

Draft Water, Sanitation and Hygiene (WASH) Program 2013-2018

Officially 67 percent of the population of South Sudan, both urban and rural, has access to improved drinking water sources. The Ministry of Water Resources and Irrigation (MWRI) states that 30-50 percent of water facilities are non-functional at any point in time due to the lack of spare part supply chains, weak maintenance capacity, poor management and/or inappropriate choice of technology. Thus, the actual level of access to an improved water source in rural areas² is estimated to be only 34 percent³ – which affects most of the country as over 80 percent live in rural areas, representing 90 percent of those living in poverty. Furthermore, only 13 percent of the population has access to adequate sanitation facilities. For those using an improved water source, 34 percent travel less than 30 minutes to and from the source while the remaining travel more than 30 minutes. This laborious daily task of collecting water is overwhelmingly completed by women. Adult women are most commonly the water carriers (85.6%) but female children under age 15 are also significant collectors (8.8%). Beyond limited access to improved water and sanitation there is low knowledge and practice of good hygiene behaviors. The lack of access to improved water and sanitation and poor hygiene behaviors is a principal cause of water-related diseases such as diarrhea and cholera, infection from guinea worm, and contributes to malnutrition. Water, sanitation, and hygiene (WASH) is also associated with educational access and nutritional outcomes. Access to water and sanitation can be the reason why girls are kept out of school and improved access to water and sanitation at schools has been shown to increase school attendance among girls.⁴ Access to improved drinking water sources and improved sanitation and hygiene can improve nutritional outcomes and can prevent intestinal parasitic infections alongside diarrhea, and these infections also have synergistic effects with increasing incidences of malnutrition. Improved access to safe water, sanitation, and adequate hygiene can predict child growth and malnutrition and is associated with improved child development outcomes. Improving WASH is necessary to improve health, nutrition, and educational outcomes in South Sudan. Beyond these burdens related to poor WASH access and behaviors, it is also associated with economic losses, environmental impacts, gender/social burdens, and potential conflict. Access to and good management of water resources improves health and education outcomes, brings more certainty and efficiency in productivity across economic sectors, and contributes to the health of the ecosystem.

USAID/South Sudan has always been a significant WASH donor and has a history of working with the Government of the Republic of South Sudan's Ministry of Water Resources and Irrigation as well as the South Sudan Urban Water Corporation (SSUWC). USAID's WASH program will continue to support and collaborate with the Government of South Sudan and will continue to align with Ministry of Water Resources and Irrigation plans and strategies and work with the SSUWC. USAID's WASH programming will support the goals and objectives of the Government of the

¹ Defined as piped water, public tap, borehole/tube well, protected well, protected spring, or rainwater.

² The WHO definition of access to improved sources of water considers improved access to also mean that the water source is easily accessible (defined as no more than 30 minutes round trip to collect water).

³ The South Sudan WASH strategic framework, Ministry of Water Resources and Irrigation (MWRI), July 2011

⁴ http://www.unwater.org/downloads/bground_2.pdf

Republic of South Sudan as outlined in the National Water Policy (2007); the Strategic Framework for Water, Sanitation and Health (2011); the National Rural Water, Sanitation, and Hygiene Subsector Action and Investment Plan (2012-2015) as well as USAID's goals and objectives as identified in the USAID/South Sudan's updated Transition Strategy and USAID's first-ever global Water and Development Strategy⁵ and will respond to the mandate of USAID under the Paul Simon Water for the Poor Act, which requires USAID to address water supply and sanitation challenges as part of its development agenda. Furthermore, WASH programs contribute to USAID's priority of promoting women's empowerment and gender equality and to the Gender and Water Millennium Development Goals.

