

Assessment of Action against Hunger's Contribution to Clean and Portable Water in Nigeria: A Case of Child Development Grant Programme II (CDGP II) Intervention in Jigawa State

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Abstract

The study assesses the contribution of Child Development Grant Programme of Action Against Hunger to beneficiaries' access to clean and portable water in Jigawa State, from 2018-2022. Three Local Government Areas were selected for the study. The study elicited data from 381 respondents who were purposively and randomly selected from three rural communities. The data were subjected to Wilcoxon Signed Ranked Test as the paired variables failed normality test. It was employed to unravel statistical evidence of the mean difference before and after the beneficiaries had received CDGP II intervention. The work is predicated on dependency theory (dialectics of dependent development theory). The study also found that Action Against Hungers' Child Development Grant Programme II has significantly improved beneficiaries' access to clean and portable water and health care service. The study also found that the intervention has been significantly relevant to the needs of the beneficiaries in Jigawa State. The study recommends among others that International Non-Governmental Organisations (INGOs) should be dedicated to ensuring that there is continuity in providing social services to community dwellers through effective policy programme, INGOs should role out health programmes that focuses on rural communities to improve people's access to health care services at the local level, INGOs should collaborate with government and other relevant bodies at all levels to put in place strategic development programmes that provide rural communities with adequate access to clean and portable water. The state government should close rank with INGOs and leverage on the development programme achievements and replicate same to other rural areas.

Keywords: INGO, CDGP, human development, poverty reduction, clean and portable water

1. Introduction

Access to clean and portable water in recent times as been a hot theme of discuss and a concern for most developing and developed countries around the globe, especially countries whose human development indices is worrisome, which reflects stark evidence of human deterioration. Access to clean water is factored as one of the main indicators in human development survey that is essential to sustaining life and

health (WHO, 2002). Sub-Saharan Africa including Nigeria was given a target to achieve 75% access to water coverage (United Nations 2015). This problem also applies to many rural areas in developing countries including Nigeria. While the need for clean water in Nigeria is dire, governments have shown lack of financial means to address this need (WHO, 2012, cited in Mangai, 2016). Recent figure is particularly worrying, with 29% million Nigerian children experiencing high or

extremely high water vulnerability especially in rural areas (UNICEF, 2021). Poor access to clean and portable water and health care services increase mortality from preventable diseases particularly among pregnant women, nursing mothers, children and other poor segments of society. The link between water, sanitation and health are the various manifestation of poverty (Rapid 2023 – 2025 MTSS Rollover Report). This rationalisation led to the United Nations (UN) member countries including Nigeria to prioritise achieving universal sustainable and equitable access to safe and affordable water, health care services as part of (WASH) for all as the sixth Sustainable Development Goals (SDG 6) to be achieved by 2030, however, progresses towards achievement of the SDGs are inadequate ((UN Water 2017, Kitzmueller et al., 2021). The international donors have become more pronounced in their activities in ensuring sustainable and equitable access to safe water in Jigawa State. Donors such as Save the Children International (SCI), Water Aid (WA), Action Against Hunger (AHH), United Nations International Children Emergency Fund (UNICEF), United Nations Development Programme (UNDP), United States Agency for International Development (USAID), United Kingdom Agency for International Development (UKAID) (Fisher, 2002). Over the years, Jigawa State in the North-West region of Nigeria has been plagued by poor access to safe water, health care services in most of its rural communities. Okoye & Ogbebor, (2024). Unsafe water use, combined with inconsistent sanitation behaviours, increases the risk of outbreaks and highlights the need for sustained household-level behavioural change. In 2020, 89% of the state population relied on at least basic drinking water service

(FMWR, 2021). Report from (NBS, 2020) ranked Jigawa third behind Sokoto and Taraba State taking the lead in poverty index. Jigawa struggles with a range of issues contributing to low human development such as limited access to clean water, health care services, low income and high infant mortality among others (SDGs Report, 2001 cited in SCI, 2021).

