South Sudan

Water, Sanitation and Hygiene Sectoral and OR+ (*Thematic*) Report

January - December 2016

Prepared by:
UNICEF South Sudan
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1. Abbreviations and Acronyms

CLTS	Community Lead Total Sanitation
CO	Country Office
CTC	Cholera Treatment centre
CTU	Cholera Treatment Unit
GLAAS	Global Analyses and Assessment of sanitation and drinking water
GBV	Gender Based Violence
IDP	Internally Displaced Person
MoWRI	Ministry of Water Resources and Irrigation
NGO	Non-Governmental organization
ODF	Open Defecation Free
ORP	Oral Rehydration Point
PHCC	Primary Health Care Centre
PoC	Protection of Civilians
RRM	Rapid Response Mechanism
SWA	Sanitation and water for All
SWAT	Surface Water treatment
TWG	Technical Working group
UWC	Urban Water Corporation
WASH	Water, Sanitation and Hygiene

2. Executive Summary

During 2016 UNICEF WASH programme in South Sudan continued to support communities in conflict-affected, underserved and epidemic-prone areas to have access to equitable and sustainable WASH services. However, gains achieved in recent years were significantly affected by the fighting that broke out on 8 July in Juba and spread to other parts of the country, resulting in further destruction of WASH facilities in Juba, Wau, Torit, Yei, Yambio and their surrounding areas. The fighting also forced communities to seek shelter in UN Protection of Civilian (PoCs) sites and internally displaced person (IDP) settlement areas or to flee to neighbouring countries as refugees. It is estimated that 1,870,000 people have been internally displaced in South Sudan, with over 212,000 IDPs seeking refuge in PoC sites and in IDP camp sites. The conflict was further complicated by the onset of cholera in Central Equatoria, Jonglei and Unity as well as the worsening economic situation in the country.

Despite the numerous challenges caused by the political crises of December 2013 and July 2016, UNICEF South Sudan managed to scale up WASH responses to address the needs of displaced persons and vulnerable host communities. The UNICEF South Sudan WASH programme was thus able to provide access to safe water and sanitation and to promote hygiene to communities, including in some the most remote and conflict-affected areas of the country. Thus, 939,702 people were provided with safe drinking water; 281,951 people received access to sanitation facilities and services (including through community-led total sanitation (CLTS)) and 916,882 received hygiene education.

In order to effectively serve the needs of the sector, UNICEF South Sudan used a variety of approaches and interventions to deliver WASH services. Provision of safe water was made possible by drilling and rehabilitating boreholes and setting up surface water treatment systems where possible, such as in POC and IDP camp settings. However in certain areas, such as in Juba UN House POC, safe water is primarily delivered by water trucking. UNICEF also explored affordable technologies for providing safe water, such as manual drilling, particularly in Northern Bahr el Ghazal and in Warrap. The success of manual drilling in these areas encouraged UNICEF to invest in the capacity of resident local drillers through national and regional training. This in turn led to the creation of pump mechanic associations, which are now being contracted by UNICEF to scale up manual drilling in locations that other partners cannot reach.

Provision of safe water is a cornerstone of UNICEF's initiative to support Guinea-worm eradication efforts. In 2016, 14 new boreholes were drilled and/or rehabilitated in Guinea-worm endemic areas of South Sudan. These activities have directly contributed to a steady decrease in Guinea-worm cases in South Sudan from 113 in 2013 to only five cases reported in 2016. UNICEF is still committed to supporting the people of South Sudan to eradicate Guinea-worm disease through sustained provision of safe water in the affected communities.

The WASH programme continues to focus its efforts on accelerated demand-driven approaches to sanitation and improved hygiene practices through Community Led Total Sanitation (CLTS). At national level; the Sanitation and Hygiene Technical Working Group (TWG) has been mandated to develop strategies, guidelines and tools to provide leadership to WASH partners engaged in CLTS initiatives, and to identify sustainable options for sanitation. However, the fighting that broke out in July 2016 affected CLTS activities significantly in several areas in the Equatorias, where some communities fled their villages thereby negating sanitation gains. In Northern Bahr el Ghazal, where CLTS activities had also gained momentum, the setback was more a result of economic hardships in the context of which communities did not perceive construction of latrines as a priority for households.