The National Rural Water, Sanitation, and Hygiene Sub-sector Action and Investment Plan highlights the need for participatory community-based processes, developing effective local management structures to increase community ownership, development and involvement of the private sector, improving local governance and the inclusion of women, children and vulnerable groups in the planning and development of rural WASH activities. USAID through its rural WASH activities will endeavor to achieve the same results and support the Ministry of Water Resources and Irrigation to meet its goals and objectives as outlined in the Strategic Framework for Water, Sanitation and Health and the National Rural Water, Sanitation, and Hygiene Sub-sector Action and Investment Plan. USAID's WASH programs will include investments in water resources management to build the capacity of the government and communities to manage resources and within communities; improved access to and use of sanitation and hygiene; improved rural water supply; and some small infrastructure projects to improve urban water supply. USAID's WASH programs will also be sure to account for other donors' programs to prevent duplication of efforts and maximize results from investments. To address the specific needs in rural WASH, USAID plans to implement a rural WASH-focused activity to increase sustainable access to safe water supply and sanitation facilities in rural communities through construction and rehabilitation, including a strong community-based operation and maintenance component. Activities in support of the sanitation and hygiene sub-sector will be implemented in both urban and rural areas and will include social marketing of latrines, Community-Led Total Sanitation (CLTS), and behavior change communication for improved hygiene and sanitation practices.

The overall goal of USAID's WASH program is "Improved water, hygiene, and sanitation in South Sudan" and the project purpose is defined as "Essential water, hygiene, and sanitation services developed and sustained." There are six main outputs that are expected to be achieved:

- 1. Improved and expanded access to water, hygiene and sanitation services.
- 2. Local, county, state, and national governments support, provide, and manage WASH for their beneficiaries in adherence with MWRI established policies where available.
- **3.** Small-scale public-private partnerships and private sector investment in WASH developed and strengthened to improve access to WASH related goods and services.
- 4. Urban water and sanitation services are reformed and operational.
- 5. Communities are able to manage their water supply and sanitation services and meet their WASH related needs.
- **6.** Appropriate use of WASH and WASH behavior improved.

⁵ http://www.usaid.gov/sites/default/files/documents/1865/USAID_Water_Strategy_3.pdf

Women are identified as key stakeholders for USAID WASH programs. Women have the primary responsibility for managing the household water supply, sanitation, and health but are often barred from playing meaningful decision-making roles and/or holding influential positions of power. Through WASH programs, women will be empowered to take on leadership roles in management of water in their communities.⁶ At the local level, women need to be trained to locate water sources in the village; to decide on the location of pumps, facilities and/or tap stands; to perform maintenance activities; and to be active members and leaders of community water committees or water users groups. An affirmative action approach may need to be employed in some cases since women are often under-represented in the "water world," as careers and training in water management are often dominated by men. For water management to be democratic and transparent and represent the needs of the people, both men and women must have an equal say.

Achieving these six outputs will be accomplished through gender-sensitive programming in the following six components.

Component 1 will expand access to WASH. This entails ensuring participatory-based planning and management to increase access to rural water supply and sanitation. Activities will include facilitation of community meetings and formation of management structures, negotiation among stakeholders, and the rehabilitation, maintenance and construction of boreholes and small distribution systems in water-stressed areas with a focus on new and innovative technologies. Vulnerable environments will be targeted where the public health risk of inadequate water, hygiene and sanitation services and practices can have a significant impact. These include communities as well as schools, health facilities, public markets, etc. Women have the primary responsibility for managing the household water supply, sanitation, and health. Therefore, special emphasis will be given to ensure women are engaged as key stakeholders at all stages of project design, implementation, monitoring and evaluation.

Component 2 will build the WASH governance capacity of state and local government. Activities will include supporting the leadership and investment in water supplies and sanitation improvement through the development of robust monitoring and planning tools. Stakeholders will be supported to regularly monitor the status of water supply and sanitation services. County and state-level actors will be supported to act in leadership roles for increased oversight in maintenance of water supplies, sanitation and hygiene demand creation, and formation of community management structures. Special emphasis will also train government officials on gender-sensitive WASH programming, to highlight the importance of including women as principle WASH stakeholders.

Component 3 will develop small-scale public-private partnerships for improved supply of WASH products and services. The private sector in South Sudan will require a combination of public and private financing to catalyze the market for WASH-related products and services. Activities to develop public-private partnerships for provision of water and sanitation products and services may include market research and knowledge, attitude, and practice surveys, marketing material development, and product and service prototyping and pretesting. Public-private partnerships will be targeted at provision of essential services including maintenance through service contracts with mechanics or companies; latrines, hand washing, water treatment and storage products and services such as latrine construction or social marketing of hand washing stations and soap; and development of small and medium-size financing and credit services for WASH through

⁶ http://www.un.org/waterforlifedecade/pdf/un water policy brief 2 gender.pdf

banks and microfinance organizations. Special attention will ensure that women have the opportunity to participate as a way to generate income for their families.

