



**WATER, SANITATION
AND HYGIENE IN FRAGILE AND
CONFLICT AFFECTED STATES**

**HOW THE UK GOVERNMENT
CAN TACKLE THE WATER CRISIS
AND SAVE CHILDREN'S LIVES**

**FOR EVERY
CHILD**

unicef 
UNITED KINGDOM

ABBREVIATIONS AND ACRONYMS

ASWA	Accelerating Sanitation and Water for All
CBM	Community Based Management
COVID-19	Coronavirus
DBE	Department of Basic Education (Myanmar)
DFID	Department for International Development
DPH	Department of Public Health (Myanmar)
DRC	Democratic Republic of the Congo
DRD	Department of Rural Development (Myanmar)
EHNP	Emergency Health and Nutrition Project
FCAS	Fragile and Conflict-Affected States
FCDO	Foreign, Commonwealth and Development Office
GHG	Greenhouse Gas
ICF	International Climate Finance
NGO	Non-Governmental organisation
PC	Post-Certification
PNEVA	Healthy School and Village National Programme
SDG	Sustainable Development Goal
SPWS	Solar Powered Water Systems
SWA	Sanitation and Water for All
UHC	Universal Health Coverage
UNICEF	United Nations International Children’s Fund
VEA	Healthy Villages and Schools
WASH	Water, Sanitation and Hygiene
WUC	Water User Committee

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This report was authored by Delphine Valette, Leslie Morris-Iveson and Liam Sollis.

Editorial, graphics and design: Christian Humphries (UNICEF UK), Haas Design.

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EXECUTIVE SUMMARY



- **More than 800 million children live in 58 fragile contexts,** including more than 220 million children in 15 extremely fragile contexts.¹



- In 2018, around **four out of every 10 people who lacked access to improved sanitation lived in fragile and conflict-affected states.**²



- **Children under 5 living in conflict** are more than **20 times more likely to die** from diseases linked to **unsafe water and sanitation** than from direct violence.³



- **Poor WASH conditions account for nearly 40 per cent of deaths from diarrhoea** in refugee camp residents and **80 per cent of deaths in children under age two** – particularly in the immediate emergency phase.⁴

COVID-19 has been spreading across the globe, paralysing countries, and causing an unprecedented public health crisis. The pandemic has unearthed the long-lasting and deep-rooted water, sanitation and hygiene (WASH) crisis. Whilst handwashing hygiene is the first line of defence against COVID-19, in the 60 countries identified as having the highest risk of health and humanitarian crises due to the virus, 2 out of 3 people – 1 billion people in total – lack basic handwashing facilities with soap and water at home.⁵ Around half are children.⁶

COVID-19 poses direct threats and impacts to health, but it is the social and economic consequences of the pandemic that are having the greatest effects on the Sustainable Development Goals (SDGs), reversing progress in many critical areas for children, including health, nutrition and education.

Fragile and conflict-affected states (FCAS) are predicted to be the worst affected by COVID-19 in the medium and long term.⁷ People living in extremely fragile contexts are four times as likely to lack basic sanitation services and eight times as likely to lack basic drinking water services.⁸ With the prediction that more than 80 per cent of the world's poorest people could be living in fragile contexts by 2030, the WASH crisis in FCAS could lead to impacts of a devastating magnitude.

Before the pandemic, up to 82 per cent of FCAS were off track to meet the SDGs.⁹ SDG 6 – ensuring availability and sustainable management of water and sanitation – is no exception.¹⁰ In 2018, 60 per cent of fragile countries needed major progress to achieve universal access to sanitation, and six countries (10 per cent) – Equatorial Guinea, Gambia, Myanmar, Nigeria, Somalia, Zimbabwe – needed to reverse course.¹¹ Projections also show that more than one in four people in FCAS will lack access to any improved sanitation services by 2030.¹²

WASH in FCAS remains chronically underfunded and deprioritised, and world leaders' efforts to respond to the pandemic to date have largely failed to leverage mobilisation and efforts to tackle the water crisis. Of the \$20.6 trillion committed to the COVID-19 global response so far, only 0.025 per cent has gone to WASH.¹³ Even before COVID-19 hit, the WASH sector had already seen a decrease in its capacity to deliver quality responses to humanitarian emergencies.¹⁴

As a result, in FCAS, COVID-19 is exacerbating pressure on already weak and depleted WASH services. In a recent survey, half of all countries where UNICEF has active humanitarian operations reported a reduction in access to health care among displaced and refugee populations; and nearly a quarter of the same



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Isra, age 7, looks after her sisters Mozdelifa (age 2) and Heba (3) at a UNICEF-supported child-friendly at an IDP Camp in North Darfur, Sudan.

Isra is the main care provider for her younger sisters since they fled a violent attack on her village.

UNICEF, with support from UK Aid, has provided safe, clean water and sanitation for tens of thousands of people in Darfur.

countries described a disruption in water, hygiene and sanitation services in refugee or displacement camps.¹⁵ The most vulnerable children – such as children living in informal settlements, displacement camps, poor urban neighbourhoods, and rural areas are especially at risk. Children living in extremely fragile contexts are on average more than eight times worse off across WASH indicators, and they fare just as badly in health, nutrition and education indicators.¹⁶

COVID-19 provides a unique opportunity to reframe the narrative on WASH by reiterating and promoting its critical role in addressing evolving and emerging challenges in FCAS. These include increases in violent conflicts, protracted crises and forced displacement, as well as climate change and endemic and chronic disease outbreaks – all of which affect children’s most basic rights.¹⁷

This report highlights the critical importance to move beyond a sole focus on delivery of WASH services in disease outbreaks and health-related humanitarian emergencies, towards a systems building, integrated and sustainable approach, that will increase the resilience and capacity of FCAS to prevent and mitigate future crises and shocks. It does so by using country case studies to emphasise the importance of WASH and to share success and lessons from UK Aid-funded, and UNICEF-led WASH programmes around the world.

Specifically, the first case study focuses on the war in Yemen and demonstrates the positive

impact of a humanitarian–development (“double nexus”) delivery approach to WASH interventions in protracted conflicts. It showcases a model that depends on flexible and predictable funding and which aims at strengthening health facilities to improve people’s access to WASH, while tackling acute needs in emergency situations, for example outbreaks of infectious disease.

The second case study examines a community-based WASH programme in the Democratic Republic of the Congo (DR Congo), with a focus on accelerating access to safe water, sanitation and hygiene in rural areas prone to Ebola, through the engagement and mobilisation of communities and local leaders towards healthy schools and villages.

Finally, the third case study considers a climate-resilient WASH programme in Myanmar, one of the countries most affected by climate change. The programme supports the installation of solar powered water systems in rural settings to provide communities with more resilient systems that can withstand extreme weather events.

The report then examines the opportunities afforded by COVID-19 and the new Foreign, Commonwealth and Development Office (FCDO) to leverage global mobilisation and action in defeating the pandemic. It also considers how the former Department for International Development’s (DFID) strong track record and legacy on WASH and global health can help the UK Government to tackle the water crisis in FCAS.

The UK Government has shown great leadership in the global response to coronavirus. It pledged £500 million to the COVAX facility that aims to ensure equitable access to COVID-19 vaccines. It is also set to become the second largest national donor to the World Health Organization (WHO) after announcing a 30 per cent increase in funding to the UN agency.¹⁸ In March 2020, DFID and Unilever also launched the the Hygiene & Behaviour Change Coalition (HBCC),¹⁹ a £100 million programme that aims to reach up to a billion people worldwide, with a focus on curbing the spread of COVID-19 in vulnerable countries with poor health systems.

However, the decision to cut the UK Aid budget from 0.7% to 0.5%²⁰ of Gross National Income (GNI), as well as the reduction due to 2020 economic performance will no doubt put huge pressure on the UK Government, and the FCDO in particular, to deliver the government’s global commitments. The Government must not lose sight of its 2019 Manifesto commitments on ending preventable deaths of mothers, newborn babies and children, ensuring every girl’s access to 12 years of quality education, and leading the world in tackling climate change. COVID-19 threatens to undermine all of these commitments, and none will be delivered without addressing the WASH crisis.

Over the course of this year, the UK’s presidency of the G7 and COP26 brings unique opportunities for the Government, and the FCDO in particular, to be a global leader in the pandemic response and initiate a recovery that goes beyond a sole focus on COVID-19 to turn the tide on the increasing deadly consequences of the water crisis in FCAS.

In driving a global response that promotes climate-resilient WASH services as critical life-saving interventions, and makes WASH in FCAS one of its priorities, the UK can advance its 2019 Manifesto pledges to end preventable deaths, ensure 12 years of quality education for every girls, and lead the world in tackling climate change.

MAIN RECOMMENDATIONS (Detailed recommendations are included at the end of this report.)

In order to realise children’s rights to water and sanitation in FCAS, the FCDO must take the lead in ensuring that the global COVID-19 preparedness, response, and recovery strategy is used as leverage for strengthening life-saving WASH systems and building more resilient and adaptable solutions.

COVID-19 should not lead to the deprioritisation of the Government’s existing Manifesto’s commitments. Instead, it should serve as a catalyst to accelerate their delivery.