Progress on policy engagement was negligible because of ongoing political strife in the country and the prioritization of humanitarian and emergency interventions. Economic hardship also affected the capacity of Government partners to deliver on WASH programmes because of a lack of budgetary allocations. While significant progress was achieved prior to the outbreak of fighting in December 2013 with the development of policy documents such as the WASH Strategic Framework, Rural and Urban WASH Action and Investment Plans and the Water Bill, the Cabinet of Ministers has not subsequently ratified these as policy documents; and currently some of them are already due for revision.

The challenges in the WASH sector in 2016 were similar to those of 2015: insecurity, constrained access to areas in need, and the high cost of service delivery due to hyperinflation. Humanitarian capacity was significantly affected as implementing partners evacuated their staff from critical areas following the July 2016 political crisis and the violence that followed. Recovery and development projects were generally affected by the decision of most donors to redirect development funding to support emergency interventions. Notwithstanding this, the needs are massive. People in both urban and rural areas cannot afford to buy WASH supplies such as treated water and soap. Some of them are not reachable by humanitarian assistance and as such, they are forced to revert to using unsafe water sources.

3. Strategic Context of 2016

Because of the lack of systematic data collection in South Sudan, it is not possible to identify the number of people who lack access to safe water supply and adequate sanitation. However, it was estimated that 41 per cent have access to improved water supply and 13 per cent to improved sanitation.

In general, the majority of the population do not have latrines. In 2012, the states where people were least likely to say they used latrines were Unity (88 per cent), Northern Bahr el Ghazal (65 per cent) and Eastern Equatoria (60 per cent). Lack of latrine facilities and open defecation are more widespread in rural areas. A 2014 study in Maiwut County in Upper Nile State, for example, found that only 13 per cent of households had their own latrines. However, many residents of poorer areas of Juba defecate openly, partly because of a lack of appropriate toilet facilities. In urban areas this situation is particularly problematic because space is limited and the risk of contamination is greater. The low proportion of households with pit latrines, coupled with limited access to safe water, increases the risk for water and sanitation related diseases such as cholera, dysentery and typhoid.

These extremely poor water and sanitation indicators, coupled with poor hygiene practices, have a serious impact on the health of women and children. One of the consequences of poor water supply in South Sudan is guinea worm infestation. The national Ministry of Health and its partners established the South Sudan Guinea Worm Elimination Programme in 2006. This has led to a reduction in cases in the country from 20,581 in 2006 to 6 cases in 2016. The continued reduction is a result of water improvement programmes that were directly funded by UNICEF and The Carter Centre.

Cholera is endemic in South Sudan. Risk factors in the country include: residing in crowded settlements with inadequate sanitation; poor hygiene; using untreated water; lack of household

chlorination of drinking water; eating food from unregulated roadside vendors or makeshift markets; open defecation; and poor latrine use. Cholera outbreaks have recurred in 2014 (6,421 cases including 167 deaths) in 2015 (1,818 cases and 47 deaths) and in 2016 as of 31st December 2016, (3,962 cases, 75 deaths) with the majority of cases (1,940) in the crowded low income urban areas of Juba.

Cultural practices cause many of the problems associated with water, sanitation and hygiene in South Sudan. The first of these relates to gender roles. Women have the responsibility for collecting water for their families and children sometimes accompany them. Because of the scarcity of improved water sources, they often have to walk a long way every day to collect water, carrying heavy containers. According to the World Bank, 38 per cent of the population has to walk for more than 30 minutes each way to collect drinking water. This affects their health and leaves them vulnerable to GBV on the way and at the water source. In addition, if mothers spend much of their time fetching water, it gives them less time to care for their children and for other activities such as breastfeeding and preparing food. If they have young babies or infants, this can seriously affect their health.

