**Title:** Gender Assessment of WASH strategies of different agencies in South Sudan

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**Abstract**

WASH in conflict emergencies is a critical live saving intervention. Women and children are often the worst victims of conflicts and war and bear the highest burden of diseases, malnutrition and access to aid. It is important to give due consideration to gender dimensions while designing and WASH intervention for conflict affected population.

Two of the most critical interventions in WASH in emergencies are emergency water supply and sanitation. It is critical to make sure women’s participation while designing such interventions. In war situations, men are often out of home and sometimes are recruited as fighters, its mainly women who are left behind at homes or camps. Their vulnerabilities tripled due to security and safety situations where women can be targeted for sexual violence as a war tool. It is critically important to implement such interventions not very far from the living place of women. Long distances can harm their personal safety and wellbeing.

Gender assessment of WASH interventions and policies of different aid agencies in South Sudan has been carried out. The main objective of this assessment is to observe the gender sensitivity of WASH policies and programs of Aid agencies in South Sudan. Aid agencies have been randomly selected and mainly data of UNICEF and Oxfam have been taken into considerations given their status as WASH champions.

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17. **CHAPTER ONE: Introduction**

This research paper is highlighting the gender assessment of water and sanitation actions and policies of aid agencies in conflict emergency of South Sudan. It will detail how gender considerations are taken into consideration while designing these actions and policies. It focusses on what added value these organizations are bringing while doing gender sensitive WASH programming.

**1.2. Background information**:

More than 5.3 million South Sudanese people urgently need water, sanitation and hygiene (WASH) support. Some 304,560 refugees will also need WASH services in 2018. The needs are closely related to the conflict, internal displacement and the economic downturn, which have all  
put a further strain on already limited WASH services. Some 90 per cent of the population do not have access to improved sanitation. Half of the population does not have access to improved water sources, with about 35 per cent of the existing boreholes estimated to be non-functional. Open defecation is persistent in 61 per cent of settlements in the country. Only 28 per cent of the population have access to a borehole within 30 minutes’ walk.

The most vulnerable members of the population are in the greatest need of WASH support, particularly the internally displaced (especially women). This includes the severely malnourished and  
food insecure, who are prone to water-borne and water- related diseases. Children under age 5 , lactant mothers and pregnant women are especially at risk. People living in PoC sites and collective centres depend on a consistent supply of safe water, sanitation and hygiene services, and the displaced communities living outside of PoCs are frequently deprived of WASH support due to access containts and insecurity. Lack of water compounds risks for women and girls, who are often exposed to violence when walking to remote water sources. In urban areas, people struggle to access safe water due to ever-rising prices. People in conflict-affected counties have lower access to safe water than the country average of 50 per cent. In 2017, for example, only 9 per cent of the population in Magwi County, 13 per cent in Fashoda County and 17 per cent in Panyikang County could reach boreholes (South Sudan HNO 2018, UNOCHA)

The study intends to conduct gender assessment of WASH programs and policies of aid agencies working in South Sudan. It will highlight what considerations are taken intoaccount and what standards are benchmarked to develop these policies and program. What is the accountability mechanism to gender considerations.

**1.3 Problem Statement:**

Access to safe water and sanitation is a fundamental human right and is critical to any humanitarian response. Water and sanitation programming, alongside hygiene promotion, is key to reducing deaths from water-related diseases in emergency contexts. Women and girls are the most vulnerable population in emergencies and can be potential victims of gender based violence and lack access to aid. It is critical to put them in priority position while planning any of the emergency interventions.

Officially 67 percent of the population of South Sudan, both urban and rural, has access to improved drinking water sources.1 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 (USAID, South Sudan, Draft Water, Sanitation & Hygiene (WASH) Program-2013-2018, usaid.gov)

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 (USAID, South Sudan, Draft Water, Sanitation & Hygiene (WASH) Program-2013-2018, usaid.gov)

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 plastic infections alongside diarrhea, and these infections also have synergetic effects with increasing incidences of malnutrition

**1.4 Research Objective**:

To assess the gender sensitivity in water and sanitation programs in conflict emergency of South Sudan

**1.5 Research Questions**:

To what extent gender considerations are taken into account in WASH programs, strategies and policies of aid agencies in South Sudan?