Statement of the Problem

In spite of the commitment by government and private partners, Jigawa State is still characterised by a decline in access to clean water in rural communities. In a similar opinion, Olayinka, (2019) affirmatively points that the level of poverty in Nigeria especially in rural areas remains recurrently worse off. This also corroborates the report given by National Bureau of Statistics (NBS) shows that the poverty level in Nigeria has reduced to about 54% in 2019. Precisely, the human poverty index ranked Nigeria 114th out of 134 in 2019 (NBS, 2019 cited in Saleh, 2020). It further rose to about 69% at 41.1% in 2020 (NBS, 2020). The recent United Nation Development Report on HDI released on 13th March, for 2023/2024 ranked Nigeria 161 out of 193 countries with Human Development Index (HDI) Value of 0.548 that is serious (UN, 2024). As a result of this poverty condition of the state and efforts of Non-governmental Organizations to improve access to clean and portable water to the rural dwellers, Action Against Hunger, a Non-governmental Organization facilitated an intervention programme known as Child Development Grant Programme (CGDP) II in year 2019 funded by DFID now FCDO. The central goal of the programme is to improve the standard of living among the beneficiaries in Jigawa State. Meanwhile, the available data shows that the level of poverty and extremely high water vulnerability among

residents in rural communities still remain high despite interventions by the government and private organizations in the state. It is in view these prevailing situations that this paper aims at assessing the contribution of Child Development Grant programme II of Action Against Hunger to beneficiaries' access to safe water in Jigawa State.

Research Question

The study is guided by the following research question:

To what extent does Action Against Hunger's CDGPII contribute to improve the standard of living of the beneficiaries in Jigawa State?

Research Objectives

The aim of the study is to assess the contribution of Child Development Grant programme (CDGP II) of Action Against Hunger to the beneficiaries' access to clean and portable water in Jigawa State. The specific objective is to assess the extent at which Action Against Hunger's CDGP II intervention programme improve beneficiaries' access to clean and potable water in Jigawa State.

2. Literature Review

Conceptual Review

Non-Governmental Organisation

In their role as service providers, NGOs offer a broad spectrum of services across multiple fields, ranging from livelihood interventions and health, clean water and education service to more specific areas, such as emergency response, democracy building, conflict resolution, human rights, finance, environmental management, and policy analysis (Lewis & Kanji 2009). Uphoff (1993) sees NGOs as alternative institutions through which the underprivileged are better served than conventionally. Anheil (1990) opines that NGOs try to stimulate the participation of the underprivileged and are able to reach those strata of society which are bypassed by public service delivery systems. Their

distinct feature is that they are formed to complement, supplement and offer alternatives to government development efforts. NGOs represent a set of diverse organizations with different missions. They occupy an intermediate position between the market and the state. Thus, they are not governmental agencies and they are non-profit companies (Morsy & Olik, 2019). Pearce (2000) defines NGOs as "private non-governmental organizations that pursue activities to relieve suffering, promote the interests of the most vulnerable in the society, protect the environment, provide basic social services, or undertake community development. In a similar note, Bank (1995) defines NGOs as private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development. Vakil (1997) sees NGOs as self-governing, private, not-for-profit organizations that are geared towards improving the quality of life for disadvantaged people. Similarly, Jaggernath & Reddy (1995) sees NGOs as "private, self-governing, voluntary, non-profit distributing organisations operating, not for commercial purposes, but in the public interest for the promotion of social welfare and development, religion, charity, education and research.

Impact Assessment of NGOs Intervention Programme on clean / portable water

Numerous studies have been conducted on the contributions of NGOs intervention on service delivery in recent times. This section presents an empirical review on similar studies conducted.

