Water, Sanitation and Hygiene

ISSUE
Water, sanitation and hygiene (WASH) underpin many of children’s fundamental human rights, and ultimately national development. In South Sudan, two decades of sustained conflict and neglect have turned potable water into a treasured and scarce resource. Limited access to water and sanitation has contributed to poor child health – a third of children under the age of five suffer from diarrhoea. Water has also been a source of much of the internal conflict between communities due to the limited number of water points.

“Good hygiene and sanitation is very important for our health and should be accessible to all children.”

Moses, 11-year-old boy
Recent surveys show that more than 30 per cent of people in South Sudan do not have access to safe water supplies; only 13 per cent have access to adequate sanitation facilities, making this one of the lowest service coverage statistics in the world. Only 45 per cent of South Sudan’s 3,349 basic primary schools have access to safe water and a mere 17 per cent have adequate sanitary latrines for both girls and boys.

South Sudan remains host to 98 per cent of the world’s remaining Guinea worm cases, despite a reduction in caseload from more than 20,500 in 2006 to below 1,000 in 2011. Concerted efforts are being spearheaded by UNICEF to achieve eradication of this debilitating disease by providing safe and clean water to affected communities.

Making improvements in the areas of water and sanitation is vital to transforming people’s lives. Engaging with communities about choices they wish to make over safe water and sanitation improvements provides an important entry point for human rights-principled dialogue on peace building and sustainable service delivery. Achieving community stability through timely and appropriate safe water improvement interventions is a key priority for WASH interventions in South Sudan.

**UNICEF IN ACTION**

UNICEF is using three strategic approaches to improve the existing situation and generate sustained results.

1. **Sector Policy and Planning** – UNICEF is working to forge a framework for the reform of the WASH sector, generate strategic sub-sector investment plans and build a stronger evidence base to support the sector’s planning process. The South Sudan WASH Information Clearing House has been developed to serve all stakeholders in providing a web-based GIS mapping service to collate all WASH infrastructure information across the country. Maps and data input forms can be accessed and downloaded at: www.sswich-mwrigoss.org. Key challenges remain in extending GoSS information management capacity to the furthest decentralized level possible and in promoting private sector participation in the implementation and management of water and sanitation services.

2. **Safe Water Supply** – providing boreholes, new sources of water provision and rehabilitating old systems. UNICEF is also supporting the return and reintegration of Internally Displaced People (IDPs) and returnees into communities through the provision of safe water supplies. Particular efforts are being made to provide new water points as a key component of community peace building and stabilization efforts.

3. **Sanitation and Hygiene Promotion** – mobilizing community self-help support to abandon open defecation practice in favour of improved latrine use and hygienic practice. This involves demand mobilization through intensive community level assessment and the creation of local market-based sanitation and hygiene product services to the community. High priority is accorded to those areas which have a history of acute watery diarrhoea as well as those where children are experiencing acute and chronic under-nutrition.

The WASH programme is a significant component of the first focus area in the UNICEF Medium Term Strategic Plan (MTSP), a strategic framework to achieve the millennium goals and commitments. UNICEF’s support in South Sudan has contributed to the following key achievements:

- A 40 per cent increase in access to improved sources of drinking water, from 48 per cent in 2006 to 69 per cent in 2010, through the provision of new and rehabilitated water points.
- A seven per cent rise in access to adequate sanitation facilities, from six per cent in 2006 to 15 per cent in 2010, through the construction of latrines.
- Decrease in the prevalence of diarrhoea among children under five, from 43 per cent in 2006 to 32 per cent in 2010, due to improvements in the disposal of human excreta and personal hygiene habits.
- Establishment of the Water Information Management System (WIMS) for improved data collection and data exchange between the states and the central WIMS unit.
Challenges

There are a host of challenges which impede implementation and monitoring in South Sudan, such as the chronically low capacity of government institutions and the private sector, and unreliable or inadequate data, making planning more reactive and the allocation of resources less rational. Rapidly changing determinants of field access significantly raise the cost of service delivery as do security restrictions while travelling to most difficult-to-reach areas of the country. Long periods of heavy rains and weak road infrastructure also restrict fieldwork to only four months of the year.

Partnerships

UNICEF works in partnership with the Government of South Sudan, the Ministry of Water Resources and Irrigation and the Ministry of Physical Infrastructure. Close partnerships are also in place with the Ministry of Health, the Ministry of Cooperatives and Rural Development and the Ministry of Housing, Physical Planning and the Environment at state level. Other partners include UNDP, UNHCR, WHO, IOM, the Carter Centre, MEDAIR (cluster co-lead), CARE, Action against Hunger and OXFAM (UK).
PLANNED RESULTS FOR CHILDREN

Over the period 2012–13, UNICEF aims to build on the achievements of the previous years to contribute to improving water, hygiene and sanitation services in South Sudan. The overall programme result for the UNICEF WASH Programme is to have sustained access to community-managed and improved WASH services that contribute to a reduction in morbidity, a break in the transmission of Guinea worm disease (dracunculiasis) and to peace building by 2013.

To achieve this result, efforts will be made to ensure the implementation of key outputs:

- **Accelerated and sustained delivery of WASH services** to vulnerable communities through investment plans, institutional and legal sector framework.
- **WASH Information Management System** (WIMS) is functional between all levels and stakeholders, bringing greater equity to the allocation of resources and a solid evidence base for priority setting.
- Schools and health centres have **improved access to safe water** sources and the local means to effect sustainable operation and maintenance of these facilities.
- Household and institutional **access to and regular use of sanitary latrines and hygiene facilities** is accelerated by hygiene promotion, and community-led approaches.
- **WASH Cluster Coordination** and planning mechanisms at all levels are strengthened to improve predictability of partner responses, effective information management, efficient management of Core Pipeline assets, and productive partnerships among WASH cluster partners.

ESSENTIAL STATISTICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Use of improved drinking water (2010)</td>
<td>68%</td>
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<tr>
<td>Use of adequate sanitation facilities (2010)</td>
<td>13%</td>
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<tr>
<td>Access to safe water in basic primary schools</td>
<td>45%</td>
</tr>
<tr>
<td><em>Access to adequate sanitary latrines in basic primary schools</em></td>
<td>17%</td>
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<tr>
<td>Ninety per cent of 26,000 Guinea worm cases in South Sudan eradicated since 2006</td>
<td>Two years remaining with the Eradication Programme – zero cases by end of 2013</td>
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Source: Sudan Household Health Survey, 2010

* This estimate includes the use of shared facilities as an improved type as per the government definition of access. This is different from the MDG definition which excludes the users of shared sanitation facilities which would lower coverage estimates to 7.