Facts & Figures

- Inadequate WASH conditions and services cause 1.7 million deaths annually.
- Over 3,000 children die every day from water-borne diseases.

ECHO funding

- Up to €200 million allocated to WASH each year.
- Overall humanitarian funding for WASH has increased 30 fold over the past decade.

Key messages

- Providing access to clean water in sufficient quantities is essential to sustain life and promote health in emergency and crisis situations. Basic sanitation and appropriate hygiene behavior and management are essential conditions to create a safe living environment.

- The European Commission is the biggest humanitarian donor in providing water, sanitation and hygiene (WASH) assistance with up to 200 million allocated each year in this sector. The Commission typically funds projects that combine other sectors, such as nutrition or shelter, in order to increase effectiveness.

- Climate change, urbanisation and rapid population growth put pressure on natural resources. Needs in the field of WASH are growing much more rapidly than available funding. To meet these challenges, the Commission promotes best practices in this field in its WASH policy paper published in 2013 as well as through its support to international coordination mechanisms like the humanitarian community’s system of clusters in the main sectors of humanitarian action.
Humanitarian situation and needs

Background

Water, sanitation services and good hygiene, termed as WASH in the humanitarian community, are three closely connected preconditions for public health.

Inappropriate WASH conditions cause 1.7 million deaths annually. The UN's Office for the Coordination of Humanitarian Affairs (OCHA) foresees that the number of people without access to safe water will increase from just over 1 billion to 2 billion by 2025. The World Bank estimates that 38% of land area world-wide, home to approximately 70% of the world’s population is exposed to drought. Dry lands have the highest infant-mortality. For example, in the Sahel region of West Africa hundreds of thousands of children under-five die every year.

Another important trend is the doubling of natural disasters from approximately 200 to over 400 per year in the past two decades. The number of floods and cyclones is rising dramatically as a proportion of these disasters. This rapidly growing range, frequency and scale of water-related crises are a major challenge for the capacity and resources of the global humanitarian system.

The humanitarian community has responded by increasing funding for humanitarian WASH needs 30- fold in the last decade. However, the increase in needs still surpasses available funding. Key factors contributing to this trend include climate change, urbanisation and rapid population growth. All these put additional strain on water availability and local water resources and can pressure already strained natural resources.

WASH needs can also arise because of conflict, which almost invariably forces people to flee from their homes. They are often left with insufficient water and insufficient or non-existent sanitation services.

The European Union's Humanitarian Response

Funding

The European Commission is the world's biggest donor to humanitarian WASH needs, contributing around 25% of global humanitarian annual funding dedicated only to WASH activities in the last years. The European Commission's Humanitarian Aid and Civil Protection department (ECHO) promotes quality and best practice in a context of increasing humanitarian WASH demands. There are three priority areas in the Commission's humanitarian assistance in the field of water, sanitation and hygiene:

Speed of response

The increasing frequency and scale of sudden onset disasters require better surge capacities that get experts and equipment on site as early as possible. The Commission supports this through improved logistical support for the global humanitarian community, including regional warehousing where stocks are prepositioned in five depots around the world (Panama, Brindisi, Dubai, Subang, Accra) and with rapid response teams (RRT) capable of responding within 72 hours of an emergency with the deployment of WASH coordination, assessment and information management experts on behalf of the global WASH cluster.

Coordination

A fast response also depends on good coordination, essential for providing accurate needs assessments to determine division of labour. Links with other humanitarian sectors are also important, for example the health sector invariably needs water for hospitals. In this regard, the Commission has strongly supported efforts to improve and disseminate, wherever required, the cluster approach, at a global and operational (national and sub-national) levels.