Ogaboh *et al.*, (2014) investigated the operations of non-governmental organizations (NGOs) in relation to the socio-economic development of rural areas in Akwa Ibom State, Nigeria. Abiakpo in Obot Akara, Four Towns in

Onna, & Okpo Ndua Erong in Ibesikpo Asutan were selected for the study. The data were subjected to analysis using Pearson Product Moment Correlation statistical technique at 0.05 level of significance with 124 degree of freedom. Results revealed that NGOs contribute immensely to rural development in Akwa Ibom State in the areas of health, education, economic and job creation. It was recommended among others that NGOs in Nigeria should incorporate their activities with that of government to avoid duplication of functions and that NGOs should adopt participatory approach to encourage active rural involvement in development project. Ullah & Routray (2007) conducted a study to analyse the current poverty situation and poverty alleviation efforts of the NGOs in Bangladesh with emphasis on the impacts of two NGO programs in two villages of Barisal district. This research employed both qualitative and quantitative approaches. In order to substantiate primary data, relevant secondary information was used. Data were collected through household survey by applying both open- and closed-ended questionnaires. With a view to analyzing data, inferential as well as descriptive statistics was applied. The findings revealed that the economic condition of the poor in the study areas has not improved much when judged against some selected indicators, namely, income, food and non-food expenditure, productive and non-productive asset, food security, and employment creation. The Foster Greer Thorbecke index shows that the majority of the NGO beneficiaries remained below the poverty line in terms of income and the overwhelming majority of them remained below the underemployment line. Adjei *et al.*, (2012) conducted a study on 198 heads of rural households benefitting from four operational NGOs to address the extent to

which NGOs impact on poverty reduction in the West and Tain Districts of Northern Ghana. The study examined the NGOs poverty reduction strategies and their impact on people's quality of life. The study reveals that NGOs adopt the integrated rural development strategy with both basic needs and basic means approaches. The study identified improved income, productivity levels of beneficiary households and improved utilization of basic social amenities as significant impact of operational NGOs in the study areas. Mohamed, (2010) investigated the role of NGOs in urban poverty reduction in Kibera, Nairobi from the perceptions of low-income urban households and NGOs operating in this sector. He found that while there are some successes - in addressing the environmental risks by providing clean water, sanitation services, providing health services, and building social capital of the low-income households excluded from government services and policies on poverty reduction, the study reveals that there are also some barriers to improving NGO programs.

Historical Overview of Action Against Hunger

Action Against Hunger was founded in France as *Action Internationale Contre la Faim* (ACF) in 1979 by a group of French intellectuals, scientists, journalists, writers, and doctors specially to combat hunger worldwide. This agency seeks a brand of humanitarian politics that could influence political actors and outcomes, not just mitigate atrocities on the ground. The resulting organizational shift revolutionized how humanitarian professionals respond to international crises and interact with key actors, institutions and agencies. Action Against Hunger International has headquarters in five countries namely France, United Kingdom, Spain, USA and Canada. Action Against Hunger works in over 47

countries mainly developing countries including Nigeria. Action Against Hunger International envisions a world without hunger and collaborate closely in sharing human resources, logistics, and technical capacity (Action Against Hunger, 2022).

Policy Goal of Action Against Hunger (ACF)

Prevention, detection and treatments of malnutrition, end child hunger, build knowledge of sanitation, provides access to safe water, prevent humanitarian crises, address vulnerability, advocate for changes that help saves lives, building knowledge of safe hygiene practice and build food and nutritional security in the long run (Sharp & Cornelius, 2017).

Study Area

State Jigawa State is in North-western part of Nigeria. It was created from the Northeastern half of Kano State in 1991. Dutse is the state capital with twenty seven (27) Local Government Areas. The state is divided into five Emirates each administered by a traditional ruler called

Emir (sarki) with district heads and ward heads assisting them. Jigawa State is located in the North-Western part of the country between latitude 110N to 130N and longitude 80E to 10.150E, Kano State and Katsina State border Jigawa to the West, Bauchi State to the east and Yobe State to the Northwest. Jigawa State shares an international border with Zinder Region in the Republic of Niger (ePact, 2015). The study area focused on Gagarawa, Buji and Kiri-kassama Local Government Areas of Jigawa

3. Methodology

This study adopts a descriptive survey design. The descriptive survey design is appropriate for this study for gathering information on the attitudes, perceptions, views, behaviors, and values of members of a population. The population consists of the beneficiaries (381). Krejcie & Morgan (1970)'s sample size determinant table was adopted; a sample size of (381) was obtained.