To do so, the FCDO should:

- ▶ **COMMIT** To return to spending 0.7% of GNI on aid no later than 2022, and confirm that the cut will not affect the world’s most vulnerable children living in FCAS.
- ▶ **INVEST** In life-saving, essential and climate-resilient WASH and health services for the hardest to reach children – now and in the future.
- ▶ **DELIVER** The Leave No One Behind pledge and Manifesto commitments by targeting FCAS in its COVID-19 preparedness, response and recovery strategy.
- ▶ **CHAMPION** Increased leadership, support and investment for WASH programming in FCAS.

INTRODUCTION

WATER: A LIFESAVER AND DRIVER OF DEVELOPMENT

The world is facing the worst global crisis since World War 2. COVID-19 has affected almost every corner of the globe, and is showing no signs of surrendering.

The pandemic has underlined the critical importance of hand hygiene in the prevention of infectious diseases. It has also provided a stark reminder of existing and deep-rooted inequalities in accessing basics such as clean water and soap.

Before COVID-19 hit, only 3 out of 5 people worldwide had basic handwashing facilities. In the 60 countries identified as having the highest risk of health and humanitarian crises due to the virus:

- **2 out of 3 people** – 1 billion people in total – lack basic handwashing facilities with soap and water at home. Around half are children.²¹
- **3 in 4 children** lacked basic handwashing facilities at their school; half of all children lacked basic water services; and more than half lacked basic sanitation services.²²
- **43 per cent of healthcare facilities** do not have handwashing or hand hygiene facilities at points of care (places where patients are treated).²³

WASH is central to sustainable development. SDG 6, “Ensure availability and sustainable management of water and sanitation for all”, is an enabler for achieving the delivery of all SDGs, including SDG 1 (no poverty), SDG 2 (no hunger), SDG 3 (good health), SDG4 (quality education), SDG 5 (gender equality), and SDG 16 (Peace and Security).

By the end of 2019, even before the pandemic hit, the world was already off track to meet the 2030 targets. No country was on target to achieve SDG 6.²⁴ COVID-19 is now reversing progress, with the world’s poorest and most vulnerable children more at risk.

UNICEF and the SDGs

UNICEF’s mandate is rooted in the UN Convention on the Rights of the Child and the SDGs. UNICEF is the custodian of eight global SDG indicators (including under-five mortality) and co-custodian for a further 11 (including safely managed water and safely managed sanitation and handwashing), focusing on ensuring that no child is left behind in the delivery of the 2030 Agenda, including in relation to SDG 6. This is reflected in UNICEF’s current Strategic Plan 2018–21 which includes children’s access to a safe and clean environment as a Goal Area.²⁵

Water and sanitation are also basic human rights.²⁶ This was recognised by the UN General Assembly in its July 2010 Resolution (64/292) that acknowledged that safe and clean drinking water and sanitation are essential to the realisation of human rights. The UN Convention on the Rights of the Child also recognises children’s right to water (Article 24), which closely relates to children’s right to survival and development (Article 6).

WASH IS CRITICAL TO FIGHTING COVID-19

The global pandemic has been a devastating reminder of the critical importance of strong and resilient WASH systems for preventing and protecting health during infectious disease outbreaks, including COVID-19.

The pandemic happened at a time where the WASH sector was under-funded and hugely deprioritised. In 2019, fewer than 15 per cent of countries showed sufficient levels of financing for their WASH needs, and only 4 per cent had sufficient financial resources to achieve national hygiene targets.²⁷ And of the \$20.6 trillion committed to the COVID-19 global response so far, only 0.025 per cent has gone to WASH.²⁸

As the pandemic continues to affect the world, WASH services, supplies and behaviours in FCAS²⁹ risk being disrupted even further. In a recent survey, nearly a quarter of UNICEF countries where the agency has active humanitarian operations reported a disruption in water, hygiene and sanitation services in refugee or displacement camps.

WASH IS ESSENTIAL TO MEET THE UK GOVERNMENT'S 2019 MANIFESTO COMMITMENTS

Three of the current UK Government's November 2019 Manifesto's pledges³⁰ will not be delivered without tackling the WASH crisis. They are:

1. Ending preventable deaths of mothers, newborn babies and children by 2030.
2. Ensuring every girl's access to 12 years of quality education by 2030.
3. Leading the world in tackling climate change.

The Government has reiterated some of these commitments since the pandemic hit the world, including bringing the 'bottom billion' out of poverty, tackling climate change, and championing girls' education in July 2020. In September 2020, at the UN General Assembly, the UK set out its three key priorities post-COVID-19, including Universal Health Coverage (UHC) to protect from COVID-19 and non-COVID-19 health threats,³¹ which is at the cornerstone of preventing WASH-related diseases and deaths.

The Government must now ensure that the announced cuts to UK Aid do not affect the world's most vulnerable and poorest children in FCAS, who are now facing even greater challenges.

UK COMMITMENTS AND WASH

1. Ending Preventable Deaths of Mothers, Newborn babies, and Children by 2030

While child mortality has halved over the past three decades, progress have been uneven and child mortality in FCAS remains high. Sub-Saharan Africa remains the region with the highest under-five mortality rate in the world. In 2019, the region had an average under-five mortality rate of 76 deaths per 1,000 live births. That is equivalent to 1 child in 13 dying before they reach the age of 5.³²

Children in fragile contexts are particularly vulnerable. On average, in 2019, the under-five mortality rate in the 36 countries classified as 'fragile' (based on the World Bank definition³³) was almost three times higher than in 'non-fragile' countries, and more than double the global average. The annual rate of reduction in child mortality for the past decade (2010–19) in fragile countries was 25 per cent less than the world average: 2.6 per cent in fragile countries, compared to 3.4 per cent globally.³⁴

Waterborne diseases, including diarrhoea, continue to kill millions of children every year – most of them living in FCAS. In 2019, an estimated 5.2 million children under the age of 5 died, most from preventable and treatable causes, with the lack of safe WASH contributing to a large proportion of these deaths.³⁵

WASH interventions are the best way to protect from waterborne infections and diseases. Handwashing with soap, cleaner water, and better sanitation facilities have been shown to reduce the risk of diarrhoeal infections by 47 per cent, 17 per cent and 36 per cent, respectively.³⁶ The route to significantly reduce WASH-related child mortality is clear. Yet, life-saving WASH services and infrastructure in FCAS continue to lack critical funding and attention.

Recent estimates of the impact of COVID-19 warned that the pandemic is reversing decades of progress in eliminating preventable child deaths. In the poorest countries, COVID-19 could worsen children's chances of survival due to increased wasting and disruptions to essential and life-saving services.³⁷ The deprioritisation of responses to existing infectious disease outbreaks is also putting children at greater risk.



Yet the pandemic has also created a unique opportunity to leverage the UK Government's COVID-19 response to turn the tide on WASH-related preventable deaths by catalysing investments and prioritising systems-strengthening.

2. Girls' education

Girls' education is one of the UK Government's top three priority areas for development. The current Prime Minister has been championing this agenda since his time as Foreign Secretary, and the UK is one of the global leaders on education in emergencies. Since 2015, UK Aid has supported education for 15.6 million children.³⁸

COVID-19 has plunged children into an unprecedented education crisis. At the height of lockdowns, more than 1.5 billion children were out of school. Girls living in FCAS are likely to pay the price of the disruptions. Even before the pandemic, girls in FCAS were more than twice as likely to be out of school than girls living in stable countries.³⁹

WASH facilities have both 'push' and 'pull' factors for girls' education. Inadequate school sanitation facilities have been cited as a factor that can impede girls' access to education.⁴⁰

Conversely, learning about menstrual hygiene and pubertal changes can encourage girls to come to school during their menstruation.⁴¹ UNICEF and the International Water and Sanitation Centre found that education for girls can be supported and fostered by something as basic as safe, single-sex toilets.⁴²

We also know from the 2014 Ebola outbreak in West Africa that school closures during an epidemic are likely to stop girls' education. COVID-19 will have the same outcome for girls if no action is taken to facilitate their return to school. The Malala Fund estimates that following the pandemic, around 20 million more secondary-school aged girls may never return to school.⁴³ Save the Children has also projected that up to 2.5 million more girls around the world are at risk of being forced into child marriage over the next five years as a result of the impact of COVID-19 on education and poverty. The agency further warned that an additional 1 million girls under 18 could fall pregnant in 2020.⁴⁴

The UK Government's response to the pandemic will be crucial in delivering its commitment to girls' education. due to increased wasting and disruptions to essential and life-saving services.

3. Climate change

The UK is a global leader in its support for climate change adaptation, committing 50 per cent of UK climate finance to this issue. The UK International Climate Finance (ICF) programmes have so far supported 57 million people to cope with the effects of climate change. In September 2019, the UK Government announced that it would double its contribution to the ICF, with at least £11.6 billion committed over the next five years.⁴⁵ The current UK Government's prioritisation of the "climate emergency" was further reiterated in the November 2019 Manifesto.

