

PSI/South Sudan Sanitation



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THE SANITATION CRISIS IN SOUTH SUDAN

Poor sanitation is a major factor in approximately 2.4 million children's deaths each year. In South Sudan, where open defecation is standard practice, improved sanitation rates hover between a paltry 6 and 15 percent. Almost two thirds of households do not have access to sanitation facilities, and as a result, practice open defecation. Only 10% of people have access to both improved water and sanitation facilities, thus perpetuating cycles of children suffering from diarrhea, other water borne diseases and pneumonia (South Sudan Household Survey).

PSI/SOUTH SUDAN RESPONDS

Recognizing this deadly situation, PSI/South Sudan launched Expanding Access to Sanitation, a community led total sanitation (CLTS) project with the goal of reducing diarrheal disease related morbidity and mortality. The aim of the program is to discourage open defecation through social marketing and behavior change. PSI/South Sudan aimed to raise awareness of the health impacts associated with poor sanitation; to build local small businesses to construct and market pit latrines and to empower communities in Juba, Wau and Yei to resolve their own challenges with open defecation.

As part of an integrated Water, Sanitation & Hygiene (WASH) approach to tackle diarrheal disease prevention, PSI/South Sudan has partnered closely with the Ministries of Health, Water Resources and Irrigation, and Physical Infrastructure, as well as local state, county and payam leaders, to emphasize a locally driven approach to sanitation programming.

KEY PRINCIPLES

EVIDENCE-BASED COMMUNICATIONS

PSI emphasizes a comprehensive Behavior Change Communication (BCC) strategy to create health impact at the population, community and household levels. Handwashing messages are paired with information about latrine use to reinforce a comprehensive WASH strategy.

INFANT AND YOUNG CHILD NUTRITION

Exclusive breastfeeding (EBF) is a natural and irreplaceable way to ensure healthy growth and development of infants. In Rwanda and Zimbabwe, PSI provides technical assistance to the Ministry of Health for a national-level campaign to promote EBF and complementary feeding. PSI leveraged its expertise in crafting culturally appropriate SBCC strategies to develop counseling tools used by facility and community-based health workers, as well as take-home brochures for mothers and caregivers.

this program; PSI simply facilitates the process of empowering local communities to create demand for latrine use. As with all WASH programs, PSI is focused on an outcome-driven approach that transitions to a longer term, sustainable community led objective.

REACHING RETURNEES AND OTHER VULNERABLE GROUPS

As the demographics of South Sudan continue to change during the post-referendum and now, post-independence period, PSI confronts a continually fluctuating environment within the targeted peri-urban and urban areas of Juba, Wau and Yei. Juba and Wau have both felt the impact of returnees arriving in large numbers from areas of the north. The policy adopted by the Government of South Sudan (GOSS) was one of reintegration, rather than one of settlements. As a result of this policy, many of the returnees were quickly absorbed into the communities within the periphery of the towns. These are the communities primarily targeted by PSI's sanitation program. In this regard, PSI is unique within South Sudan because it is the only NGO that is focusing on CLTS within peri-urban and urban areas. All of the other organizations are focusing on the traditional rural sanitation approach to CLTS.

One of the most glaring examples of changing environments has been the demolition of entire communities within Juba. Leading up to independence, GOSS implemented a policy of bulldozing non-demarcated communities that had resulted from years of impromptu settlements. This affected communities throughout Juba since this caused thousands of individuals and families to relocate. Again, oftentimes these relocations targeted the periphery of town where space for new construction was available. As a result of this displacement, PSI has worked with the community leaders and artisans to raise sanitation awareness in these newly established communities.

This new construction provided both challenges and opportunities for PSI's sanitation program. The challenges were that the new construction offered the artisans competing activities for employing their masonry skills; while the opportunities included the ability for sanitation awareness to be adopted early in the planning and construction of new homes and pit latrines for families. While the results of this displacement and reintegration are yet to be determined, PSI continues to track its progress at the beneficiary and household level.



MEASURING RESULTS

Detailed monitoring and evaluation efforts will enable PSI to measure the varying levels of program effectiveness obtained within each community. This ensures that PSI's programs include formative research and a comprehensive monitoring and evaluation (M&E) component. Program effectiveness is assessed by measuring change in health-promoting behaviors, equity in the practice of those behaviors, and the cost-effectiveness of interventions.

LOCALLY-LED SOLUTIONS

PSI/South Sudan emphasizes local ownership, meaning the leaders at all levels must be active participants in