Table 4.0: 2022 Projected Populations of the Selected Local Government Areas and Number of Registered Beneficiaries

	2022 population Projection at 3.3% Growth Rate	No of Beneficiaries Registered Per Local Government Area.	Proportion of registered beneficiaries in LGA Population
Kiri kassama	331,200	26,064	7.9%
Buji	167,300	22,370	13.4%
Gagarawa	141,300	10,089	7.1%
Total	639800	58,523	

Source: Projected National Population Census Statistics (2022) and ACF (2022)

The paper utilized simple random sampling, purposive sampling and proportionate sampling techniques. Primary data was collected via questionnaire distributed to Gagarawa (65), Buji (146) and Kiri-kassama (170). The number of questionnaires not returned is 66 representing 17.32% and secondary sources of data were collected via periodicals, internet, books and documents from ACF. For the validity of

instruments, the guidance of experts was sorted which improved the questionnaire. In this paper, a reliability co-efficient of more than 0.7 was obtained. Data from questionnaire were analysed using SPSS 23, version. The study adopted Wilcoxon Signed Ranked Test as the paired variables failed normality test. It was employed to unravel statistical evidence of the mean difference before and after

the beneficiaries had received CDGP II intervention.

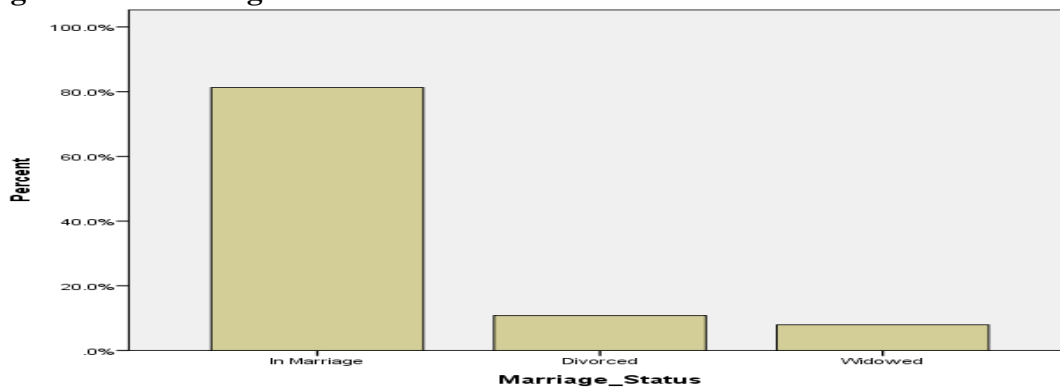
4. Results and Discussions

Demographic Characteristics of the Respondents

Table 4.1: Response Rate

Data Collection Tool	Intended Number of Respondents	Actual Respondents	Percent (Actual)
Questionnaire	381	315	82.7
Interview	8	8	100
Focus Group Discussions	3	3	100
Total	392	326	

Figure 4.1: Marriage Status



Source:

Field Survey, 2023

Figure 4.1 shows marriage status of the programme beneficiaries'. The result on marriage status shows those married are 256 representing 81.3% of the total respondents. Those divorced are 34 representing 10.8% of the total respondents. While those widowed are 25 representing 7.9% of the total

respondents. Action Against Hunger intervention targets a specific population of women that are pregnant, lactating mothers and women with children from age 0 to 2years. This explains why none of the respondents was single. Also, the programme appeared not to consider single mothers as beneficiaries.

Table 4.2: Distribution of Respondents by Level of Education

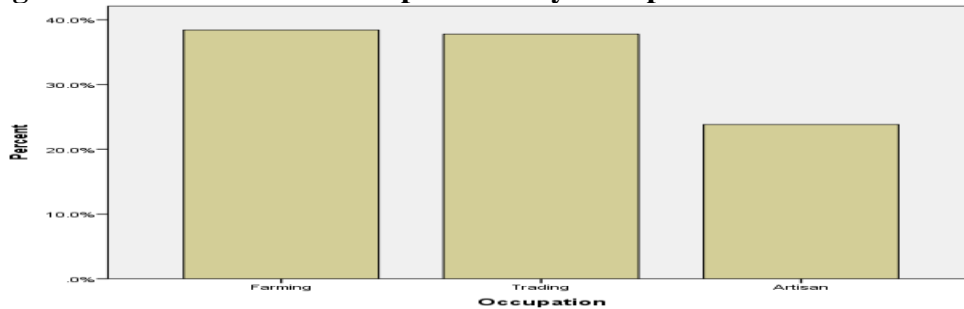
	Frequency	Percentage
Primary education	83	26.3
Secondary education	6	1.9
Tertiary education	0	0
No formal education	226	71.5
Total	315	100