Component 4 will aim to reform and strengthen urban water and sanitation services. Urban water activities will support the SSUWC to develop and strengthen its institutional framework to improve financing arrangements, planning, capacity building, and management. Activities will be focused on a functioning governing body for the SSUWC that can lead the reform process, with buy-in and support from the MWRI. Urban sanitation improvement will require similar initiatives through the state and local governments. Activities will include stakeholder mapping, developing institutional linkages, and, much like the water utilities, improving state and local government organizational frameworks, procurement and contract management, operations and maintenance training, and capacity building to deliver pro-poor sanitation investments in urban areas. Consistent with similar program areas, women's role in WASH is central for program design and implementation. Affirmative action measures could be implemented to ensure women's inclusion in state and local government systems strengthening activities, gender-sensitive training, and women's access to credit.

Component 5 will endeavor to strengthen the capacity of communities to sustainably manage water supply and sanitation services. To ensure sustainability and resilience, communities must have the capacity to manage and operate WASH service points. This will be accomplished through participatory selection of appropriate community management structures and supporting them with training to manage and operate WASH service points and finance maintenance and operations through user fees. Water management committees and mechanics will be trained on simple maintenance and repair and will be linked with the private sector to access Because of their dependence on water, women have accumulated considerable knowledge about water resources, including location, quality, and storage methods. Despite this, women's central role in water management is often overlooked.⁷ Women will be empowered and trained to take on leadership and management roles in their communities on water management committees as well as within local, county and state government. Existing community groups and community management structures will be included in the development of appropriate WASH management committees. As capacity is strengthened for WASH, management lines of communication and accountability between community management structures and government will be established and formalized to improve accountability between these groups.

Component 6 will develop scalable sanitation and hygiene behavior change programming. Activities to improve the WASH behaviors of individuals, households, and communities, focused demand creation and promotional activities will be applied for the four key hygiene practices: hand washing with soap, use of appropriate latrines, the safe storage and treatment of water in households at the point of use, and food hygiene. Formative research will precede the design of a coherent behavior change strategy; activities may include adapted Community-Led Total Sanitation, Community Health Clubs, and Community Health Worker approaches to stimulate local behavior change. Youth can be change agents for improved WASH behavior; therefore including WASH in school curriculums or implementing behavior change communication at schools can be an effective way to reach youth who in turn can teach their families about appropriate use of WASH. Behavior change materials and messages will be developed and standardized to create scalable and consistent targets and monitoring and will be aimed at various groups including youth, women, and men. Additional activities will include collaboration and capacity building with local authorities and

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⁷ http://www.un.org/waterforlifedecade/pdf/un water policy brief 2 gender.pdf

community health services to monitor progress in sanitation and hygiene and deliver WASH behavior change campaigns.

Geographic Focus: USAID's WASH programs will be executed both at the national, state and country levels in South Sudan and include ongoing programs as well as future USAID-supported programs. It is proposed that a new rural WASH activity would focus on Central and Western Equatoria states and would complement USAID's health service delivery, health system strengthening, food security and other development programs that are also currently focusing in these two states. The geographical focus was determined by considering poverty levels and the following: 1) alignment with other USAID programming; 2) the informal division of investment by active donor programs in rural WASH; and 3) stability and conflict, which intrinsically affects ability to implement. However, USAID/South Sudan may also extend the program to some areas where WASH interventions or coordination with other sector programs would be effective and efficient. Currently, other USAID programs, such as activities managed by the Office of U.S. Foreign Disaster Assistance, implement WASH activities in conflict-affected areas. As stability increases in these areas, the USAID Health/WASH Office will further explore opportunities to maximize WASH programmatic synergies in states such as Northern Bahr el Ghazal, Warrap, Unity, and Upper Nile. The ongoing urban sector reform program includes the urban centers of Juba, Wau and Maridi and USAID will remain flexible and ready to respond to emerging priorities in other states.

Funding levels: Program planning is based on availability of funds. The FY 2012 funding level for WASH was \$8,730,000. Future budgetary levels are subject to Congressional appropriations and subject to change on a yearly basis.