Improved water supply has always been poor in South Sudan; however, until the current conflict, efforts were being made to improve coverage. The poorest are the most affected. Though limited access to supply affects all areas of the country, this group cannot afford to buy clean water. By 2013, most major towns had initiated water supply systems intended to cover at least some households. These systems were mainly the result of donor investment. Even before the crisis, the government did not invest significantly in capital projects. In Juba, it was estimated in 2009 that 13 per cent of households had improved water supply because of population increase in the city; it is likely that the percentage now is even smaller. The improvement was largely in the older part of the city served by the Urban Water Corporation (UWC). Unfortunately, the system is highly inefficient with major leakages coupled with lack of regularized operational maintenance. The public system is complemented by small private water suppliers but they deliver relatively expensive water. About 300 registered trucks, as well as bicycle vendors, supply water around the city. Private riverside water filling stations pump raw water from the Nile. Several water bottling factories also produce drinking water. Several initiatives are being taken in the Water, Sanitation and Hygiene (WASH) sector to improve access to WASH facilities and services. One of the constraints to safe water supply is the frequent breakdown of infrastructure. In many parts of the country, and particularly rural areas, technical capacity is limited to maintain such infrastructure. In addition, spare parts are generally unavailable, especially outside Juba, meaning that even when technical capacity is in place, repairs may be logistically very challenging. Like water supply, sanitation coverage in South Sudan has been largely the result of donor investments. A Community Led Total Sanitation (CLTS) project was initiated in 2012. The project envisaged that families would take responsibility for their own sanitation, with local authorities engaged to support them and UNICEF building their capacity through training programmes. However, progress stalled due to diversion of resources to emergency support since December 2013.

The Ministry of Water Resourses and Irrigation (MoWRI) is mandated to lead and coordinate management and development of water resources on one hand, and provide sustainable safe water and sanitation services on the other. South Sudan has no single lead Ministry responsible for sanitation. However, the Ministry of Housing and Physical Planning is responsible for schemes for sewage disposal and treatment in urban areas. The Ministry of Health answers for raising awareness of health problems that arise due to lack of adequate sanitation and hygiene services, as well as for ensuring newly constructed and renovated health facilities have adequate sanitation and hygiene services. The Ministry of Water Resources and Irrigation oversees rural sanitation projects. No institution has been designated to coordinate provision of sanitation services in schools. Typically

there are 2–3 salaried positions for water and sanitation in state governments. At county level, where water and sanitation programmes should be implemented, there has been very limited representation. Development of the legislative framework on water related issues is constrained by the slow pace of enacting legislation. In particular, the Water Act, which should guide the overall humanitarian early recovery and development response on water and sanitation issues in the country, has stalled for several years in Parliament, largely because legislators have been preoccupied with the armed conflict and other challenges.

The political crisis in 2013 and the most recent violence that erupted in July 2016 has resulted in an additional extensive destruction and vandalism of WASH facilities, this led to greater challenges. Overcrowded camps and settlements, often without access to clean water and in poor hygiene conditions, can lead to fatal outbreaks of water-borne diseases. Large influxes of internally displaced persons have led to overutilization of existing water and sanitation facilities. This has resulted in huge operational and maintenance needs in the sector. Logistical provision of water and sanitation facilities, as well as ensuring hygienic conditions in POCs and other places where internally displaced persons reside, is challenging particularly when numbers rapidly increase.

Other water and sanitation associated dangers have also been aggravated by the conflict. Women often have to walk further and to locations known to be risky to women to collect water for the family. They are subjected to additional dangers from armed men around the countryside. The temporary structure of latrines also puts girls and women at risk of GBV as latrines lack privacy and lights. GBV assessments at the beginning of the emergency in 2014 revealed that girls and women felt that latrines were unsafe. It is estimated that 40 per cent of WASH facilities in the conflict-affected states had been destroyed in the current conflict. In Bentiu, Malakal and Bor, for example, water supply systems have had parts damaged in fighting while generators, pumping stations and solar panels have been looted. In this context, communities have reverted to using contaminated water sources.

The crisis has also affected water supply and sanitation in other parts of the country. Because there are very limited funds currently available for basic services, most of the water delivered in
Juba is now untreated and its quality is not adequately monitored. The government can now no longer afford to provide water treatment chemicals and spare parts. As a result, most of urban water supply systems are either nonfunctional or poorly functional. Another effect of the crisis has been rapid inflation in the cost of many essentials, including water. Because of increased costs of production, water providers in Juba are producing less and charging more. This means that the population has even less access to safe water than previously. In poorer neighborhoods, many cannot afford to buy enough safe water to meet their needs. Oxfam found in May 2015 that some people spend 15 per cent of their income to buy about 30 liters of water for one person's daily use, primarily from small private water suppliers who supply water by truck. There has, therefore, been an increase in the use of the River Nile and untreated private boreholes, some of which do not provide safe drinking water if not treated.