Source: Field Survey, 2023

Table 4.1 shows formal and informal education obtained by the programme beneficiaries. The result shows those with primary education are 83 representing 26.3%. Those with secondary education are 6 representing 1.9%. None of the

beneficiaries had a tertiary education as shown above. Those with no formal education are 226 representing 71.5%. The result shows that majority of the respondents do not have formal education to be corporately employed.

Figure 4.2: Distribution of Respondents by Occupation

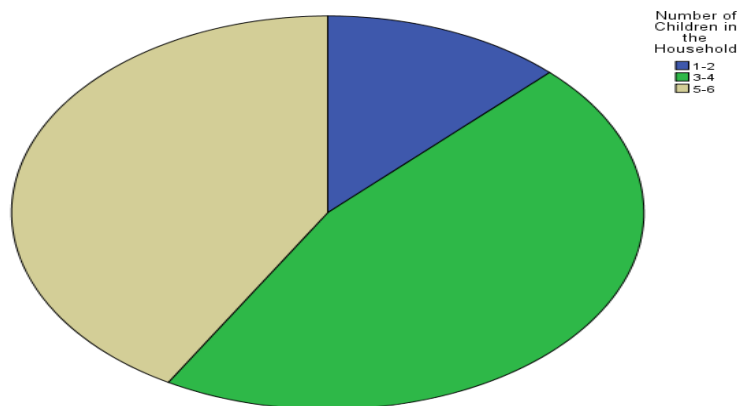


Source: Field Survey, 2023

Figure 4.2 shows occupation of the beneficiaries. The result shows those who are farmers are 121 representing 38.2% of the total respondents. Those who are traders are 119 representing 37.9% of the total respondents. Those who engage in

craft making are 75 representing 23.7% of the total respondents. The result indicates that majority of the beneficiaries engage in farming, trading and a reasonable percentage appears to be engaged craft making.

Figure 4.3: Number of Children in the Household



Source: Field Survey, 2023

Figure 4.3 shows numbers of children in the household with 1-2 children is 39 representing 12.4%. Numbers of children

in the household with 3-4 children are 145 representing 46%. While numbers of

children in the household with 5-6 and above are 131 representing 42.2%.

Hypotheses Testing and Answering Research Questions

Table 4.3: *Beneficiaries' children access to clean and portable water before and after the CDGP II*

	Before		After	
	Frequency	Percentage	Frequency	Percentage
Very often	2	0.6	87	27.6
Often	3	1.0	186	59.0
Very rarely	89	28.3	27	8.6
Not at all	221	70.2	15	4.8
Total	315	100	315	100

Source: Field Survey, 2023.

Table 4.5 shows responses from respondents' on access to clean and portable water before and after the CDGP II. The result shows children who do not at all have access to clean and portable water before the programme is 221 representing 70.2% of the total respondents. The figure also, shows results on children who very often and often have access to clean and portable water after the programme is 87 representing 27.6% and 186 representing

Research Question 1: To what extent does Action Against Hunger's CDGP II contribute to improve the standard of living of the beneficiaries in Jigawa State

59.0% of the total respondents respectively. In line with the result above, the respondents generally responded that their children had access to clean and portable water after the intervention, because they were able to buy bags of water, pay bike fare (*achaba*) to get borehole water from a nearby town for household use. The programme also through the BBC educates beneficiaries on how to purify water for safe drinking.

Table 4.4: *Beneficiaries' children access to health care services before and after the CDGP II*

	Before		After	
	Frequency	Percentage	Frequency	Percentage
Very often	3	1.0	90	23.3
Often	18	5.7	194	61.6
Very rarely	61	19.4	22	6.9

Not at all	233	74.0	9	2.9
Total	315	100	315	100

Source: Field Survey, 2023.