Civil Protection

The complementary roles of humanitarian aid and civil protection are highly important in the WASH sector. For example, growing urban humanitarian WASH needs often require a technically sophisticated response, one which goes beyond the capacity of many humanitarian agencies. Those can be provided through civil protection, for example, by setting-up large scale water pumps and purification systems to replace water infrastructure, damaged in a natural disaster.
South Sudan

Access to clean water and sanitation services is a huge problem in the country and a large contributor to health conditions. The increasing number of internally displaced people (IDPs) adds to this challenge. Since South Sudan is prone to numerous shocks that can rapidly deteriorate the situation of an already very vulnerable population, ECHO pays special attention to ensuring that humanitarian responses are timely and appropriate. By supporting emergency preparedness and response activities, ECHO ensures that clean drinking water and sanitation facilities are available for uprooted populations, with the aim of reducing mortality due to water-borne diseases.

Syria and Jordan

Syrian and Jordanian children take part in the 'AptArt' project in northern Jordan. Mentored by professional artists from around the world, children learn key hygiene messages through drawing colourful murals. This project is a joint collaboration between AptArt, ECHO, ACTED and UNICEF. Photo credit: APTART (January 2014).

Myanmar

In the northern Kachin State of Myanmar, thousands of IDPs face an uncertain future. As Myanmar slowly engages in political and economic reforms, decade-old conflicts between ethnic minorities such as the Kachin and the national government forces continue bringing suffering to tens of thousands. Since mid-2011, around 115 000 villagers have been internally displaced. With EUR 14.5 million committed in the last two years, ECHO is one of the leading international contributors to this aid effort. Providing sufficient safe drinking water is a challenge in many camps. Rainwater collection tanks set up by Solidarités International with EU funding are helping in that regard.

Pakistan

In the Pakistani province of Sindh, where malnutrition rates are particularly alarming, ECHO is spearheading an "integrated humanitarian approach" that combines emergency nutrition assistance and WASH activities. By promoting simple household hygiene practices, providing safe drinking water, building latrines and ensuring safe disposal of human and other solid waste, ECHO-funded interventions contribute to reducing the number of water-borne diseases. The latter are among the root causes of the malnutrition problem amongst these extremely vulnerable communities.
Vietnam

Peace of mind for this mother living in the Mekong delta in southern Vietnam is the good health of her children. Water containers and water filters provided by the NGO "Save the Children" with ECHO funding enable families to have safe drinking water and prevent water borne diseases, a major health hazard, especially for young children. Thousands of families were left without shelter and exposed to water borne diseases in the Mekong delta following the massive floods which inundated the entire Southeast Asia region. The EU committed over €10 million for providing lifesaving assistance to millions affected by the floods in Lao PDR, Thailand, Cambodia and Vietnam in October 2011.

Haiti

In Haiti, the cholera epidemic broke out October 2010 and is one of the largest ever registered in the world. The mortality rate remains high and the risk of new peaks of cholera is very much present. Immediately after the outbreak of the epidemic, ECHO supported the establishment of cholera treatment facilities by NGOs (Oral Rehydration Point, Cholera Treatment Unit/Center) and strengthened the capacities of the healthcare staff who had no previous experience in dealing with cholera. Another focus was the improvement of access to water and sanitation, hygiene activities and educational campaigns among the population– all of which are key to prevent people from getting infected. ECHO is also currently contributing to a coordinated water, sanitation and health response in the country. It has thus devoted additional €10 million to the cholera response in 2011 and 2012, and €5 million in 2013.

West Africa

With cholera on the rise in West Africa where some 100 000 people are affected each year, ECHO has devised a regional strategy to both prepare for and respond to outbreaks of this water-borne disease. This strategy was piloted in Guinea through a so-called 'shield & sword' approach which couples prevention measures with early detection and treatment. ECHO funds activities of NGO 'Action Contre la Faim' (ACF) to carry out epidemiological surveillance on both sides of the Guinean-Sierra Leonean border and improve the prevention and detection of cholera among communities most at risk. The success in curbing the 2012 cholera epidemic in Guinea is serving as an example for similar approaches in the region.

Mali

The Mali crisis has forced tens of thousands of people into refugee camps in neighbouring countries. Climatic conditions in Mauritania’s Mbera camp are particularly harsh. People depend entirely on humanitarian organisations such as Solidarités and OXFAM-Intermon who are funded by ECHO to provide refugees with the minimum of 15 liters of water per person per day.