After the launch of SDGs South Sudan Government with development partners trying to work on detailed action plan and budget. However due to the conflict that diverted the government to other priorities and poor relationship of the Government and key donors not much progress made on preparing a detailed action plan, budget and institutional structure. UNICEF is trying to help the Government on developing action plan based on the global guidance note.

4. Results in the Outcome Area

Access to WASH Services:

Despite the current security situation and the deteriorating economic crisis, some progress was achieved to ensure that sustainable safe water provision reached 104,000 people in relatively stable areas in 2016 in addition to the emergency interventions. Activities that contributed to this achievement include the drilling of 32 new boreholes, 20 manual drillings and the rehabilitation of over 80 water points including three major water supply distribution systems in Bentiu state hospital, Rubkona town and Malakal town. To ensure the sustainable operation and management of safe water supply infrastructure, 80 WASH committees were formed across Greater Equatoria, Greater Bahr el Ghazal, Unity and Jonglei. Concerted efforts were made to scale up provision of sustainable safe water supply infrastructure and services in underserved communities, including emergency interventions in the POCs and outreach areas. UNICEF South Sudan continued to work with the Guinea Worm Secretariat to eradicate Guinea-worm disease in South Sudan, working closely with the Ministry of Health and the Ministry of Water Resources to provide safe water in villages with endemic Guinea worm, including 32 new boreholes constructed in 2016.

UNICEF South Sudan supported the construction and/or rehabilitation of gender-sensitive latrines for girls and boys in 59 schools and ensured safe water supplies for 86 schools. UNICEF also provided 29,578 people with improved access to safe drinking water in 15 primary health care centres (PHCC) and 31 outpatient therapeutic programme (OTP) centres in Northern Bahr El Ghazal State.

Four hundred and eight members of 80 water committees were trained on operation, maintenance and spare parts provision in order to repair and maintain boreholes in a timely manner. Strengthening the capacity of five registered Pump Mechanics Associations in Northern Bahr el Ghazal continued to ensure effective operations and maintenance and an effective supply chain at community level. UNICEF supported training for Government partners at national and state level on alternative technology for low cost manual drilling in partnership with the UNICEF Chad Country Office. In 2016, a total of 20 boreholes were drilled using manual drilling technology.

Community Based Sanitation and Hygiene promotion:

In the first half of 2016 UNICEF increased its support to community approaches for sanitation, community-led total sanitation (CLTS) by strengthening community structures and “triggering” over 60 villages to build sanitation facilities in their households. As a result, 695 households in five villages of Morobo County and 1,747 households in 18 villages of Yambio and Ezo Counties gained open defecation free (ODF) status, providing access to improved sanitation to 14,652 people. In addition, 11,585 people gained access to improved sanitation in villages in Central and Western Equatoria States, where CLTS was triggered but ODF is yet to be declared. Prior to the July crisis, there was a steady interest in CLTS activities, as observed by the rate of spontaneous triggering of initiatives to become open defecation free following the inception of the CLTS programme. However, many gains have been reversed as a result of the spread of conflict across the previously relatively stable Greater Equatoria and Greater Bahr-el-Ghazal regions, where CLTS activities had gained momentum. A significant portion of the population in these regions have been displaced and thus not in a position to support CLTS activities. CLTS activities in some areas in Central Equatoria, such as Morobo County, came to a halt as communities abandoned their villages to seek refuge elsewhere.

As such, the current security situation in the country has had a negative impact on the sustainability of the hygiene behaviours for sanitation.

UNICEF is supporting the Sanitation and Hygiene Technical Working Group (TWG), which provides technical and policy guidelines to the sub-sector within the country. The TWG reviewed the CLTS strategy framework that will be adopted for roll out in South Sudan. As a way forward, the programme will focus on finalization of the draft CLTS strategy; establishment of a monitoring and evaluation system at national level for real time monitoring of the ODF road map in relatively stable states as well as standardization of tools and verification protocols.