With 90 per cent of natural disasters being water-related,⁴⁶ the world is facing increased challenges in improving vulnerable populations' capacity to adapt to and mitigate the impact of climate change on WASH. Water availability is becoming less predictable in many places, and increased incidences of flooding threaten to destroy water points and sanitation facilities and contaminate water sources.⁴⁷

More than 2 billion people live in countries experiencing high water stress,⁴⁸ and by 2040, almost 600 million children are projected to be living in areas of extremely high water stress.⁴⁹

This will exacerbate the impact of climate change on child survival and development through three direct channels: changing disease environments, greater food insecurity, and threats to water and sanitation.⁵⁰ It is also estimated that approximately 90 per cent of climate-related health effects will be borne by children under the age of five.⁵¹

COVID-19 now presents a multiplier threat to climate change. The pandemic will hit the most vulnerable the hardest, who are also bearing the brunt of climate change, which is already intensifying situations of fragility and conflict.⁵²

Action to strengthen the resilience of WASH systems to climate risks should therefore be a critical component of the global response to COVID-19. As a global leader in the COVID-19 response, and as the host of this year's UN Climate Change Conference (COP26), the UK Government has a unique opportunity to push for accelerated action on climate-resilient WASH systems in FCAS.

A girl emerges from a UNICEF-supported child-friendly centre at an IDP camp in North Darfur, Sudan. Here in the Sahel, there is just 20cm of rain a year – and it is the source of much conflict and displacement.



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THE WATER CRISIS IN FRAGILE AND CONFLICT-AFFECTED STATES

WASH IN FRAGILE AND CONFLICT-AFFECTED STATES

Whilst the water crisis is global, it is most acute in FCAS, home to more than three-quarters of the world's poorest people.⁵³

People in FCAS are four times as likely to lack basic sanitation services and eight times as likely to lack basic drinking water services.⁵⁴ With internal displacement at a record high, increased climate shocks, and the prediction that more than 80% of the world's poorest people could be living in fragile contexts by 2030,⁵⁵ the WASH crisis in FCAS – combined with COVID-19 – will lead to impacts of a devastating magnitude. An intensified focus and investment in water, sanitation and hygiene services is needed as a matter of urgency to counter the increased pressure on already strained WASH services caused by displacement and the global pandemic.

CHILDREN AND WASH IN FCAS

More than 800 million children live in 58 fragile contexts across the globe, including more than 220 million (or 1 in 10) children living in 15 extremely fragile contexts.⁵⁶ 420 million children living in these FCAS lack basic sanitation and 210 million have no access to safe drinking water.⁵⁷

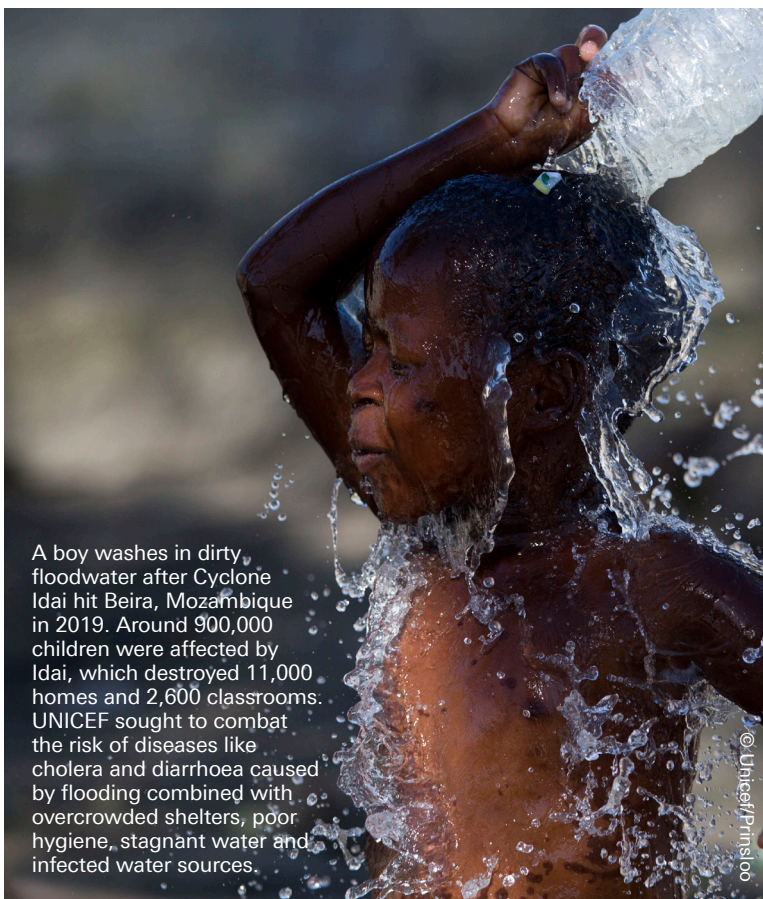
Displaced children and WASH

In 2019, 19 million children – more than ever before – were internally displaced by conflict and violence.⁵⁸ Almost 33 million people were newly displaced in 2019 – around 25 million due to natural disasters and 8.5 million due to conflict and violence. Of these, 12 million were children. Two regions – West and Central Africa and Middle East and North Africa – account for more than 85% all internally displaced children.⁵⁹

Internally displaced children are especially vulnerable to WASH-related diseases, as they often live in overcrowded camps or informal settlements, where access to basic hygiene and health services is limited, and physical distancing is not possible.⁶⁰

A UNICEF study in Somalia, Ethiopia and the Sudan showed that almost 4 in 10 children and young people on the move do not have access to facilities to properly wash themselves.⁶¹

While COVID-19 directly affects children, the greatest impact comes from its indirect effects on the delivery of essential life-saving services that are being disrupted or unable to cope with the increased demand for COVID-19 prevention and treatment interventions.



A boy washes in dirty floodwater after Cyclone Idai hit Beira, Mozambique in 2019. Around 900,000 children were affected by Idai, which destroyed 11,000 homes and 2,600 classrooms. UNICEF sought to combat the risk of diseases like cholera and diarrhoea caused by flooding combined with overcrowded shelters, poor hygiene, stagnant water and infected water sources.

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The world's poorest children who live in FCAS pay the heaviest price when WASH is not available. UNICEF's 2019 Water Under Fire report found that children living in FCAS are often more than eight times worse off across WASH indicators, and fare just as badly on WASH-related indicators such as health, nutrition, and education."⁶²

The lack of access to WASH has deadly consequences for children. On average, children under the age of 15 who are living in conflict are nearly three times more likely to die from diseases linked to unsafe water and sanitation than from direct violence. Over 700 children die of WASH-related diseases every day.⁶³ The situation is even worse for children under the age of 5, who are more than 20 times more likely to die from diseases linked to unsafe water and sanitation than from direct violence.⁶⁴

Without safe, drinking water, sanitation and hygiene services, millions of children are also missing out on an education, as they spend hours every day collecting water, which in turns, jeopardises their longer-term livelihoods prospects. For girls in particular, education is often sacrificed once menstruation starts if adequate WASH in schools is unavailable.⁶⁵

Children's rights to water and sanitation are universal and apply to children living in FCAS and those forcibly displaced.⁶⁶ However in many places where UNICEF works, these rights are often denied.

WATER AND GLOBAL CHALLENGES

According to the World Economic Forum's 2019 Global Risks report, 9 of the 10 worst global risks with above average impact and likelihood are linked to water.⁶⁷

It is in fragile contexts that the most urgent water challenges are encountered. Instability, violence, protracted emergencies, extreme poverty, forced displacement and migration create multi-layered crises that interconnect with water scarcity, the effects of climate change, and chronic disease outbreaks.

All of these challenges impact on access to WASH services and exacerbate children's risks to waterborne diseases that are preventable, yet deadly. Reliable supplies of clean water are needed to allow for safe hygiene practices, and access to clean water is critical for households to isolate when they fall ill. Sanitation is equally important to safely manage human excreta to help stop the spread of disease.

In the context of this report, we have chosen to focus on the three most urgent WASH-related challenges facing children in FCAS: **protracted crises, chronic health emergencies, and climate change**, with an emphasis on WASH as a connector for sector integration and coordination across emergencies and development.



Children warm themselves by a fire in Balukhali refugee camp in Cox's Bazar, Bangladesh. Cox's Bazar is home to more than 680,000 Rohingya refugees from neighbouring Myanmar. While access to water has improved, there are persistent issues with quality – 70 per cent of household water samples are contaminated.

© Unicef/Modiba

UNICEF AND WASH

UNICEF is the global leader in WASH and has the biggest WASH programme in the world.⁶⁸ In 2019 UNICEF helped over 14 million people gain access to clean water and 11 million receive improved sanitation.⁶⁹ Through the implementation of its WASH strategy (2016–30), which builds on decades of lessons from existing programmes, UNICEF has demonstrated its ambition to support

transformational change, through promoting WASH in responding to global crises and addressing the issues common in FCAS, including climate change and the increase in protracted crises. UNICEF recognises the competition for resources and the need for accountability, and is investing in and expanding innovative solutions for WASH in FCAS.