**1.6 Research hypotheses:**

Women have lack of access to safe water and sanitation in South Sudan, Aid agencies take due considerations of gender sensitive programming in WASH sector in South Sudan

**1.7 Justification of the study**.

Gender considerations in any humanitarian WASH interventions is critical life saving strategy. Without giving due considerations to gender dimensions while responding to any WASH needs and planning for any WASH program/project in conflict emergencies; it is likely that women (who are among the most vulnerable groups and worst affecttees of the crisis) are least benefitting from the intervention and/or may result in increased level of gender based violations (distance of safe water and sanitation facilities from their homes/camps for example)

**1.8 Rationale:**

The study will produce a test example of best practices regarding gender sensitive water and sanitation interventions in South Sudan to establish effectiveness of gender considerations achieving the overall objectives of WASH project

**1.9 Scope and Limitation**

The study will focus on gender assessment of WASH policies, programs and strategies of key aid agencies in South Sudan

**2. CHAPTER TWO: Literature Review**

Data gathered by ECHO-Oxfam, South Sudan Analysis (March -July 2016)- A snapshot situation analysis of the differential impact of the humanitarian crisis on women, girls, men and boys in South Sudan showed that,

* in line with national statistics, safe water is scarce. According to 65 percent of population of subject study; the primary source of water in the camps or communities is rainwater. It was also confirmed by the respondents that where water from wells is insufficient it can cause community conflict and it is time-consuming for women to stand in a queue.
* From the quantitative data gathered, only 51 percent of respondents said that facilities for solid waste disposal were available in their camps/communities; a situation which increased the risk of preventable water-borne diseases.
* On average, 51 percent of women, girls, boys and men interviewed said that they had access to latrines and bathing facilities. A large percentage of the population in both PoC sites and communities are practicing open defecation;
* There is a lack of separate and well-lit latrines that are lockable from the inside for women and girls: 38 percent of women and girls said that they did not have access to safe latrines, exposing them to the risk of sexual harassment and sexual violence.
* Ninety percent of respondents claimed that ensuring availability of clean water for household consumption was the role of women, meaning that the lack of WASH facilities falls most heavily on women.
* Access to menstrual hygiene products for women and girls is only partially being met. Among women and girl respondents, 41 percent did not have access to sanitary towels and indicated that these were not always included in non-food item (NFI) packages.

Access to sanitation, safe water and improved hygiene practices impacts the economic status and well-being of the household by reducing incidences of water-borne diseases and money spent on medication and lost productivity (UNICEF South Sudan, Program Component Strategy Note, Water, Sanitation & Hygiene (WASH), July 2016 to June 2018, Retrieved from, files.unicef.org).

South Sudan has one of the world’s lowest rates of access to safe sanitation, with 90 per cent of the population living without access, according to the [2018 Humanitarian Needs Overview](https://reliefweb.int/report/south-sudan/2018-south-sudan-humanitarian-needs-overview) of South Sudan developed by OCHA. WASH-related diseases, such as cholera, are widespread and often linked to limited infrastructure and access to health care, population displacement, food insecurity, and poor hygiene practices.

GBV is endemic in South Sudan, where years of conflict have increased the vulnerability of women and girls. Many of these abuses occur when women and girls undertake survival activities, such as fetching water. Especially in displacement settings, they also face increased risks of GBV linked to overcrowding, lack of lighting and poorly designed facilities, such as latrines (Improve access to clean water, safe sanitation in South Sudan, while Enhancing Prevention of Gender-Based Violence, Dec 19, 2017, IOM, USAID. Retrieved from IOM.Int

**6. CHAPTER 3: Methodology**

The research methodology was focused on assessing the WASH strategies of OXFAM and UNICEF in South Sudan for last 5 years with respect to SPHERE standards for gender in WASH. Any further studies undertaken in subject period in South Sudan regarding gender in WASH in Emergencies are also taken into consideration to feed into the research. The overall research is undertaken using secondary data

**6.2 Study Design**: The study is designed to undertake a gender assessment of WASH strategy of last 5 years of OXFAM and UNICEF in South Sudan. Secondary data is used for this assessment and SPHERE gender standards in WASH are taken as benchmark for assessment (SPHERE handbook 2017 & 2018)

**6.2.1 Study site**: South Sudan Country since the WASH strategy is for whole country

**6.2.3 Research Method:**

The gender assessment of WASH strategy of OXFAM and UNICEF in South Sudan will be carried out to see the extent to which SPHERE standards of gender in WASH are considered.

**6.2.4 Data needs, types and sources**: Documents of South Sudan Country WASH strategy of OXFAM and UNICEF for last 5 years will be reviewed in accordance with SPHERE standards in gender in WASH.

**8.0** **Ethics**

Sources of secondary data are duly referenced and acknowledged for.

**9.0 Presentations of findings, Analysis and interpretation (chapter four)**

* In the result of UNICEF interventions, Schools and health centres have **improved access to safe water** sources and the local means to effect sustainable operation and maintenance of these facilities.
* In the result of UNICEF WASH strategy, Household and institutional **access to and regular use of sanitary latrines and hygiene facilities** is accelerated by hygiene promotion, and community-led approaches.
* OXFAM in collaboration with ECHO, has produced a comprehensive joint agency gender analysis to guide the WASH interventions

**10.1 Limitations of the study**

There is limited reliable data is available for South Sudan.

**10.3 conclusions**

The comprehensive and consolidated gender sensitive WASH strategy for South Sudan shall be in place in which all international Aid agencies and South Sudan government have invested.

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