Improved policy and knowledge management:
Progress towards this output has continued to be constrained since the December 2013 crisis, and was further slowed by the July 2016 crisis. As a result of these crises, UNICEF South Sudan, the Government and partners are required to prioritize emergency responses to the detriment of recovery and development programmes. Most donors are also redirecting development funding that would have supported the establishment of policy and capacity strengthening to emergency programmes. In addition, national budgetary allocations for the Ministry of Water Resources and Irrigation and state level ministries were diverted to support other Government priorities, leaving scarce funds to support policy development and knowledge management. As a result, ratification of the Water Bill and the Rural and Urban WASH Action and Investment Plans has not been prioritized. Regardless, UNICEF continues to systematically support the Government to honour its commitments as signatories to global partnerships, initiatives and collaborations such as Sanitation and Water for All (SWA), the GLAAS initiative, and AfricaSan.

While there is a need to strengthen national level monitoring and evaluation to ensure that credible evidence of achievements is available, the main bottleneck is the financial and human resources constraints to the National WASH Information Management System (WIMS). To date, only four states (Northern Bahr el Ghazal, Lakes, Central Equatoria and Eastern Equatoria) have established State WIMSs. However, even these State WIMS are working sub-optimally and are severely constrained by a lack of resources.

Emergency WASH preparedness and Response:
Substantial progress has been made towards achieving results under this output, with good progress towards all targets set for the humanitarian response/service delivery component.

During 2016 UNICEF humanitarian action, through both direct implementation and implementing partners, reached 742,221 people with safe water and 252,764 with safe sanitation, improving services for emergency affected populations in various locations. The modalities for providing safe water to the various POCs and IDP settings included water trucking, drilling of new boreholes and setting up of surface water treatment (SWAT) systems. For instance, in Juba UN House POC, 900,000 litres of safe water were trucked on a daily basis to benefit 38,874 IDPs. In Bentiu PoC, a centralized motorized water distribution system provides safe water to 108,392 people, while the newly-constructed Rubkona SWAT system –with a 3.5 km pipeline network which became operational in early July – provides safe drinking water to an additional 20,000 people. Solid waste management

and sewerage desludging are part of the direct implementation of sanitation services that is supported by UNICEF in the Juba, Bentiu and Bor POCs as well as in Malakal town.

Cholera epidemic preparedness and response (EP&R) was a collaborative response of the broader WASH and Health Sectors, including line ministries, Clusters and NGOs. WASH EP&R interventions focused on prepositioning supplies such as chlorine, soap, water storage containers, sprayers and so on within referral facilities (i.e. cholera treatment centres and units (CTCs and CTUs) and oral rehydration points (ORPs) in targeted high-risk areas of Central Equatoria, Jonglei, Lakes and Unity. To address the whole continuum of care at referral facility levels (CTCs, CTUs and ORPs), UNICEF South Sudan supported the installation and/or rehabilitation of WASH facilities and management of solid waste disposal. At community level, special campaigns were launched to distribute WASH items such as soap to 79,448 households and water purifiers (Aquatabs/PUR) to 278,251 vulnerable households in high-risk areas. Communities with more than 100 cholera patients were also disinfected. Social mobilizers and hygiene promoters visited 192,286 households in the affected areas reaching 1,359,425 people. An additional 1,426,400 people were reached with key cholera messages through a combination of school WASH interventions, roadshows, radio messages, community meetings, market rallies, water point interventions (Jerry can cleaning) and public announcements.

UNICEF South Sudan – as the WASH Cluster lead and core pipeline manager – procured, transported, prepositioned and distributed supplies to 42 partners as part of cholera response as well as through integrated service provision with the nutrition, health and education sectors. This reached over 1.5 million emergency-affected people. UNICEF reinforced the coordination of WASH Cluster mechanism significantly, contributing to the achievement of results for children in the humanitarian response. A dedicated Cluster Coordinator and Information Management Officer are on board to support coordination activities.

Through 12 rapid response mechanism (RRM) missions deployed in the first half of the year in Unity and Jonglei states, UNICEF South Sudan provided 93,481 people with access to safe water, 124,287 people benefited from distribution of WASH items and 64,422 people were reached with hygiene promotion messages.

