The five main sectors

- Water
- Sanitation
- Hygiene
- Child protection
- Education
- Health
- Nutrition

sector profiles (water, sanitation & hygiene/WASH)
Regular bathing, drinking clean water, using a toilet and after using the toilet, washing your hands with soap. These are very simple actions and in most places they are taken for granted. But in Sudan most people don’t have access to such basic rights. Less than 30 percent of the people here use both a proper water source and a toilet. A closer look at the numbers show that in urban areas it’s about half the people; in rural areas only 19 percent.

Without access to a toilet, and without information on why it’s important to use one, some areas of Sudan still practice open defecation—using the outdoors as a toilet. On top of that, UNICEF-supported surveys show that only a 1/4 of the population regularly wash their hands with soap. Stunting rates here are amongst the worst in the world and a contributing factor is the lack of proper toilets. Contamination from faeces can result in frequent infections and limit the absorption of nutrients in the small intestine of a child.

Poor water, sanitation and hygiene, or WASH, has a direct impact on health and well-being. Living without access to proper facilities and clean water, without being able to bathe or drink clean water or wash hands, is a welcome mat to disease, especially for children and their growing immune systems. Diarrhea can kill if not treated—by a simple solution of salt, sugar and clean water—and if a child is sick he misses school. A parent stays home to care for the child and from lack of basic rights to water and sanitation, a child’s health, education and family income can suffer.

What UNICEF Sudan is doing
To help prevent an outbreak of disease, UNICEF is on the front lines: building latrines and hand-washing stations, teaching hygiene and providing clean water. Proper latrines, hygiene and waste disposal are the best ways to keep water sources clean and safe for people to drink, cook and bathe.

On the ground our work translates into, each year, 200,000 more people gaining access to improved sanitation facilities. In Darfur alone, 738,000 residents of camps for the displaced can obtain daily drinking water. One-hundred thirty-one communities have certified—and celebrated!—their open defecation free status. Importantly, at UNICEF Sudan we are not only focused on saving lives in emergencies but also on durable assistance so individuals, families and communities are resilient and independent. When a borehole pump breaks
The goal is for a community to no longer practice using the outdoors as a toilet, to be ‘open defecation free’.

UNICEF is on the front lines of disease prevention with WASH: building latrines and providing clean water.

With an engineering upgrade and solar power a new pump can generate five times the amount of a hand powered pump.

A recent hand-washing campaign in Sudan reached 4.2 million school children in 14,000 schools over two months.

Providing the facilities is one thing; ensuring proper use and healthy behavior is another. In Sudan, sanitation coverage is one of the worst globally. Only 37 percent of basic schools have sanitation facilities. So UNICEF, in its integrated approach, uses schools and classrooms as an entry point—providing toilets for girls and boys, and promoting proper hygiene. A recent global handwashing campaign in Sudan reached 4.2 million school children in 14,000 schools over two months. In 20 mosques in each of the 12 UNICEF-supported states, Imams delivered messages on the importance of hygiene practices during Friday prayers. National and state radio and TV broadcasted messages on the hand washing with soap.

Using our Influence
Because of UNICEF’s strong relationship with Government, we are able to raise the voice of the child and improve her right to clean water and proper sanitation. Previously in Sudan, sanitation and hygiene funding lagged due to where it was located in the ministerial structure. UNICEF lobbied successfully for it to be put under the Ministry of Health. This streamlined accountability within the government sectors is resulting in sanitation being now more firmly on the national
agenda. It also strengthened the Ministry of Health at national, state and locality levels for a nationwide scaling up of sanitation services.

**CATS: a dogged approach to community sanitation**

Open defecation remains a big problem in Sudan, both in ensuring there are enough toilets for families and pupils, and in communicating the importance of using a toilet and afterwards washing hands with soap and water. But how to change a common practice, especially when some children in Sudan have never even seen a latrine? It’s important for a community to own the issue and for the facilities to promote use. In addition to separate toilets for girls and boys at schools, for example, the design must consider the size of the drop hole—in the past some have been so big that children are afraid to use them.