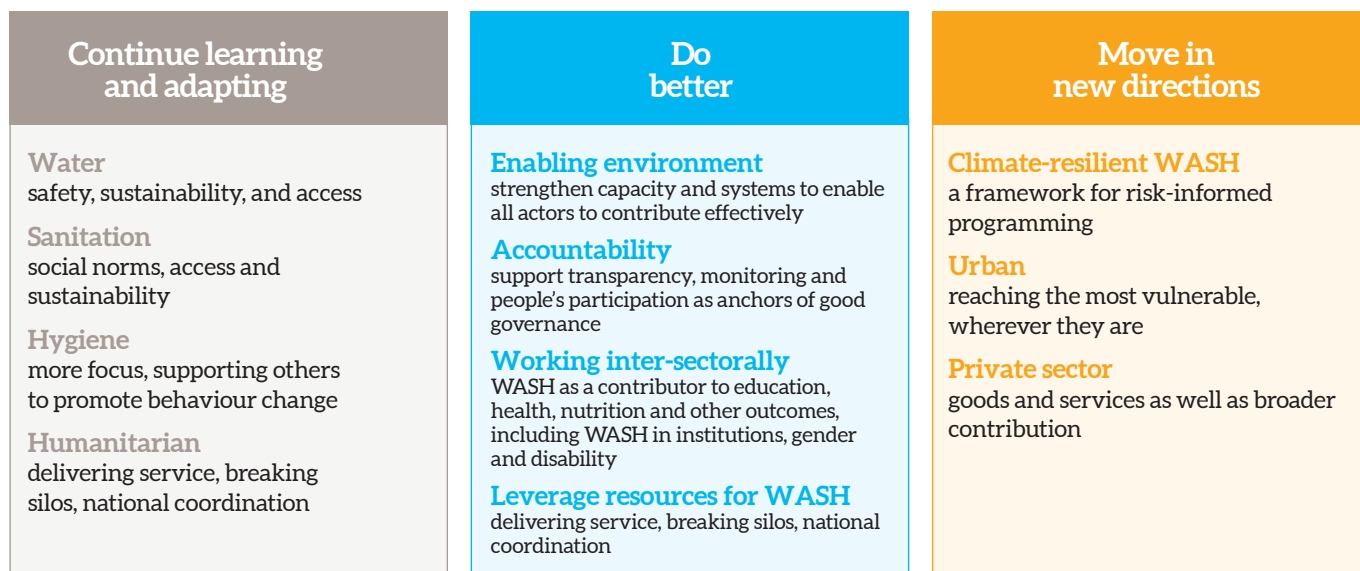


Figure 1: A snapshot of UNICEF WASH Strategy 2016–30



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WASH AND GLOBAL CHALLENGES

Introduction

The COVID-19 pandemic in FCAS has unfolded in a context of multi-layered and mutually reinforcing challenges, all connected to the water crisis.

Protracted emergencies have become commonplace for humanitarian crises, with the average crisis now lasting more than nine years.⁷⁰ There are more people being displaced than ever before.⁷¹

WASH is a crucial component of humanitarian response and longer-term recovery in protracted crises. Where WASH access is extremely poor, children disproportionately suffer and die from preventable diseases. The death rate from diarrhoeal diseases in FCAS is more than 100 annual deaths per 100,000 children, compared to below 1 in European countries and some rich Asian countries.⁷²

FCAS also face chronic and deadly health outbreaks compounded by lack of WASH and poorly resourced or disrupted essential health services. Over the past decade, a number of large-scale cholera epidemics have occurred in countries affected by conflict, political instability or population displacement, including Iraq, Sierra Leone, Somalia, South Sudan, Tanzania and Zimbabwe.⁷³ The chronic outbreaks of preventable diseases in FCAS are compounded by years of under-investment in WASH systems, and poor access to WASH services at all levels – including healthcare facilities, treatment centres, households, and schools. COVID-19 is therefore adding pressure on systems that are already weak and under strain.

Climate change is another growing challenge for people lacking access to WASH. With 90 per cent of natural disasters being water related⁷⁴ – increased flooding, more intense drought, and the rise of extreme weather events – the world is facing increased demands in improving vulnerable people’s access to resilient and sustainable WASH services due to

the effects of climate change: “WASH is both a first line of defence to adapt to the impacts, but also central in a range of mitigating factors”.⁷⁵ Nearly 4 billion people – roughly half of the world’s population – are affected by severe water scarcity for at least one month each year.⁷⁶ It is predicted that by 2025, 1.8 billion people will be living in places with “absolute” water scarcity and two-thirds of the world population could be under “stress” conditions.⁷⁷ UNICEF estimates that by 2040, one in four children will be living in areas of extremely high water stress.⁷⁸

Each of these challenges is considered in country case studies that showcase examples of good practice, through WASH programming supported by UK Aid.



Emarat, age 10, wearing the necklace of her late mother Khaizaran. Her father Yahya is now sole carer for eight children. More than five years of conflict in Yemen have worsened conditions for women and children in a country that was one of the world’s most impoverished even before the war.

© Unicef/Ahmed

1 WASH NEXUS PROGRAMMES IN A PROTRACTED CRISIS

Emergency Health and Nutrition Project (EHNP) and cholera response in Yemen

Background

Before COVID-19, Yemen was already experiencing the largest humanitarian crisis in the world. Millions of Yemenis, including 1.7 million children, live in temporary camps or accommodation, in the most unsanitary conditions, leaving them especially vulnerable to infection and illness. As a result of the pandemic, Yemeni children are facing “an emergency within an emergency”.⁷⁹ UNICEF warned that as COVID-19 spreads, the overall number of malnourished children under the age of five could increase to a total of 2.4 million.⁸⁰

The current situation in Yemen is a stark example of how armed conflict undermines human progress, as the war has set back the country’s development by 21 years.⁸¹ Years of aerial bombing and ground fighting have brought WASH to the brink of collapse, leaving around 19 million people unable to access safe water

and sanitation, and undermining the WASH sector at large.⁸² Whilst damage to WASH infrastructure has been compounded by sieges and blockades, the decline of the WASH system began decades before the war. Water scarcity has also become an acute challenge to providing sustainable water supplies throughout the country.

In 2018, Yemen was subject to the largest outbreak of cholera in modern times. In April 2020, just as COVID-19 hit the country, UNICEF estimated that more than 5 million children faced the threat of cholera and acute diarrhoea due to heavy rains.⁸³

With half of all health facilities closed⁸⁴ and the systemic lack of access to WASH, Yemenis are now facing one of the deadliest crises.

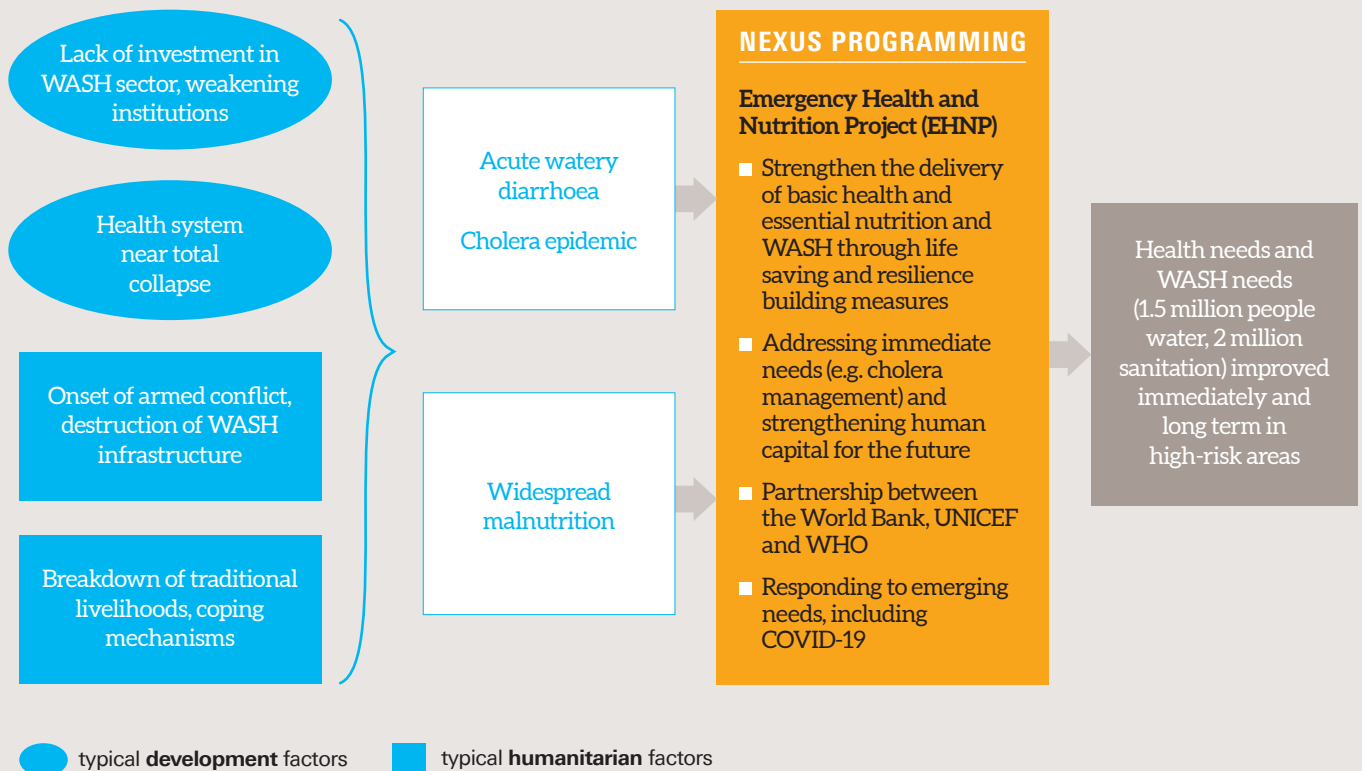


Figure 2: Development and humanitarian factors that contribute to poor health outcomes in the Yemen crisis, and how the Nexus programme offers to address such outcomes.