5. Financial Analysis

Table 1: Planned budget by Outcome Area

Outputs (Intermediate Results)	Planned Budget 2016 (USD)			
	Other Resource Emergency	Other Regular Resources	Regular Resources	Total
4040/A0/02/003/001 Safe Water Facilities	3,327,500	3,255,000	-	6,582,500
4040/A0/02/003/002 Sanitation & Hygiene Practices	250,000	1,315,000	413,000	1,565,000

4040/A0/02/003/003 Policy And Knowledge Management	375,000	404,490	-	779,490
4040/A0/02/003/004 Wash EPRP	15,530,552	-	-	15,530,552
4040/A0/02/003/005 Technical Support	891,949	1,825,511	340,000	2,717,459
Total	**20,375,000**	**6,800,000**	**753,000**	**27,175,000**

Table 2: Country-level thematic contributions to outcome area received in 216

Donor	Grant	Contribution amount	Programmable amount
Netherlands Committee for UNICEF	SC149903	502,437	470,347

Table 3: Expenditures in the Outcome Area

Outputs (Intermediate Results)	**Expenditures 2016 (USD)**			
	Other Resource Emergency	**Other Regular Resources**	**Regular Resources**	**Total**
4040/A0/02/003/001 Safe Water Facilities	416,632	1,320,274	68,961	1,805,867
4040/A0/02/003/002 Sanitation & Hygiene Practices	176,696	774,638	101,590	1,052,924
4040/A0/02/003/003 Policy And Knowledge Management	-	36,778	26,058	62,836
4040/A0/02/003/004 Wash EPRP	19,175,392	55,021	453,628	19,684,041
4040/A0/02/003/005 Technical Support	2,810,447	424,069	338,071	3,572,588
Total	**22,579,168**	**2,610,779**	**988,309**	**26,178,256**

Table 4: Thematic expenses by programme area

Programme Area	**Other Resources - Emergency**	**Other Resources - Regular**	**Regular Resources**	**Total**
01-07 Health # General	390,475	169,036	23,397	582,908
03-01 Water supply	116,313	69,080	-	185,393
03-02 Sanitation	22,725	-	(4,347)	18,378
03-03 Hygiene	153,971	774,171	105,937	1,034,079
03-04 WASH in Schools and ECD centres	-	9,032	-	9,032

03-05 WASH and emergencies	20,323,936	166,959	548,701	21,039,595
03-06 WASH # General	1,571,748	1,422,502	314,621	3,308,871
Total	**22,579,168**	**2,610,779**	**988,309**	**26,178,256**

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Codes (SICs)	Expenditures
03-01-01 Rural water supply	86,279
03-01-02 Peri-urban and urban water supply	15,150
03-01-04 Water Supply Sustainability	68,843
03-01-05 Guinea worm eradication	15,121
03-02-01 Open defecation elimination and improved sanitation: rural	(4,366)
03-02-02 Open defecation elimination and improved sanitation: peri-urban and urban	885
03-02-03 Sanitation marketing	23,318
03-03-01 Hand-washing with soap	105,937
03-03-02 Other hygiene promotion	928,142
03-04-01 WASH in Schools (general)	9,032
03-05-01 WASH coordination # humanitarian	959,444
03-05-02 WASH emergency preparedness	17,343,820
03-05-04 WASH emergency response # Sanitation	2,689,607
03-05-05 WASH emergency response - Hygiene	46,724
03-06-01 WASH sector coordination (non-humanitarian)	452
03-06-02 WASH social policy (social safety nets)	86,102
03-06-03 WASH # General	3,017,023
03-06-06 WASH support to achieving global and regional goals	189,284
03-06-08 WASH monitoring and bottleneck analysis	15,543
1171 "Support Sanitation services for low income, rural populations"	(1,459)
1175 Social marketing to improve sanitation and hygiene practices and use of appropriate products	467
Grand Total	**25,595,348**

6. Future Work Plans

In 2017 and 2018 the WASH program activities will focus on:

- Supporting the final push to eradicate Guinea Worm: WASH Section Flagship already at final leg of eradication
- Improving urban and rural water supply by strengthening of water users Associations and small-scale service providers to support the rehabilitation of destroyed water systems in post-conflict areas such as Malakal, Bentiu, Bor, and in Juba UN House.

