programmes beyond health;

## DID YOU KNOW?

- Sanitation includes safe human waste disposal along with solid waste disposal, medical waste disposal, drainage and control of vectors such as flies, mosquitoes and rats.
- 2.5 billion people in the world lack access to adequate sanitation, including 1.1 billion people who have no sanitation facilities at all (15 per cent of the world's total population)<sup>3</sup>.
- Every 20 seconds, a child dies from a water and sanitation-related disease – that's 4,000 children every day<sup>4</sup>.
- Diarrhoeal disease claims the lives of 1.6 million children annually and is responsible for the hospitalization of millions more<sup>5</sup>.
- The majority of the illness in the world is caused by faecal matter.
- Sanitation can save lives and restore dignity.
- There are more people in India that own a mobile phone than have access to a toilet<sup>6</sup>.

- advocating for global water and sanitation support from all stakeholders.

Moreover, we need to catch up on sanitation coverage, which lags behind water by more than a factor of three. The Red Cross Red Crescent Movement calls on all of our partners to get the balance right on sanitation and water.

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3. *Progress on Sanitation and Drinking Water, Update, WHO/UNICEF JMP, 2012*

4. [http://www.path.org/publications/files/IMM\\_solutions\\_global\\_killer.pdf](http://www.path.org/publications/files/IMM_solutions_global_killer.pdf)

5. [http://whqlibdoc.who.int/hq/2004/WHO\\_FCH\\_CAH\\_04.7.pdf](http://whqlibdoc.who.int/hq/2004/WHO_FCH_CAH_04.7.pdf)

6. <http://www.censusindia.gov.in>

## Introduction

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The WHO-UNICEF MDGs Joint Monitoring Project, Progress on Sanitation and Drinking Water: 2012 Update Report, monitors the progress towards achieving country-level drinking water and sanitation MDG targets. "With almost 884 million people living without access to safe drinking water and approximately three times that number lacking basic sanitation we must act now as one global community to ensure water and sanitation for all," said former UNICEF Chief of the Water, Sanitation and Hygiene (WASH).

The IFRC is committed to significantly scaling up efforts for improved sanitation facilities without de-emphasizing the need for safe water. Both are equally important and both require effective hygiene promotion to create the demand for sanitation, ensure effective behaviour change and sustain the use of facilities. All three elements are required to create significant impact in the areas of health, livelihoods, productivity and human dignity.

## Get the balance right: Sanitation in the relief to development spectrum

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### Barriers to health equity

Poverty and health are interdependent; they reinforce one another. Poverty – coupled with trends such as urbanization, population growth, a rise in the prevalence of non-communicable diseases and unhealthy lifestyles – plays a significant role in creating health disparities, particularly where significant gaps exist in accessing resources that give rise to good health, such as adequate food and nutrition, housing, and improved water and sanitation.<sup>7</sup> The international community now acknowledges that leading causes of disease and mortality in developing countries are related to the absence of safe water and the lack of improved sanitation and hygiene promotion. Moreover, no one can doubt today that the absence of these elements not

only has a negative impact on health, but their availability is also crucial to other health-related issues such as food and nutrition.

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*Sanitation receives only 12 per cent of the total pool of global aid funding for water and sanitation.*

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A healthy society requires access to improved infrastructure. The World Bank estimates that the loss of productivity through poor health directly related to water and sanitation equates to hundreds of billions of dollars (USD) every year. Only concerted government leadership can break this cycle. Committing financial resources to health services and the social determinants that give rise to good health are reasonable starting points, especially for low- and middle-income countries. Prioritizing improved sanitation services and ensuring that such facilities are properly used are crucial in building resilient people and communities.

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*A society, regardless of how many clinics or water points it has, can never be healthy if human waste is not safely disposed of.*

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## Get the balance right: An issue of health equity

Let us speak clearly; the single largest cause of human illness globally is faecal matter. A society – regardless of how many clinics or water supply points it has – can never be healthy if human waste is not safely disposed of. The vast majority of waste water is untreated, and more than 1.1 billion people worldwide are practicing open defecation. Until toilets are provided to every woman, man and child, no amount of water supply or health services will keep people, especially the poorest, from succumbing to illness. This daily health disaster affects more than the victims and their families, it traps whole communities in a cycle of poverty .

Water is essential for human life. But it is not enough.

