

Chapter 3

Sustainable Management of Humanitarian Water Supply, Sanitation, and Hygiene (WASH) Interventions

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ABSTRACT

WASH interventions have not always been successful, despite the significant efforts to improve coordination and delivery of quality interventions. Assessments have shown that sustainable management of interventions must transcend the immediate intervention period to allow continuous infrastructural service delivery, social and behavioural change, civil participation, improved governance, and more robust community and public sector systems. This chapter highlights the challenges of sustainable management, approaches, and lessons learned from the humanitarian response, especially in providing WASH facilities in conflict zones and fragile communities. It would also focus on a case study of conflict-affected Pulka Town, Gwoza Local Government Area, Borno State, Nigeria.

INTRODUCTION

The Global Sustainable Development Goal 6 (SDG6) aims to ‘ensure availability and sustainable management of water and sanitation for all (United Nations, 2015). It includes eight targets that address drinking water, sanitation, and hygiene (WASH) services, wastewater treatment, water quality, water use, water management, transboundary cooperation, water-related ecosystems, official development assistance and participation of local communities. WASH services include water supply, hygiene promotion, excreta management, solid waste management, vector and disease control. Provision WASH services are

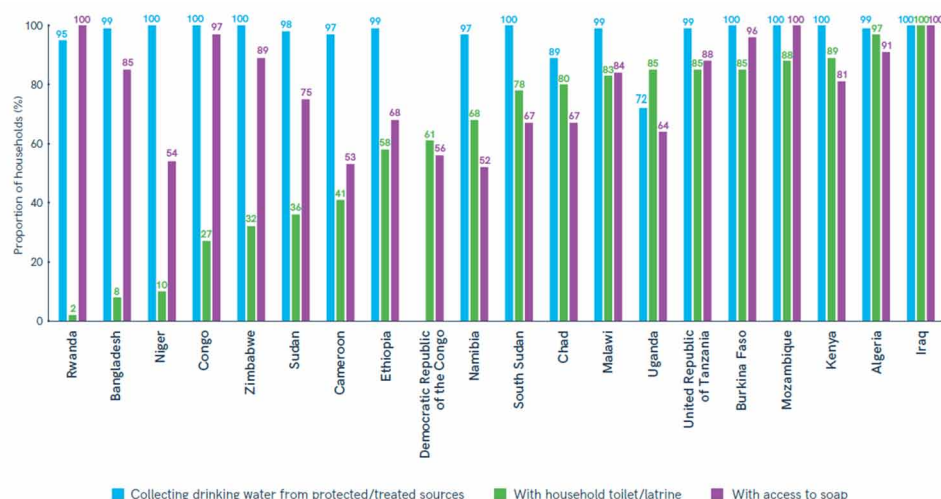
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fundamentals for the human population for survival and dignity (Hutton & Chase, 2017). According to UNICEF/WHO Joint Monitoring Programme (JMP) for Water, Supply, Sanitation and Hygiene (WHO/UNICEF, 2021), 1-in-4 people lacked safely managed drinking water in 2020, and 3.6 billion people lacked safely managed sanitation services. At the present rate of progress, by 2030, 1.6 billion people will still lack safe drinking water at home, and 2.8 billion people will still lack safe sanitation at home. The report recommended that to close the global gap, the rate of progress must be four times faster.

Unfortunately, the situation is worse in conflict areas, with people three times more likely to lack safe drinking water (Figure 1). To close the global gap in fragile communities, the rate of progress for the provision of drinking water, sanitation and essential hygiene services would have to move 23 times, 9 times and 5 times faster, respectively (WHO/UNICEF, 2021).

Figure 1. Access to WASH services in refugee camps by country in 2021 (%)

Source: WHO/UNICEF, 2021; UNHCR, 2021)



The importance of WASH services is much more emphasised in conflict areas where there is active or incidental destruction of existing facilities, higher density settlements or refugee camps (Truelove et al., 2020). Restrictions on the movement of victims living within or around the conflict zones also hinder access to WASH services. In addition, the influx of displaced persons to secured areas results in pressure on existing WASH facilities. Therefore, people in conflict or refugee camps are at a higher risk of contracting diseases related to unsafe water and poor hygiene (Hutton & Chase, 2017). Records have shown that children are also 20 times more likely to die from the effects of inadequate WASH services than from the violence of the conflict (UNICEF, 2019, 2021). A study of sixteen (16) countries that experienced conflicts revealed that more children die from inadequate water, sanitation, and hygiene than violence. Yearly diarrhoea disease (linked to poor WASH) killed 72,000 children under five between 2014 and 2016 compared to 3,400 children killed by direct acts of violence (Friedrich, 2019; UNICEF, 2019).

This chapter evaluates humanitarian WASH response frameworks and highlight sustainability indicators, successes, failures, and lessons learned from case study humanitarian projects.

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