Enter UNICEF and the CATS program, Community Approaches to Total Sanitation. In Sudan CATS focuses on five pillars: (1) water coverage and use; (2) latrine coverage and use; (3) handwashing; (4) food management; and (5) household hygiene.

The goal is for a community to no longer practice using the outdoors as a toilet, to be ‘open defecation free’. CATS continues to prove it can work, tapping collective action and a cooperative approach where communities themselves decide what is best for sanitation—standards are not imposed from the outside. Government is a part of it from the outset, and local training and skills sustain the approach and maintain a community’s commitment to total sanitation.

Following an orientation meeting, there is a community walk of shame to identify problem areas. Water is tested for quality, a community action plan is drafted and progress is monitored to ensure, for example, that schools are equipped with and use gender sensitive latrines and handwashing stations. Messages are spread by media to the entire community, sanitation marketed towards the adoption of healthy behaviors and the creation of new social norm around using a toilet and stopping open defecation.

UNICEF is proud that open defecation free (ODF) communities now number well over one hundred and fifty. Communities commit, from leaders to schools to households, and collective steps are taken to reach the goal. Once declared ODF, certification takes place and, finally, communities celebrate their new status. UNICEF is working with Government to continue to scale up CATS and advance the country’s sanitation from open defecation to basic pits to improved latrines to bathroom facilities and sewerage.

**Government is a part of it from the outset. Local training and skills sustain the approach and maintain a community’s commitment to total sanitation.**

**Tapping the Sun**

At UNICEF-Sudan we promote and facilitate creative and sustainable solutions. An example is our work to scale up solar power for borehole pumps—driving down long-term costs and reducing the current maintenance and pollution from diesel generators. A small solar panel array can provide water during the day, or by charging batteries it can provide a 24-hour supply of water in areas where the demand is high.

The sun can even transform a hand pump to an electronic system. By hand a typical water point can provide 8,000 – 10,000 liters per day. With an engineering upgrade and solar power the new pump can generate five times that amount. “We save a lot of time with this new system,” said Abdullah Adam Mohamed, a father of two at Zamzam camp, North Darfur. “When we used the hand pump it meant we had to wait for long periods.”
Latrines, taps and CATS in Sector 8, South Darfur

Sector 8 in South Darfur’s Kalma Camp, a sanctuary for internally displaced people fleeing the latest violence in Darfur, was already congested. Then another 15,000 newly displaced people showed up to put the Sector 8 population well above 30,000.

UNICEF stepped in to improve water and sanitation facilities for the new arrivals. The program succeeded in supplying enough water and latrines for a population equivalent to a large town. For people like Mohamed Abdel Hamid, it provided a lifeline after being uprooted so suddenly from his previous life in rural Darfur.

“The situation has really improved since I first came to the camp,” he said. “Now we have enough water people can wash their clothes and themselves. We also have more latrines than we once did. Life is about having enough water. We can’t live when we don’t have it.”

In Sector 8 UNICEF support went towards the construction of 800 latrines, aimed at providing one for every four families. After that, technicians drilled four boreholes to increase access to clean water. Two were equipped with hand pumps; two were powered by generators. The motorized boreholes use submersible pumps to push water to eight distribution points above ground.

In addition to improving water and sanitation facilities, UNICEF support also trained 30 community volunteers to promote good hygiene in the camp. These volunteers are part of UNICEF’s CATS initiative, or Community Approaches for Total Sanitation.

One volunteer is Adam Mousa, a 45-year-old community mobilizer. Originally from Central Darfur, he arrived in Kalma in 2004 after a militia burned down his village.

Once a month, he and his fellow volunteers help mobilize people in Sector 8 to clean up their neighbourhoods.