7. <http://www.ifrc.org/PageFiles/91638/1208600-Health%20inequities%20advocacy%20report-EN-LR%20FINAL.pdf>, p26

## CASE STUDY

### Women driving sanitation and hygiene improvements in rural Eritrea



Community volunteers construct permanent squatting plates to improve household latrines and end open defecation.

In Eritrea, there are significant disparities between rural and urban access to adequate water and sanitation. For example, only 54 per cent of the rural population has access to improved water, compared with 72 per cent of urban populations. The figures for sanitation reveal even greater inequities; only three per cent of the rural population has access to sanitation compared with 34 per cent of the urban population.<sup>1</sup>

To improve coverage and to reduce the inequitable burden on people living in rural areas, the IFRC and the European Union sponsored a rural water and sanitation project that was implemented by the Red Cross

Society of Eritrea. The project reached a total of 145,000 people in 120 villages.

A significant focus of the program was on mobilizing women, as the prime drivers of improvements in hygiene knowledge and behaviour to enable communities to become more resilient.

For example, one rural woman – let's call her Negisti<sup>2</sup> – attended a 'community triggering' session, a form of community mobilization that quickly raises awareness on the open defecation practices in the community and the effect this has on the health of the entire community. This session was enough to motivate her to become a promoter of sanitation within her community. Negisti received training from her local Red Cross branch on hygiene and sanitation awareness, latrine construction, and design, cleaning and reducing diarrhoeal-related disease. This enabled her to make visits to 15 households assigned to her and discuss hygiene and sanitation issues as a trusted member of her community. As a result, most of the households under her care – including her own – are now open-defecation free. Negisti is one of 1,969 volunteers who are mobilizing communities to be open-defecation free to improve the health of her children, their families and communities.

Negisti illustrates some of the impact volunteers, particularly female ones, can have on improving hygiene knowledge and behaviour, and ending open defecation practices. However more challenges still remain to ensure rural populations have consistent access to improved water, sanitation and hygiene. Ensuring that communities have improved hygiene skills and knowledge of good sanitation practices is one way to support them in becoming more resilient.

Woldetensae believes that ministries of health, local Red Cross branches and community volunteers are capable of addressing these challenges and providing solutions together. "All in all, by encouraging and strengthening resilience, communities and individuals are addressing their challenges more effectively and to a greater scale, increasing their ability to face future risks, and creating pride in what they can do themselves with our role purely as facilitator," Nura said.

1. WHO Regional Office for Africa. Country Health System Fact Sheet 2006: Eritrea. WHO Regional Office for Africa. Available at [www.afro.who.int/en/eritrea/country-health-profile.html](http://www.afro.who.int/en/eritrea/country-health-profile.html)

2. Not her real name

## The challenge of hygiene

Although promotion of improved hygiene practices and awareness is arguably the most cost-effective means of preventing infectious disease, investment in hygiene is low. Field research clearly shows the benefits of improved hygiene, especially improved handwashing and safe stool disposal. A growing understanding of what drives hygiene behaviour and creative partnerships are providing fresh approaches to achieve sustainable behaviour change. However, some important gaps in our knowledge still exist. For example, how is hygiene promotion best integrated into water supply and sanitation programmes? Does mass communication have any real impact on hygiene behaviour change? How can short-term, guided behavioural change be made permanent? We understand that handwashing and other hygiene practices are important, but how do we make this understanding universal?

## The challenge of sanitation

No one would deny the importance of handwashing in human health, yet hygiene promotion must be coupled with a clean environment and enabling factors such as toilets and clean water. A study by the London School of Hygiene and Tropical Medicine found that 25 per cent of London Underground passengers had faecal matter on their hands. Yet diarrhoeal disease is an insignificant cause of death in modern London.

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*Faecal – oral transmitted diseases such as diarrhoea cause at least 1.6 million deaths per year in children under 5.*

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There are many reasons for this, but the construction of a sewerage system in London during the second half of the 19th century is widely credited as one of the most important factors. Originally intended to reduce the odor of the Thames River, the



Women are the prime drivers of improvements in household hygiene behaviour and use of latrines; ensuring sanitation is sustainable. Graham Crouch/IFRC.



London sewers meant the end of cholera in London and dramatic improvement in the health of London residents. The construction of sewers in the city took decades, caused tremendous disruption in central London and cost what would today be equivalent to billions of pounds.

There are no shortcuts. If we want the health and dignity that sanitation provides we are going to have to pay for it.

If we are to collectively address the sanitation needs of the world's poorest we have some major hurdles to clear. Weak infrastructure, inadequate human resources, and scarce financial resources are the primary challenges in making sanitation everyone's business. The international community is clearly not doing enough. The UN-Water estimates that just 12 per cent of the global aid share for water and sanitation is allocated to the latter<sup>8</sup>.