Humanitarian–Development Nexus

Whilst there is no shared definition of the Humanitarian–Development Nexus (HDN), the “nexus approach” rests on the achievement of collective outcomes that address both short- and long-term needs of populations living in fragile and conflict-affected states. The UN New Way of Working has described the nexus approach as “working towards achieving collective outcomes” – to act as “instalments” towards achieving the SDGs – “that reduce need, risk and vulnerability, over multiple years, based on the comparative advantage of a diverse range of actors.” At the core of the HDN is a systemic shift across the aid system, including financing. Although the case study below illustrates an example of a “double nexus” partnership approach, the “peacebuilding” sector creates a “triple nexus” approach that rests on the same premises as the double nexus, but acknowledges the risks of recurrent and protracted crises on sustained peace.

DFID was an early adopter of humanitarian–development nexus approaches. In 2018, it developed several policies and guidance notes aimed at development and humanitarian experts to support longer-term programming in crises. The 2017 UK Humanitarian Reform Policy emphasised the importance of investing in resilience and addressing the humanitarian–development nexus.

EHNP objectives

Led by the World Bank and implemented through UNICEF and WHO with local health institutions, the Yemen Emergency Health and Nutrition Project (EHNP) was initiated in late 2016, aiming to provide 16 million people with access to healthcare.⁸⁵

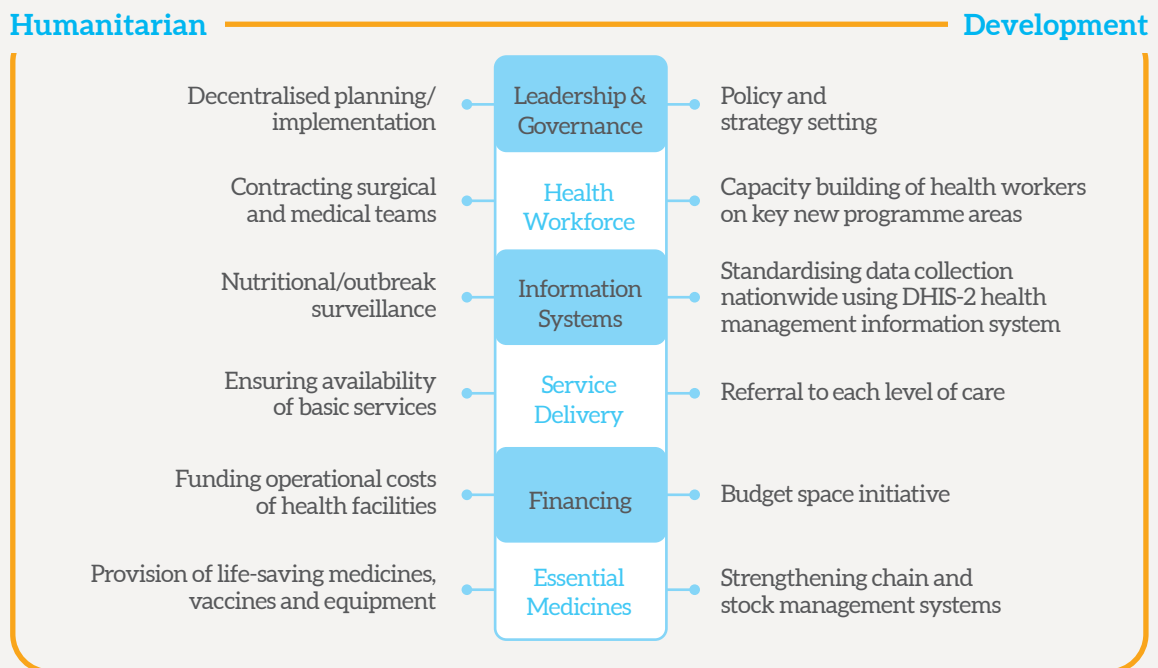
EHNP focuses on three components that reflect the country’s immediate and longer-term and post-conflict needs and challenges: 1. improving access to health, nutrition, public health and water and sanitation services; 2. project support, management, evaluation and administration; and 3. contingent emergency response.⁸⁶

UK Aid contribution⁸⁷

The EHNP programme (2018–21) is part of a wider UK Government objective to avert famine in Yemen. UK Aid is providing up to £96.5 million over the three years of the programme. In June 2020, a new package of UK Aid worth £160 million to help fight coronavirus and address the ongoing humanitarian crisis in Yemen was announced.⁸⁸

Humanitarian–Development Nexus

Health system preservation and strengthening while meeting acute health needs



Outcomes

Since the start of the project in 2018, more than 1.5 million people have gained access to safe water, around 2 million now have access to sanitation services, and water quality has improved by 50 per cent in areas at high risk of diseases in several governorates.⁸⁹ Some facilities that were damaged have been repaired and restored. The Nexus approach has improved functionality, which in turn, has increased service availability, ensuring millions now have access to health care.

EHNP has also used cholera preparedness and prevention measures to respond to COVID-19. The project has continued to implement critical activities that improve WASH access as well as protect people from COVID-19, including repairing and upgrading water and sanitation systems, installing hand washing facilities at health care sites and distributing specific COVID-19 WASH non-food items (NFIs) such as hygiene kits. Rapid response teams have also mobilised hygiene promotion activities through house-to-house visits in 20 governorates.⁹⁰

Children sit in front of a house damaged by an air strike in the old city of Sana'a, Yemen.

The ongoing civil war in Yemen has led to the largest humanitarian crisis in the world, with more than 12 million children in need of humanitarian assistance.



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Lessons and conclusions

The ENHP experience has shown that humanitarian–development nexus programming can deliver sustainable development outcomes in times of relative stability, but quickly pivot to emergency response with flexibility as the needs arise as a result of a crisis, including disease outbreaks. The project has been critical in improving access to healthcare and WASH services for millions of people, through improvements in WASH infrastructure and services and the strengthening of health facilities now better equipped to meet the needs of the population. Through its double nexus approach, alongside increasing support for preventing and tackling acute needs, the project has been critical in paving the way towards a long-term health system strengthening approach.

ENHP’s flexible approach to target areas has led to positive outcomes. For example, in response to the worsening cholera outbreak, and to meet the needs of emerging caseloads, the World Bank enabled UNICEF to move its support from development priorities to emergency response, thereby saving children’s lives.⁹¹

The “contingency clause” was triggered twice in 2017 to expedite responses to famine risk and cholera outbreaks.⁹²

The global COVID-19 pandemic is affecting immediate humanitarian needs and reversing hard-won progress towards the SDGs. It is also threatening to intensify conflict and derail peace processes. Yet, a nexus programming approach has so far been largely absent in the international community’s response to COVID-19.⁹³

Existing health emergencies in FCAS such as the Ebola outbreaks have shown that chronic instability and weak health and WASH systems exacerbate the impact of health crises and also significantly impede recovery and long-term systems-strengthening efforts.

The effective use of the nexus approach in the response to COVID-19 will be key for responding to the immediate impacts of the pandemic, protecting the most vulnerable – especially children in FCAS – and mitigating the virus’s effects on human development.

Detailed recommendations based on the lessons from the programme are provided at the end of this report.

A young boy from Bani Matar, Yemen, holds an education sheet. A UNICEF rapid response team brought hygiene kits, chlorine and educational materials to help prevent the spread of cholera.