“We start in the streets and get people to collect their rubbish, then we take it outside the camp to burn it,” he said. “But we also do home visits. Each volunteer has to go to 20 households each week. When we visit homes we look at the cooking pots, the toilets and the general cleanliness of the house. We look at the people themselves and whether they are clean or not, and the hygiene of their animals.”

One of the main problems in the camp, said Adam, is personal hygiene.

“I ask people why they don’t clean their children or their cooking pots, and they say they can’t because they don’t have enough money to buy soap.”

“I volunteered to do this,” Adam added, “because I know the importance of hygiene and I know the negative effects of bad cleanliness. Basically I wanted to help prevent people from getting sick—that’s why I did it.”
Earlier this year, Mohamed Ibrahim Dabook experienced one of his proudest moments since arriving at El Neem refugee camp in 2004. As committee chairman for the camp’s Community WASH programme, the 51-year-old was in a position of great responsibility. The programme was the first of its kind in Sudan—a UNICEF-supported project designed to allow internally displaced people to raise funds for the operation of their own water facilities. It was such a success that a rare visit was organised involving the State Minister of Health. During this trip the Minister was told by a visiting UNICEF representative that El Neem’s WASH facilities were the best in Sudan. Later in the day, the Minister met Mohamed and relayed the conversation.

“We spoke together,” explained Mohamed, “and he said to me, ‘What did you do in the camp to make them say it is the best in Sudan?’ I was very happy to hear this.”

Initially conceived as a solution to a funding shortfall, the programme has now served to empower El Neem’s community of more than 115,000 internally displaced people. By giving locals the opportunity to raise their own money to contribute to the operation of water facilities, their community WASH programme has allowed neighbourhoods to take a bigger stake in their future.
“We feel we now have a real partnership between ourselves and UNICEF,” said Mohamed.

Because of a strain on resources, a funding gap appeared in the operational costs of water facilities covered by UNICEF. First the gap was 25 percent, then 30 percent.

So the camp leaders met with UNICEF to devise a response. They proposed asking for contributions from the community, while also establishing a committee of camp participants to oversee how the money was spent.

But an initial door-to-door collection policy failed. There were not enough collectors, and often families would not be at home. The committee decided to combine the collection of WASH contributions with the distribution of food rations. Each time a family collected food they would pay a small amount. Families who could not pay, plus widowed women and the elderly, were exempt.

“I really feel very proud of the programme,” said Haleema Ali Adam, a mother-of-five who sits on the committee. “What is important is that we now have a system we can rely on when we are faced with a challenge.”

The money collected is used on the maintenance and operation of standard water facilities. For El Neem, this consists of three generator-powered boreholes, four elevated tanks, and 30 distribution points. Funding also goes towards paying guards to protect the water sources and to the personnel who chlorinate the water.

UNICEF still contributes the majority of the funding for operational costs. However the programme has nevertheless enabled locals in El Neem camp to take a degree of ownership which they never had before.

“We feel like we are part of the system now,” said Mohamed, who explained that community leaders are now even coming up with their own initiatives for the future. “We’re looking for more now. We would like to construct our own schools and participate in building them.”

Committee members have even suggested pumping surplus water that they can sell beyond the camp and reinvest in the community.

“It is a way for us to work hard and develop ourselves and others,” added Mohamed.

And in answer to the Minister’s question, about what the camp did to create such a positive impression of its work, Mohamed said it was simple.

“I told him it was because we are organised and we trust each other. The members of the committee, if they agree on a decision, then everybody knows it represents the whole camp. We have the trust of everybody here.”
Water, sanitation and hygiene, or WASH, has a direct impact on health and well-being. Access to proper facilities and clean water (for bathing, washing hands, drinking) is critical for a child’s growing immune system.

On average, less than 30 percent of the people in Sudan use both a proper water source and a toilet. In urban areas about half the people use both; in rural areas only one in five people use a proper water source and a toilet.