There are some hopeful developments, though. World-wide access to improved sanitation has increased from 54 per cent to 62 per cent since 1990. Open defecation has declined from 24 per cent to 18 per cent, and in some places – notably Thailand – the practice has been eliminated. But progress is often complicated by population growth and urbanization.

This is everyone's problem, and the solution is largely in the hands of those most affected. Successful locally-led sanitation campaigns can create a domino effect between communities, with one generation teaching the next. The work achieved to date will ensure easier gains in the future. We "will not make the numbers for 2015, but the groundwork will be done, and in the years to come, that will bear fruit."<sup>9</sup>

## A basic need in a desperate situation

Each year more than 200 million people are affected by droughts, floods, tropical storms, earthquakes, forest fires and other hazards.<sup>10</sup> In the aftermath of these events, sanitation is often a critical need. How-

ever, too often we find that donor allocation of funding is unquestioned for water supply while sanitation budgets come under tighter scrutiny. Internally, the IFRC is attempting to achieve a better balance in its emergency water and sanitation activities, for example requiring that – when possible – emergency response plans include equal beneficiary numbers for water supply and sanitation. Knowing that these efforts were backed up with the necessary funding would help to achieve a more holistic approach and deliver better programming in emergency response and rehabilitation efforts to stem the spread of diseases, rebuild basic services in communities and help people recover.

## Get the balance right: A human rights issue

On July 29, 2010, the UN General Assembly adopted Resolution 64/292, which states that access to clean water and sanitation is a fundamental human right.<sup>11</sup> Such a declaration constitutes a non-binding resolution calling on states and international organisations 'to scale up efforts to provide safe, clean, accessible and affordable drinking water and sanitation for all'. Water and sanitation are now enshrined as basic human rights.

This decision is yet to have a significant impact on life for the world's most vulnerable. After more than eight years through the UN General Assembly's Water for Life Decade<sup>12</sup>, adequate supply of water and especially sanitation is far from universal. The international collective effort needs to be increased and scaled up to meet the MDGs. If this does not happen, a significant number of people in the world will still have no access to the sanitation and water they have a right to receive. The international community must start thinking now about what the targets will be beyond 2015, and start acting towards scaling up our efforts to meet them.

8. GLAAS report, UN-Water, 2010

9. *The Lancet Infectious Diseases*, Volume 9, Issue 9, Page 531, September 2009; doi:10.1016/S1473-3099(09)70216-6 Cite or Link Using DOI; Slow progress towards sanitation goal, Talha Burki

10. <http://www.who.int/features/factfiles/sanitation/en/index.html>

11. <http://www.bbc.co.uk/news/world-us-canada-10797988>

12. [http://www.un.org/waterforlifedecade/human\\_right\\_to\\_water.shtml](http://www.un.org/waterforlifedecade/human_right_to_water.shtml)

## CASE STUDY

### Sanitation solutions that help feed the rural poor



*Local headman Zhijun Deng is getting better yields from his fields since the arrival of the EcoSan toilet project in Xiaoqingshan.*

Water scarcity and dependence on chemical fertilisers to increase crop yields has left farmers in rural communities in China with denuded soil and a polluted environment. But thanks to an international group of planners, architects, engineers, ecologists, biologists, agronomists and social scientists, a holistic approach to sanitation has been developed that saves water, is non-polluting and returns nutrients to the soil.

Ecological sanitation (EcoSan) is based on the concept of 'sanitise and recycle'. Unlike flush toilets, EcoSan toilets do not rely upon water. Instead, waste is stored and reused when free from microorganisms, and the resulting compost is used to fertilise local crops.

The Red Cross Red Crescent has been supporting EcoSan projects in Vietnam, Philippines, Afghanistan, The Democratic People's Republic of Korea and Sri Lanka among others. The concept of EcoSan toilets is particularly well adapted to the Chinese culture.

Kathryn Clarkson, the IFRC's water and sanitation coordinator for Asia Pacific, recently returned from a visit to Guilin, where over a four-year period, the Red Cross Society of China has helped to install EcoSan toilets in a number of villages.

"Unlike some other cultures, in China it is not seen as undesirable to use human waste to fertilise the soil. It's a pragmatic solution to a growing problem," she says. "The world reserve of phosphate is rapidly diminishing, and EcoSan toilets are an ecological way of disposing of human waste in the world's most populated country."