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2 WASH PROGRAMMES TO PREVENT OUTBREAKS OF CHRONIC WATERBORNE DISEASES: National Healthy School and Village Programme (PNEVA) in DR Congo

Background

After 10 years of conflict, the DR Congo is one of the worst and most neglected humanitarian and displacement crises. In 2019, 1.7 million people fled violence, and the country is now harbouring 1 in 10 of the world’s displaced people.⁹⁴ As the conflict continues to force people from their homes, the need for humanitarian aid becomes ever greater. Around 15.9 million people are in need of humanitarian assistance,⁹⁵ including 9.1 million children.⁹⁶ An estimated 3.3 million children in the country have unmet needs for vital health care.⁹⁷ The country has also been afflicted by an ongoing Ebola epidemic, the world’s second largest in history. A tenth outbreak of Ebola was declared in August 2018, reaching the north-eastern provinces of North Kivu, South Kivu, and Ituri. No sooner was it declared over in June 2020, than DR Congo declared a further outbreak,⁹⁸ in the western province of Equateur.⁹⁹

Children have accounted for a significant proportion of those contracting Ebola, with almost 70 per cent of those infected dying. By July 2019, there had been

750 infections among children, 40 per cent of whom were under age 5. A month later, UNICEF reported that almost 600 of around 850 children who had caught the virus had died.¹⁰⁰

In the face of chronic health emergencies, the health system in DR Congo is unable to cope, crumbling under years of conflict and lack of funding. Around 50 per cent of health centres lack basic water supply or sanitation, and the inadequacy of WASH services is one of the primary drivers of the transmission of Ebola.¹⁰¹

Combined with challenges such as conflict, weak governance and entrenched poverty, Ebola has become a chronic epidemic in a country where two-thirds of the population lack access to basic water resources, and 86 per cent have no access to basic sanitation.¹⁰² Furthermore, in 2020, 7.1 million people – including internally displaced persons, returnees and members of host communities – required access to emergency WASH services.¹⁰³

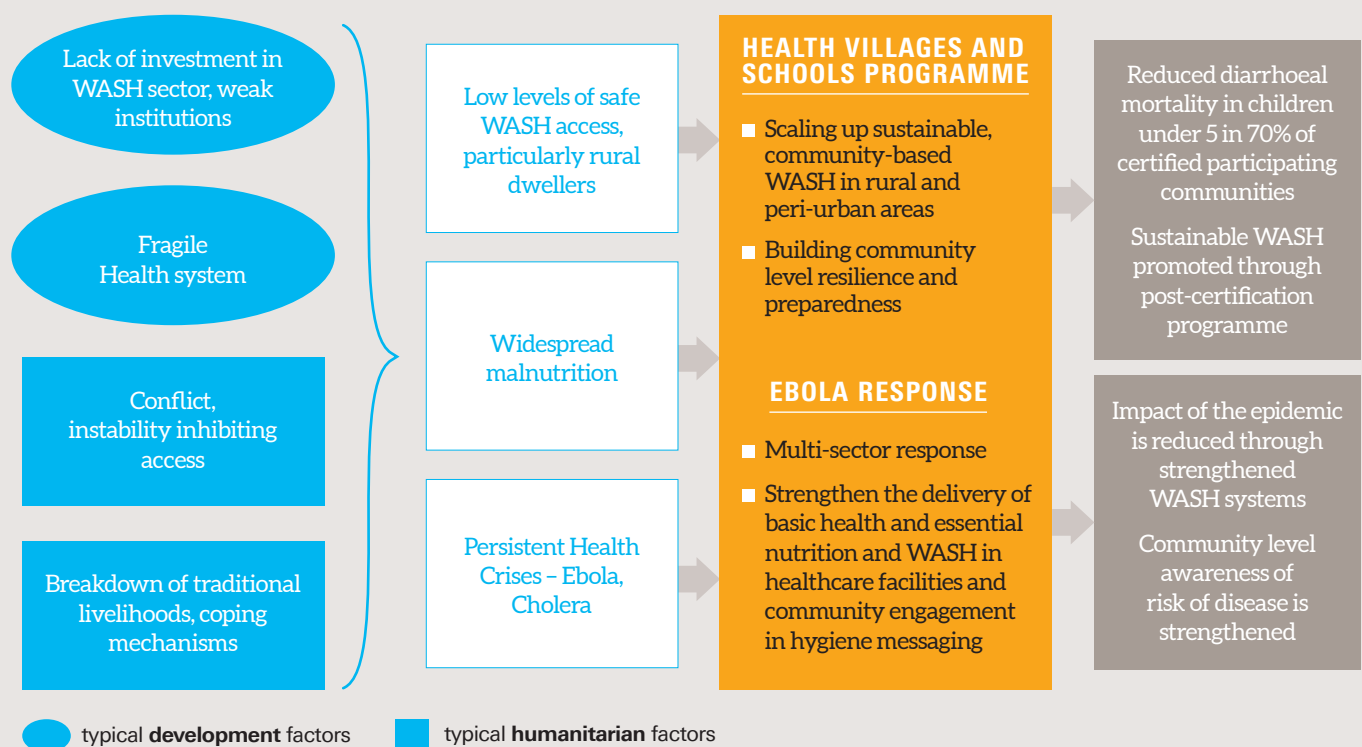


Figure 3: Development and humanitarian factors that contribute to persistent health crises in DR Congo, and the role that emergency response and long-term WASH programmes offer to address such outcomes.

National Healthy School and Village Programme objectives

The National Healthy School and Village Programme (PNEVA) was initiated by the DR Congo Government in 2006. It is jointly led by the Ministries of Health and Education, and implemented at the village level through their respective local government departments, in partnership with UNICEF and more than 90 NGOs. The overall objective of PNEVA is to “ensure the survival and development of children by increasing the rate of access to clean water, improved sanitation and hygiene education.”

The programme reflects the multi-layered transmission sources of Ebola (healthcare facilities, treatment centres, communities’ homes, schools and communal areas) and the importance of engaging community members and local leaders to ensure the delivery of an effective prevention strategy to the hardest-to-reach communities.

The Healthy Villages and Schools (VEA) approach to village mobilisation integrates drinking water, sanitation, personal hygiene and solid waste disposal. Its structure is decentralised and community-based, and it is community driven. The certification of villages and schools as “healthy” once they comply with a set of WASH standards set out in a village action plan.

A framework to guide the introduction of the VEA programme in healthcare facilities kicked off in 2018, with the training of local health workers in 11 provinces. There are now almost 500 healthcare facilities in the programme, working through a step-by-step process to reach WASH standards that will contribute to decreasing the risk of nosocomial infections.

A girl washes her hands before class at the a primary school in Mbandaka, western DR Congo. UNICEF provided hygiene kits for schools in DR Congo to prevent the spread of infectious diseases like Ebola and COVID-19.



Contribution of UK Aid

UK Aid has been funding various programmes aimed at ending the Ebola outbreak in DR Congo. It has been a main donor of VEA since the programme began in 2008. In the years 2013 to 2020, DFID committed a total of £90.6 million to UNICEF for PNVEA.¹⁰⁴ UK Aid has also funded several Ebola research, preparedness and response activities on the ground, and the UK Public Health Rapid Support Team.

Outcomes

From 2008 to 2018, PNEVA declared 10,145 Healthy Villages and 24 Healthy Health Centres, providing more than 8 million people (or around 20 per cent of the rural population) with access to a sanitised environment. Diarrhoeal morbidity among children under five was dramatically reduced by 70 per cent in communities that achieved certification.

PNVEA also implemented an innovative post-certification (PC) sustainability approach. This involved a continuous and low-cost follow-up process at both village and school level. Since the start of 2018, 7,068 villages and 2,126 schools have received a PC visit (80 and 90 per cent of the targets respectively) and 49 per cent of villages and 74 per cent of schools maintained their status. Reports also indicate that the maintenance rate of “healthy status” increases throughout the PC phase.

While the second phase of PNEVA ended in 2018, a national plan for the VEA Programme (2018–22) was developed to bring focus to water quality, eradication of open defecation, and peri-urban WASH. Once an area is no longer in an emergency context, advocacy continues in order to allow the VEA Programme to take over the support provided within this project and work on a more community-based approach, leading to behaviour change.

Two girls draw water from a pump in their village in Tanganyika province, south-eastern DR Congo.



Lessons and conclusions

PNVEA is a valuable example of WASH programmes grounded in community engagement and participation across all settings, and has been promoted as the first line of defence for COVID-19 in FCAS.

One of the critical learnings from the first phase of the programme was the need to consider the sustainability of the change. This was done through the introduction of a post-certification support-and-monitoring component in the project's second phase. Outcome-based financing introduced in 12 out of 26 DR Congo provinces also increased performance and enhanced ownership at provincial and local levels. It contributed to significant risk mitigation and greater value for money, leading to a substantial increase in overall results achieved.

In countries experiencing chronic waterborne disease outbreaks, and with COVID-19 putting additional strain on fragile health systems and weak WASH services, a community-based response across settings can provide high-impact behaviour change.

However, one concern of the programme has been a lack of adequate menstrual hygiene management and the disproportionate impact of fetching water on school attendance for girls. This suggests that PNVEA lacked a critical gender lens that considered the specific needs of girls to increase school attendance.

Increased coordination across health, WASH, and education, and the provision of rapid, flexible funding and technical assistance to government-led cross-sectoral efforts can lead to successful high-impact behaviour change at community level. Community engagement programmes are key to preventing WASH-related infectious diseases and must go alongside a systems-strengthening cross-sectoral approach to increase resilience to future health pandemics and secure girls' access to education.

Detailed recommendations based on the lessons from the programme are provided at the end of this report.



Joniste is a Lullaby Nurse at a crèche next to an Ebola treatment centre in DR Congo. Joniste's three-year-old son died of Ebola. As a survivor of the disease herself, she is now immune and can care for children whose parents are being treated at the centre.