Table 4.4 shows result on child access to health care services before and after the CDGP II. The result shows children access to health care services before the programme indicate not at all are 233 representing 74.0% of the total respondents. The table also shows result on child access to health after the programme indicate very often and often are 90 representing 23.3% and 194 representing 61.6 of the total respondents respectively. Majority of the

beneficiaries' use part of the money they receive from the intervention to access local health centre to buy drugs when their child fall sick. The above responses show that the CDGP II have improved beneficiaries children's access to health care services and clean water. It appears that the ACF intervention has made a positive significant impact on the standard of living of the programme beneficiaries after the intervention.

Table 4.4: Sufficiency of the support to address beneficiaries' needs during the CDGP II

	Frequency	Percentage
Yes	274	86.9
No	41	13.1
Total	315	100

Source: Field Survey, 2023

Table 4.7 shows result on how sufficient is the support to programme beneficiaries' needs. Those who indicate **Yes** are 274 representing 86.9% of the total respondents. While those that indicate **No** are 41 representing 13.1% of the total respondents.

Test of Hypotheses

Decision rule

Rule 1: If Asymp. Sig P value is less than 0.05 we reject the null hypotheses and accept the alternative hypotheses. If Asymp. Sig P value is greater than 0.05 we reject the alternative hypotheses and accept the null hypotheses. Significance

Level = 0.05, $S-RS = (\text{sum of positive ranks}) - (\text{sum of negative ranks})$

Ho: There is no significant positive difference between the levels of the beneficiaries' poverty

before and after receiving Action Against Hunger's CDGP II

Hi: There is a significant positive difference between the levels of the beneficiaries' poverty

before and after receiving Action Against Hunger's CDGP II

Test Statistics

Monthly Estimated income before and after the Child Development Grant Programme II	Test Result
Z	-
Asymp. Sig. (2-tailed)	15.445 ^b
Exact Sig. (2-tailed)	.000
Exact Sig. (1-tailed)	.000
Point Probability	.000

Asymp Sig = P .000 < 0.05 we reject the null hypotheses (Ho), thus, the alternative hypothesis (Hi) is accepted which indicate that there is significant positive difference between the levels of the beneficiaries' poverty before and after the CDGP II. Results from ranked analysis shows $49.767.00 - 3.00 = 49.764$. This indicates an increase in beneficiaries' access to clean water and health care services after the CDGP II. The result further shows that Action Against Hunger's CDGP II has a significant impact on the income of the beneficiaries' to access clean and portable water through an unconditional cash transfer to enable them meet their basic needs.

5. Conclusion and recommendation

Poverty is a global social phenomenon but Nigeria poverty rate ranks one of the highest in Sub-Sahara Africa and globally. Poverty is a shared and constructive responsibility, and to end inadequate clean water access and health care services are in line with the Sustainable Development Goals (SDG 6) by the United Nations led to the participation of international institutions, bilateral, multilateral agencies INGOs as development partners. However, the growth of NGOs in terms of numbers, funding, programmes and interventions reflects in Nigeria due to high level of high water vulnerability and inadequate

access to health care services in rural areas in the north of the country. INGOs serve as alternative organisation that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development and activate service delivery system at the rural level.

The findings revealed that Action Against Hunger's CDGP II has improved beneficiaries' access to clean water, health care services in Jigawa State. This paper concludes among others that the intervention has increased beneficiaries' access to clean water and health care services after the intervention. In view of these findings and conclusion drawn, the following recommendations are made.

Recommendations

INGOs should be dedicated in ensuring that there is continuity in the providing access to clean and portable water to rural communities through construction of wells, boreholes treatable tap water for consumption. INGOs should role out programmes to sanitize local people how unsafe water can be treated and safe consumption. INGOs should collaborate with host national government to put in place strategic development programmes to ensure vulnerable communities access to sustainable clean water. INGOs should set up a standard implementation

procedure and feedback mechanism to get information on the shortcomings on funding, logistics and device means to

urgently address problems on future development programmes.

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