

Report

IMPROVEMENT OF WASH SERVICES THROUGH COMMUNITY PARTICIPATION IN KHARTOUM STATE, SUDAN 2022

Good Practices from IASC Task Force 5

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Improvement of WASH services through community participation in Khartoum State, Sudan 2022

Authors

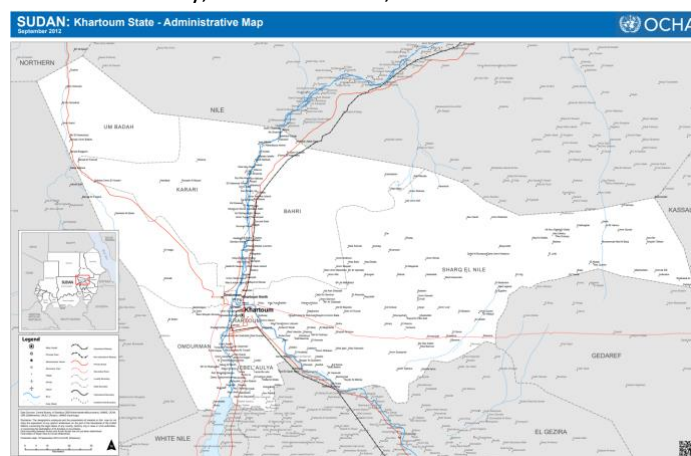
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Geographical coverage

Khartoum locality, Khartoum State, Sudan



Actors and Stakeholders

Environment Initiative (Envl) Sudan
(National NGO WASH sector partner)



People of Concern

Khartoum hosts an estimated 307,000 refugees, the largest number of refugees (about 27 per cent according to UNHCR). An estimated 113,000 South Sudanese refugees live in open areas in Khartoum and have high humanitarian needs. According to the Humanitarian Needs Overview (HNO), an estimated 2 million people (refugees and vulnerable residents) need humanitarian assistance. Humanitarian actors have estimated nearly 1.7 million people—19 per cent of the people in the state—in crisis and above levels of food security according to Sudan Integrated Food Security Phase Classification (IPC) analysis. Women and children are among the most vulnerable groups exposed to gender-based violence—that is underreported or not reported. There are no formal estimates of the number of children who live in open areas (some advocacy groups have estimated nearly 11,000 street children living in Khartoum)

[OCHA Sudan: Khartoum State Profile \(Updated September 2022\)](#)

This good practice was identified and documented through a template developed on the basis of the [2021 IASC Guidance on Localization](#), which aims at supporting efforts to strengthen the meaningful participation, representation, and leadership of local and national humanitarian actors (L/NAs) within IASC humanitarian coordination structures. Its objective is to share knowledge and inspire progress and positive change regarding the meaningful participation of local actors in Humanitarian Coordination platforms. The original draft of this good practice template was developed by the [KORE \(Knowledge Platform for Emergencies and Resilience\) team](#) in the Office of Emergencies and Resilience of the [Food and Agriculture Organization of the United Nations \(FAO\)](#) and was tailored to the needs of this IASC initiative.



Gender

- Street selling in Khartoum has become prevalent over the past decade with children between the ages of 6 to 17 years representing the highest population group. This practice has increased the vulnerability of women and children, in particular girls, to gender-based violence (GBV) that are often unreported while accessing public water and sanitation facilities. Furthermore, over the past decade, urbanization and forced population migration have contributed to worsened social protection measures for women and children living in poor income housing areas.
- Women street vendors and girls who rely on street selling for their income were targeted to access equitable water, sanitation, and hygiene (WASH) services, particularly in industrial areas within Khartoum City.



Context

Six per cent of Khartoum state has access to the state sanitation network, where the existing infrastructure is threadbare and has not been updated to accommodate expanding needs of increased population size, this includes both domestic and industrial areas. Poor sanitation facilities are regarded as one of the major public health risks and contributing to poor environmental and health status. Industrial areas and public transport hubs, by their nature, are regarded as some of the major culprits. Street vendors in those areas, mostly found to be women, are among the most affected by pollution, poor sanitation and hygiene practices, including poor waste management that can negatively impact their health. Limited development investment has led to gaps in essential services and minimal health safety measures. High dropout rates among school-aged children, who access WASH services in public facilities, has compounded the problem. Girls often need to travel long distances to access available WASH facilities placing them at risk of gender-based violence.

Disposals produced by local businesses and the general population which are poorly managed, as well as pooled wastewater, are often found alongside roads and neighbourhoods, becoming feeding grounds for vector-borne diseases. This is predominantly near the city's public transportation centres, which face significant challenges in improving overall environmental conditions. Due to limited access to improved sanitation, open defecation is a common practice.