- Increasing the number of Open Defecation Free (ODF) villages by providing more sustainable and affordable sanitation options
- Developing inter-sectorial WASH programing and linkages: Efforts will be made to work in collaboration with other sectors in a more integrated manner to address child survival issues
- Building sector coordination and strategic partnerships: Government and Civil society organisations
- Accelerating integrated hygiene promotion: Increasing focus on high impact activities at household level, and that maximize community participation in hygiene promotion
- Innovative approaches to increase the efficiency and effectiveness of WASH interventions: Increased attention to low cost and high impact strategies that reduce costs.
- WASH in nutrition activities will be designed to include both institutional and household components that will include joint follow up monitoring and supplies disbursement at household and facility levels.

7. Expression of Thanks

UNICEF South Sudan highly appreciates the financial support from the thematic contributions received along with other sources which have contributed significantly in reaching the hard to reach and most disadvantaged population with WASH services across the country.

8. Annexes: Human Interest Stories, Donor Feedback Form

Human Interest Story

Families Struggle for Clean Water In Juba, South Sudan

22 March 2017

South Sudan is a country in crisis –violence has displaced millions of people; a food crisis has left arts of the country in famine; and a deteriorating economy has left many families with no means to support themselves.

The worsening water crisis, fueled, in part by the conflict and economic crisis, is just one more challenge families in Juba have to face on a daily basis.

In 2015, it was estimated that only 13 per cent of Juba residents had access to municipal water - supplied mainly through a small piped network and boreholes – but this number is likely to have dropped following the violence that hit the city in 2016. Across the country it's estimated that over half of all water points have either been damaged or destroyed in the violence.

For those without municipal access, water is mostly provided through private sector water trucking. Whilst the water is straight from the river, UNICEF has been providing chlorine, which trucks must use. It doesn't completely remove the risks, but it reduces it.

Brothers Francis (13) and Ismail (11) work at the water pumps every morning before school. Arriving around 6am each morning the boys fill bottles with chlorine for the water-trucks. For a full day's work the boys get paid 100 SSP each, which helps them buy food and school supplies.

"I want to be an engineer when I grow up" says Ismail, before throwing a bottle of chlorine on to one of the trucks. There are more than 2,000 of the water tankers in the city, but the running costs continue to increase, pushing up the price for customers.

The lack of safe water means those living in the capital are also at huge risk to the spread of deadly diseases, with children especially vulnerable to waterborne diseases such as diarrhoea and cholera, and exacerbating the already precarious nutrition crisis.

A cholera outbreak, which started in Juba in July, has already killed 83 people since, and infected almost 4,500. Many of those affected, living in poor neighborhoods across Juba, with little access to water and sanitation facilities.

In Khor William, in the south of the city, and one of the areas worst affected by the outbreak, I spoke to Amal, 17. A private company has set up a water pump near her home, connected directly to the Nile, but whilst the pipe reduces the time it takes to gather water, it's still untreated when she gets there.

"I don't have to walk to the river any more, which means I have more time to study, but the water is still dirty, and I worry about my younger siblings getting sick when they drink it."

In Ghabat, Louis Modi runs a UNICEF-supported water treatment centre. Water, drawn from the river, is treated with Aluminium Sulphate and Chlorine, and the centre pumps out more than 280,000 litres of clean water a day.

Louis explains that people come from up to 25km away to collect the water, with women and children coming to fill up the ubiquitous yellow jerry cans, often loading up full cans on wheelbarrows for the journey home.

At the water taps outside the treatment centre, I met Luke, a bicycle water vendor. Whilst the water is free for those who can make the journey to the centre, the vendors will deliver jerry cans of clean water to communities further afield for a small delivery fee. Luke tells me that recently, the vendors have helped contribute to the cost of the purification supplies.

UNICEF is hoping to roll out further treatment centres to communities such as Khor William, providing families with access to clean, safe water and livelihood opportunities for bicycle vendors.

And yet much more needs to be done, and for thousands of people, clean safe water is still out of their reach. It shouldn't be this way.

For families in Juba, and across South Sudan, access to clean, safe water should be a given. They shouldn't have to risk their children's lives each day, just for something to drink.

With thanks to our generous donors, including, CHF, CERF, DfID, ECHO, Japan, OFDA, Swiss Agency for Development and coordination, USAID and the German Government.

Report Feedback Form

Project title: Thematic report Outcome 3: WASH 2016
Grant number: SC149903

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:
Name: Nadia Ben Mohamed
Email: nbenmohamed@unicef.org

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SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!