3 CLIMATE-RESILIENT WASH PROGRAMMES: Accelerating Sanitation and Water for All (ASWA) in Myanmar

Background

South Asia and Southeast Asia are particularly vulnerable to climate change. Large numbers of the population are already highly vulnerable and living in poverty, putting pressure on water supply. Viet Nam, Myanmar, the Philippines and Thailand are among the world’s 10 countries most affected by climate change in the past two decades.¹⁰⁵

A range of climate-change related factors are known to occur in Southeast Asia. Coastal areas are affected by salinity and the melting of glaciers in the Hindu Kush–Himalaya ranges impacts on the 1.3 billion people who depend on these for their water supply.¹⁰⁶ Droughts are also becoming increasingly severe and frequent, affecting water supply and sanitation. India,

Pakistan and Sri Lanka have reported droughts at least once every three years for the past five decades, while Bangladesh and Nepal also suffer from frequent droughts.¹⁰⁷

According to the 2019 Global Climate Risk Index report, Myanmar has been one of the top three countries most affected by weather-related damage over the past 20 years.¹⁰⁸ Myanmar provides a strong example of how climate change affects WASH services.¹⁰⁹ The dry zone in Myanmar has experienced water stress for years, and 2014 and 2015 were the driest years on record.¹¹⁰ Myanmar is also at a high risk of armed conflict as a result of a high degree of correlation between conflict and natural disasters.¹¹¹

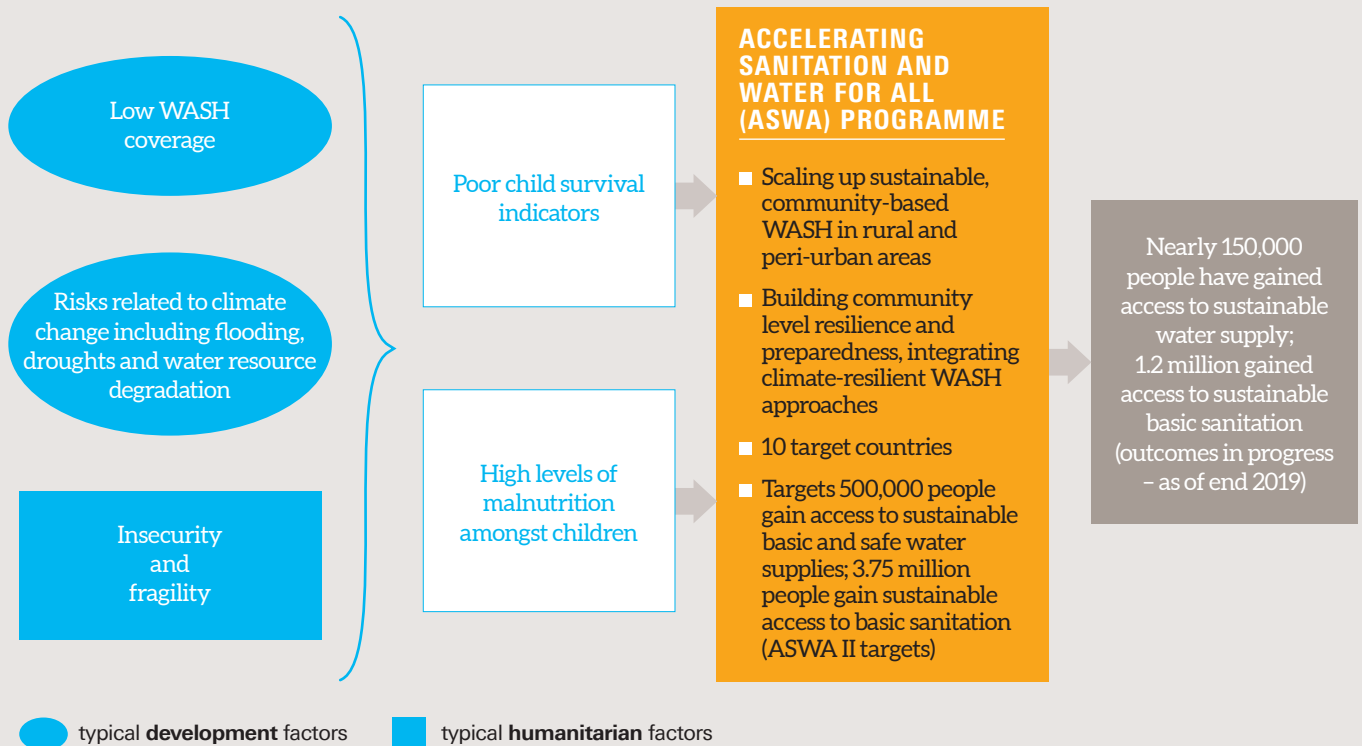


Figure 4: Development and humanitarian factors that contribute to poor child survival outcomes in targeted programme locations in Myanmar

UNICEF and climate-resilient WASH programmes

Over the past 10 years, UNICEF has been expanding its climate-resilient WASH programmes. This has included trialling the use of renewable energy to power water and sanitation infrastructure. The use of renewable energy is a cost-effective and environmentally-sustainable solution, especially where energy infrastructure can be the target of attacks or restrictions on materials can hinder their sustainable functioning.

Beyond infrastructure-based approaches, UNICEF – as part of the Global Water Partnership, a strategic partner of FCDO – has co-developed a *Strategic Framework for WASH Climate Resilience*¹¹² to advance sector thinking. The framework focuses on the core objective “to provide sustainable WASH service delivery both now and into the future” and promotes climate-resilient development, including systems strengthening of WASH and investments that manage climate variability.

ASWA objectives

The Accelerating Sanitation and Water for All (ASWA) was first implemented in July 2013, under a DFID–UNICEF partnership. ASWA II is implemented in 10 lower-middle income countries, including Myanmar. The focus of both ASWA programmes has been on expanding sanitation and sustainable improved water supply in off-track countries.

In Myanmar, ASWA-II aims to improve WASH practices in rural areas of 13 townships in Magway region and Shan state, and to implement innovative solutions to strengthen the country’s climate resilience. The programme is implemented by UNICEF, together with local partners and the Department of Rural Development (DRD), the Department of Public Health, and the Department of Basic Education. One of the programme’s outcomes focuses on ensuring that, by 2022, the Government of Myanmar and partners will have enhanced technical and institutional capacity to deliver climate-resilient drinking water supply services for vulnerable populations in five states and regions.

The core of ASWA’s climate-resilient interventions has been the construction of Solar Powered Water Systems (SPWS) in rural, off-grid communities, in which communities contribute up to 60 per cent of system costs and are solely responsible for system management. This creates a strong sense of ownership and financial sustainability. In addition, pipe network and water meters have been installed in rural areas, benefiting households previously reliant on community-level supply. The system is managed by Water User Committees (WUCs) that oversee the day-to-day management of the system and then manage decisions on user fees, in collaboration with the community. The solar water systems are currently supplying water throughout the year, including those located in the dry zone.¹¹³ The introduction of overhead tanks to provide water storage creates even more of a buffer for when water is scarce.



Ma Nang Mwe Khaung and Mg Sai Maung Kham (age 9) wash their hands at Pan Kan village in Shan state, Myanmar.

Outcomes

The ASWA's community-based management model and user-fee collection system has been successful due to strong community demand and supervision from the DRD. Starting in 2012, around 50 new systems with pipe network and water meters have been installed in rural areas, particularly in dry zones of Myanmar. In 2019 alone, 12 new SPWS were installed and provided around 77,000 people with a climate-resilient water supply. The solar systems have proven to be resilient in the event of floods and raised infrastructure has been constructed above flood-water levels. The systems are more resilient during extreme weather events, as they are not reliant on a power supply that can be cut frequently during storms.

While there are some constraints in relation to the supply of components for the construction of the systems and the need to employ some technicians from outside of the communities, the introduction of renewable energy has helped the transition towards a low-carbon WASH sector by improving water and energy efficiency.

Based on the success of ASWA, UNICEF aims to expand this model in collaboration with the DRD to ensure water security for the dry zones in Myanmar.



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UK Aid contribution

ASWA I was funded by UK Aid, which provided £47.25 million to UNICEF to implement the programme across six countries (2014–17). UK Aid is also funding ASWA II, providing £56 million to deliver the second phase of the programme across 10 countries (2018–22).

Lessons and conclusions

The inclusion of a climate-resilient component into a WASH programme from the onset of implementation has been key in providing a shift towards understanding how climate risk affects WASH coverage and delivering solutions that integrate such risks.

With dramatic predictions for the effects of climate change and its impact on WASH, it is imperative that the WASH sector's sustainability efforts integrate climate resilience. Without increased and intensified actions to strengthen people's and systems' resilience and capacity to deal with, and adapt to climate-related shocks and stress, millions of children living in the world's poorest countries will continue to be disproportionately affected by climate change.

The integration of an innovative approach – investing in renewable energy as a reliable, cost-effective and environmentally friendly solution for powering water and sanitation systems during conflict – and a long-term funding timeframe are key learnings that should be applied in future WASH programmes.

Detailed recommendations based on the lessons from the programme are provided at the end of this report.