In the hamlet of Xiaoqingshan, almost every one of the 350 homes now has an EcoSan toilet, thanks to the local Red Cross programme.

"Before the project began, open defecation in the surrounding fields was normal. Now this practise has stopped and there has been a marked improvement in people's health. There are fewer flies and mosquitoes and there has been a 30 per cent reduction in diarrhoeal diseases in the last few years," says Clarkson.

Local villagers are also able to put more food on the table. Zhijun Deng, the village headman has seen the results of the fertiliser from his EcoSan toilet. Pointing to a field of leafy cabbages he says: "I'm saving money not having to buy fertiliser, I get a better yield and the vegetables are actually a lot tastier."



## The challenge of urbanization

The Executive Director of the Stockholm International Water Institute (SIWI), Anders Berntell, said during the 2011 World Water Week: “We run the risk of losing the battle of water, sanitation, hygiene and health in many cities in the world, and it is a fight that we cannot afford to lose.”<sup>13</sup>

While the last few decades have largely brought great improvement in the quality of water and sanitation services to much of the world’s population, the reality is different for the urban poor. The inhabitants of the world’s slums have seen matters get worse. Access to sanitation has actually declined as a whole in urban settings, while population growth in the world’s cities continues.

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*Developing countries of today can expect similar advances in health, dignity and economic growth, but only if sanitation is viewed as an equal priority.*

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Over 828 million people now reside in slum areas (compared to 657 million in 1990), with the highest populations in sub-saharan Africa (62 per cent)<sup>14</sup>. According to the United Nations agency for human settlements, UN Habitat, the population of some cities is set to swell by up to 85 per cent in the next 15 years.

Consider an individual woman living in these conditions. She rises early. As her home has no toilet she faces a choice; use a plastic bag (a ‘flying toilet’) or walk a few hundred metres across rubbish and sewage to wait in a queue and pay a fee for the privilege of using a filthy toilet. Sadly, this is the daily reality for millions and until it changes, development is difficult.

Trends in population movement towards urbanization are expected to continue. Urbanization can potentially realize great efficiencies in terms of services and resources. However, we must ensure that progress on sanitation meets the pace of urban growth. As we move into smaller, more densely-populated areas, the need for toilets increases. We can urbanize effectively by ensuring sanitation services are part of every city development plan.

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13. [http://www.wearewater.org/en/-water-in-an-urbanising-world-the-subject-of-world-water-week-2011-which-was-held-in-stockholm-between-the-21-and-27-of-august-\\_90339](http://www.wearewater.org/en/-water-in-an-urbanising-world-the-subject-of-world-water-week-2011-which-was-held-in-stockholm-between-the-21-and-27-of-august-_90339)

14. Millenium Development Goals report, 2011, United Nations

## CASE STUDY

### India: Helping communities create demand for sanitation



*All members of the community are motivated to create their own open defecation free living environment.*

In Kasarwadi, a village of 1,400 people, open sewers and open defecation were a way of life. Despite having access to a water supply, sanitation had not been a priority and in recent years, the community has continued to suffer plague, gastroenteritis and chikungunya as a result. The situation they face is identical for a staggering 626 million people across India – 60 per cent of the entire world's population that continue to defecate openly – despite approximately 86 per cent of this number having access to an improved water supply. Communities were not demanding improved sanitation.

With the support of Indian Red Cross Society, the Kasarwadi community were supported to find solutions to their sanitation crisis. The open sewer was converted into a 450 metre underground pipeline to safely dispose of the sewage water, through labour provided by community and Red Cross volunteers. Balchandra Gunda, one of the senior citizens of the village, said, "Our area used to be so bad. It used to stink; all the dirt remained on the road and we used to get such negative feelings due to sickness. Many times we didn't feel like returning home, but we are happy now. We are progressing!"

The villagers drew inspiration from this project and the improvement they saw to their environment, and decided to take the development a step further. Using support from local

government, they constructed individual latrines at the rear of all homes in the village; a commitment to creating an open defecation free living environment. By combining hygiene promotion activities, the community is determined to see that the improvements are permanent.

Laxmi Shinde, one of the community's committee members said, "The malaria and diarrhoea cases have really gone down since the time we have put down the pipeline. We were aware of the cause of these diseases, but couldn't act due to lack of resources and motivation. The Red Cross really supported us in big way. We feel as if we can do anything now and we are ready to cope with upcoming challenges."

