

W4EE success stories: Sanitation and hygiene

KEY SUCCESSSES

- + Construction of 30 girl-friendly latrine blocks in schools
- + Water management committees established in 54 villages, providing hygiene education to over 60,000 people
- + CLTS 'triggering' in 66 villages to achieve open-defecation-free status
- + Establishment of functional health clubs in 47 schools
- + Training of 138 teachers on CHST methodology
- + Study tour to South Africa for WASH staff administrators and technicians to see innovative sanitation and hygiene solutions
- + Study tour to Uganda for chiefs and county WASH staff to learn how ODF was achieved in 12 villages

122,701

Number of women benefiting from economic activities

57,891

Number of people reached with hygiene education

16,888

Beneficiaries of school sanitation

Education and awareness-raising

Improvement and delivery of water supply infrastructure must be complemented by education and training focused on sanitation and hygiene. Such awareness-raising takes place both in villages and schools. W4EE works with its implementing partners Rural Water and Sanitation Support Agency (RUWASSA) together with Hope for Women and Children Foundation and Moon Light Development Organisation.

In schools, the children's hygiene sanitation training (CHST) approach is used. Young children learn through exercises and games about the links between personal hygiene and health. "This cascades to other pupils and even the surrounding communities as the children go home and discuss what they have learned," Pasquina Acidria, former RUWASSA trainer and current NIRAS team member, explains. Teachers and health clubs are also targeted and become trainers themselves, spreading good sanitation habits and raising awareness about menstrual hygiene and ways to keep girls in school (see reverse).

To supplement work in schools, as part of the community-led total sanitation approach (see reverse), 54 water management committees in Torit have received sanitation and hygiene training which implementation partners follow up. In Kapoeta, 82 community hygiene promoters are working in 41 villages on a voluntary basis.

"We faced frequent stomach pains, typhoid, and cholera; every disease was here but we thought that was normal. But then RUWASSA taught us how to dig latrines and you can no longer see feces here anymore ... We also learned how to treat the drinking water with chlorine or to boil it to prevent typhoid. I am so happy for the awareness on sanitation and hygiene brought to us by this project. Thank you so much for that helping heart."

Apollonia Ichang, Yegi Yegi village



The CHST approach is based on the premise that hygiene practices are largely acquired during childhood, and it is much easier to change children's habits than those of adults.

Achieving open-defecation-free status

Open defecation is a serious health issue in South Sudan leading to diseases such as typhoid and cholera among others. As W4EE is a development project, the approach for the most part is to get the communities to innovate their own solutions, using the resources they have available. Visiting 66 villages in Torit and Kapoeta, implementing partners tackle this culturally challenging issue through the community-led total sanitation (CLTS) approach. NIRAS team member Pasquina Acidria explains the process: "We start by introducing ourselves to the community and asking about hygiene practices. We map and visit the open defecation area – what we refer to as 'the walk of shame'. We expose food to the feces and villagers immediately see the interaction between house flies and the food. This then 'triggers' them to realise that by not having a latrine and defecating in the open, they are in effect eating and drinking their own and their neighbours' feces. Once they understand, they make a decision to do something about it and develop an action plan to becoming ODF (open defecation free)." The triggering is followed by a latrine-building demonstration. Having influential women involved in the CLTS follow-up process

is crucial to achieving ODF villages because women are committed caretakers of the household. Progress takes time and cultural traditions can often be a barrier to becoming ODF and even if villages do not reach 100% ODF, many households have built latrines and have benefited from hygiene education. "It's a long process because awareness raising is not just a once off. You have to keep returning to do follow-up and change people's mindsets," says Mike Wood WASH expert on the NIRAS team.



Lobuhanga village celebration of achieving ODF status.



A delegation of administrators and technicians visited South Africa to learn about innovative sanitation and hygiene solutions being rolled out by Ethekweni Water, the water supply and sanitation utility for the country's third largest city. Participants visited the Dewats sewage treatment plant, which does not use chemicals and where the effluent irrigates vegetables and fruit trees. They also saw EcoSan toilets in one of Durban's many townships and visited the University of Pietermaritzburg to hear first-hand about research on environmental sanitation advances. The Mayor of Torit and the head of the Torit Urban Water & Sanitation Company learned how low-cost sanitation can be rolled out at scale if the political will and budget is there. Pictured right: Part of the delegation in front of a low-flush ablution block at Phandamani Township. Pictured left: Dewats separator, Newsland Mushe, north of Durban.

Menstrual hygiene

In addition to the building of 30 girl-friendly latrine blocks in schools, as part of the drive to improve awareness of sanitation and health, W4EE focuses on improved understanding of puberty and menstrual hygiene. Due to cultural taboos and lack of access to sanitary pads, many young women are absent from school during menstruation and can miss up to six days of education per month. To address this, RUWASSA has launched school health clubs and works with women's groups to promote awareness of issues around menstruation and produce reusable pads. It also trains trainers to pass the skills on. Because puberty and menstrual hygiene management education is taught in upper-primary classes and many girls delay going to school, they miss gaining much needed knowledge at the right age. Thus the school health clubs are an effective way of reaching girls and boys at the right time and encouraging discussion of previously taboo subjects. "Through the school health club activities, we have also noticed a great change in the self-esteem and confidence among our girls," says Mr Amalsto Lotulo, Head Teacher of Longilo Basic Primary School.