Daw Nang Thidar Aung, a member of the Village Water Committee, waters the plants in Pan Kan village, Shan state, Myanmar.

WASH IN FRAGILE AND CONFLICT-AFFECTED STATES AND THE UK GOVERNMENT'S COMMITMENTS

UK's leadership in WASH: DFID's legacy must be preserved

Largely driven by DFID from its inception to its closure in September 2020, the UK has been a long-term global leader in poverty reduction and child health. In April 2015, it became the first G7 country to enshrine its commitment to spend 0.7% of its Gross National Income (GNI) on aid.

While this commitment remains in law at the time of writing, there is concern about the UK Government's long-term commitment to continue spending this proportion of ODA, following the November 2020 announcement of the cut in UK Aid;¹¹⁴ something that could jeopardise future WASH outcomes.

The current aid strategy¹¹⁵ sets out four overall objectives, three of them of particular relevance to WASH in FCAS:

1. strengthening global peace, security and governance;
2. strengthening resilience and response to crisis; and
3. tackling extreme poverty and helping the world's most vulnerable.

The strategy also commits DFID to allocate 50 per cent of UK Aid to FCAS. DFID played an important role in responding to protracted humanitarian crises including in Syria, Yemen, DRC, and Afghanistan, providing life-saving interventions, such as access to WASH, food assistance, nutrition, protection, and health services.

The UK is also one of the largest donors to the WASH sector, and the country's "significant contribution" to WASH was recently noted in a 2020 parliamentary group's inquiry on the UK's overall progress on the SDGs.¹¹⁶ In March 2020, the UK and Unilever launched the Hygiene and Behaviour Change Coalition (HBCC),¹¹⁷ a £100 million programme that aims to reach up to 1 billion people worldwide, with a focus on curbing the spread of COVID-19 in vulnerable countries with poor health systems. The programme will also provide over 20 million hygiene products in the poorest countries, including in areas where there is little or no sanitation.

A Syrian girl refugee in Bekaa, east Lebanon, carries some boxes of winter clothing supplied by UNICEF to help refugees affected by the flooding caused by a winter storm in Lebanon.



Sanitation and Water for All (SWA)

Sanitation and Water for All (SWA)¹¹⁸ emanates from the Global Call to Action on Water and Sanitation announced by DFID in 2007. In September 2008, the UK and Dutch governments launched SWA at a UN General Assembly High Level Side Event and the partnership was formalised in 2010. It is a global partnership of governments, donors, civil society organisations and other development partners, created to achieve SDG 6 through: greater political leadership and prioritisation of water, sanitation and hygiene; increased multi-stakeholder coordination; adequate financing; and better governance structures and institutions.

COVID-19: An opportunity to deliver a WASH agenda to protect every child

The FCDO was created to allow Britain to “confront global challenges” and strengthen its ability to “reduce poverty; help the most vulnerable; build stability and support fragile states; stand up for the rights of women and girls; and tackle climate change and biodiversity loss”.¹¹⁹

Over the course of this year, the UK’s presidency of the G7 and COP26 brings unique opportunities for the Government, and the FCDO in particular, to be a global leader in the pandemic response and initiate a recovery that goes beyond a sole focus on COVID-19 to turn the tide on the increasing deadly consequences of the water crisis in FCAS.

In driving a global response that promotes climate-resilient WASH services as critical life-saving interventions, and makes WASH in FCAS one of its priorities, the UK can advance its 2019 Manifesto pledges to end preventable deaths, ensure 12 years of quality education for every girls, and lead the world in tackling climate change



A girl drinks water at her school in Karala, north-west Côte d’Ivoire.

CONCLUSION

All children – regardless of where they live – have the rights to safe drinking water and sanitation. Yet in FCAS, children are paying the heaviest price for the lack of WASH services.

Sandy, 9, is delighted to have clean water supplied by UNICEF to his neighbourhood in Antananarivo, Madagascar.

With a global health pandemic threatening to hit children in FCAS the hardest, the UK Government must show increased leadership on WASH and reiterate its *Leave No One Behind Promise*¹²⁰ to prioritise work that “targets the most vulnerable and disadvantaged, the most excluded, those caught in crises, and those most at risk of violence and discrimination”.¹²¹

The case studies presented in the report demonstrate how innovative, adaptable, flexible, and multi-sectoral WASH programmes can successfully address some of the most pressing challenges faced by the world’s most vulnerable people, and build an important foundation for stability and peace. The new FCDO can learn from, and build on, DFID’s legacy by expanding and supporting a broader and transformational WASH agenda that works across health, education, climate change, and peacebuilding agendas.



RECOMMENDATIONS

In order to realise children's rights to water and sanitation in FCAS, the FCDO must take the lead in ensuring that the global COVID-19 preparedness, response and recovery strategy is used as a catalyst for strengthening life-saving systems and building more resilient and adaptable solutions for children.

COVID-19 should not mean the deprioritisation of the UK Government's existing Manifesto commitments. Rather it should serve as a driver to accelerate their delivery in a climate-resilient, equitable, and sustainable way.

To do so, the FCDO should:

COMMIT

To return to spending 0.7% of GNI on aid no later than 2022 and confirm that the cut will not affect the world's most vulnerable children living in FCAS.

- Maintain existing WASH funding and programming that directly impacts the world's most vulnerable children.
- Continue to commit at least 50% of aid funding to FCAS.

INVEST

In life-saving, essential and climate-resilient WASH and health services for the hardest-to-reach children now and in the future.

- Commit to significantly increase bilateral WASH spending in FCAS to meet the urgent needs of COVID-19 affected populations, including displaced children and families.
- Ensure that the current and future investments in the UK-led Hygiene & Behaviour Change Coalition and support the prioritisation of FCAS in the WHO/UNICEF Hand Hygiene for All Initiative.
- Support the reopening of schools in FCAS by ensuring the implementation of WASH and Infection Prevention and Control measures in schools and the provision of safe, hygienic, and gender-separated WASH facilities, as part of a holistic, systems-strengthening approach to education and gender empowerment.
- Provide multi-year, flexible and predictable WASH funding to build countries' resilience and stability to invest in prevention approaches to reduce the incidence and impact of chronic disease outbreaks, climate change and future shocks, and to respond to acute humanitarian needs when they arise.
- Increase and sustain funding through UK International Climate Finance commitments towards WASH interventions in FCAS that increase resilience of countries and vulnerable communities to identify, prepare for, and adapt to the impacts of climate change. Funding should also go towards expanding water and sanitation infrastructure and services that are low carbon and carbon-resilient.

DELIVER

The Leave No One Behind pledge and Manifesto commitments by targeting FCAS in its COVID-19 preparedness, response and recovery strategy.

- Deliver urgent action to mitigate the impact of COVID-19 on already strained health and WASH services as a key strategy to prevent the outbreak of life-threatening waterborne infectious diseases in children, such as diarrhoea and cholera.
- Implement a coherent and cross-sectoral response to COVID-19 that is framed within the Decade of Action, focusing on accelerating progress towards all water-related SDGs.
- Focus on a systems-strengthening approach across WASH, health, and education in FCAS to better link humanitarian needs with sustainable development.
- Ensure that the longer-term WASH systems-strengthening agenda include programmes that are rooted in community engagement and participation across all settings, and hygiene promotion.
- Deliver a successful COP26 and mainstream child rights through climate policies and agreements, addressing the deep connections between WASH, health, education, and climate change adaptation.

CHAMPION

Increased leadership, support and investments for WASH programmes in FCAS.

- Advocate for greater attention and support for resilient WASH services in FCAS as part of global COVID-19 preparedness, response and recovery, through the UK's Presidency of the G7 and COP26, and its global leadership and engagement in global platforms such as the Sanitation and Water for All Partnership, G20, and the UN General Assembly Group of Friends of Water.
- Continue global leadership on the Hand Hygiene for All Initiative and mobilise additional UK-based public and private sector partners to invest in this important and still neglected area through UK-led efforts like the Hygiene & Behaviour Change Coalition, and ensuring that FCAS are prioritised.
- Continue to lead global efforts to tackle the effects of climate change on water and sanitation services, through innovative climate-resilient WASH programming.
- Engage in and support key partnerships for global monitoring, evidence generation, collaboration and high-level advocacy in FCAS, such as the Global WASH Cluster, WHO/ UNICEF Joint Monitoring Programme, and the Sanitation and Water for All partnership.

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UNICEF WORKS TO BUILD A BETTER WORLD FOR **EVERY CHILD**, EVERYWHERE, EVERY DAY.

Front cover

A girl drinks clean water from a tap outside a UNICEF-supported school in the village of Dafo, southern Djibouti.

Djibouti is one of the most arid countries on Earth. Temperatures sometimes reach as high as 47°C during the driest period from May to October. Water is as precious as it is scarce. Climate change has seen rainfall reduced by around 50% of previous levels. In rural areas, most people have to walk for more than 30 minutes to reach the nearest water source.

With UNICEF support, the village of Dafo now has its own water point and the school has solar-powered water and sanitation services. UNICEF is expanding this initiative to other regions with support from international aid.

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UNICEF UK

1 Westfield Avenue, London E20 1HZ

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