In a country with a population of 1.2 billion, where more people own a mobile phone than have access to a toilet, creating demand for sanitation, changing hygiene behaviour, and empowering communities to take both responsibility and action in their own sanitation solutions is a necessity. The Indian Red Cross Society is helping communities help themselves to meet such challenges.



*Wastewater management solutions are made permanent by the community after creating demand for sanitation.*

## Red Cross Red Crescent Response

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The International Federation of Red Cross and Red Crescent Societies calls on governments, donors, implementing agencies and communities worldwide to recognize the important role that sanitation plays in human health and dignity. There is a vital need to include it in relief response and developmental initiatives and to work together to devise new solutions to a problem affecting billions of people.

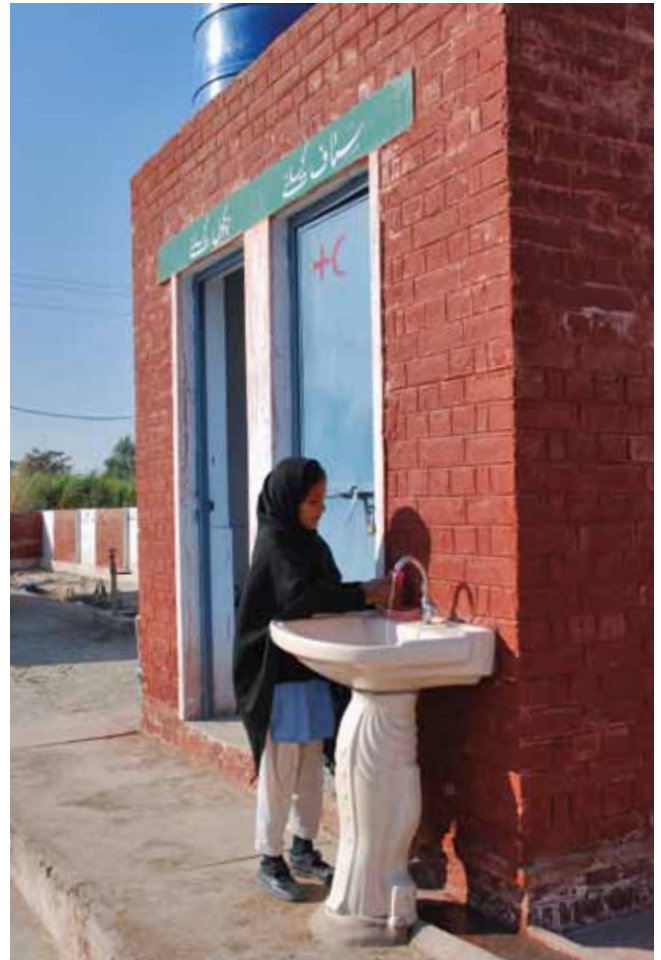
Discussion is only the first step. Delivery of sanitation takes effort, time and resources. Since 2005, the Red Cross Red Crescent Movement has empowered over one million people in dozens of countries to improve the sanitation in their community through hygiene promotion efforts and construction of infrastructure. Millions more, it is hoped, will be reached by 2015 as part of the Federation's ten year Global Water and Sanitation Initiative (2005-2015) as well as through health and resilience programmes.

Despite its critical importance, sanitation continues to receive less funding and attention compared to water supply. Furthermore, population growth and urbanization threaten to undermine the modest progress that has been made towards meeting the Millennium Development Goals for sanitation coverage. Unless sanitation programmes are scaled up, the world's most vulnerable will fall behind even further.

### **Our Commitment: water, sanitation and hygiene for all**

Although we continue in our water, sanitation and hygiene promotion efforts to contribute to the UN Millennium Development Goals, we now commit ourselves to continue beyond 2015, to a time – sooner rather than later – when all people, regardless of their location, ethnicity, wealth or gender can attain their human right to safe water, basic sanitation and improved hygiene.

There is much more work to do.



Access to improved sanitation together with handwashing facilities in schools increases school attendance and improves health, particularly for females.

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*The target of halving the number of people without access to safe water is on course to be met by 2015. However, the goal of reducing by half the number of people without access to sanitation will almost certainly fall short, with coverage currently lagging by a factor of three. Governments, donors and humanitarian actors must all ensure sanitation activities are at least as well funded as water supply so that come 2015 and the next global push for universal access to water and sanitation there is an equal focus – we must get the balance right.*

**Bekele Geleta, Secretary General,  
International Federation of Red Cross  
and Red Crescent Societies.**

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# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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