Implementation and objective

The main objective of the intervention was to achieve adequate and equitable sanitation and hygiene for all with particular attention to the needs of women and girls. Moreover, strengthening waste management and reduction of environment pollutants were prioritized. The program was implemented in Khartoum state from January to October 2022.

Situational analysis highlighted that community mobilization was found to be limited during previous multiple interventions by the private sector to improve public WASH services in some industrial areas. This was identified as a major contributing factor limiting program achievements and sustainability. Moreover, gap analysis of WASH services identified geographical coverage, service functionality and accessibility to people living with disabilities.

Meaningful engagement with different community groups including women, children, local business owners, community leaders and local authorities identified prioritized community needs, including safe and equitable sanitation services and appropriate waste management.

Community awareness campaigns via different outlets such as pamphlets, radio messages and community theatre were complemented with access to improved WASH services, in positive behaviour change. Awareness campaign messages were generated by locals with appropriate messages for each target group.

Income-generating activities for unemployed youth were funded by the local private sector—who were also leading program monitoring and evaluation. Financial contributions from different businesses (from small privately-owned street vendors to national enterprises) were included in fundraising activities.

Government authorities included representatives for local health authorities and city transport authorities who supported community initiatives to reduce environmental hazards by reinforcement of legislations to reduce environmental hazards. Academic partnerships included both formal (primary and secondary) schools and informal (vocational) institutes who participated in environmental campaigns and supplied innovative equipment.



Methodological approach

1.1 Representation and participation

- Situational analysis and mapping of WASH facilities.
- Mapping of community committees.
- Community needs assessment identified through community consultations. Meetings with different community groups were conducted by program managers separately. Plenary set ups were organized to facilitate group discussions and community consensus on prioritized programs and implementation.
- Forecasted possible bottlenecks such as reinforcement of prohibitive laws and community behaviour were identified by communities and development of appropriate strategies were facilitated with program implementers.
- Awareness campaigns and capacity building initiatives were planned and implemented according to community needs including timeline and messages development targeting different groups (e.g., business owners, community leaders and different community groups).
- Roles and responsibilities were identified including expressions of commitment.
- Monitoring mechanisms were developed in agreement as well as sharing of program results with stakeholders (community, authorities, and humanitarian actors).

1.2 Leadership

- Community leaders to ensure buy-in and sustainable community interventions were prioritized.
- To improve coordination and advocacy and providing technical support at the local level and for improving timely response.
- Local authority including local health authority who represent Khartoum State Ministry of Health (SMOH) and Water, Environment and Sanitation (WES) unit.
- The Ministry of Water Sources and Irrigation (MoWRI) and UNICEF co-lead the Sudan WASH Sector at the national and state levels. However, Khartoum state is not considered among the prioritized humanitarian states thus the sector representation is at the national level.

3.3 Capacity strengthening

- WASH sector standards guided field-level implementers to adhere to national guidelines.
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- Capacity building activities targeted youth groups on appropriate waste management. Youth groups partnered with local authorities and organizations for distribution of equipment to local stakeholders.
 - Local actors trained on appropriate monitoring mechanisms including reporting tools.
 - Local health authorities participated in field monitoring visits to provide on-site training to youth groups on safe environmental practices.
 - Coordination training was organized for community committees.

3.4 Partnership

The program focused on strengthening meaningful engagement between community and local authorities. There was also improved engagement by youth groups who were previously disengaged in community activities.

- Local health authorities' roles and responsibilities were identified and agreed on to reinforce national legislation on waste management.
- Local private sector is to monitor program implementation (self-identified as one of the major contributors of environmental pollutants including wastewater and solid waste).
- Community groups committed to adhering to program implementation.

3.5 Resourcing

The program was funded by earmarked funds for environmental health with contributions from the local private sector during program implementation who supported expanding the program intervention timeline. Additional contributions from small local business—as an indicator for community ownership and leadership—were earmarked for capacity building and rehabilitation activities. The program relied on voluntary nominations for program monitoring and evaluation which resulted in savings on the overhead management budget.

3.6 Preparedness, response, and humanitarian-development-peace collaboration

Previously, one of the contributors to community disputes in the area was competition over participation in limited humanitarian interventions to vulnerable communities in the state. Furthermore, limited coordination between communities and local authorities resulted in missed opportunities to optimize humanitarian aid.

The program aimed at strengthening coordination between stakeholders with factual results to be replicated further. Community awareness campaigns focused on benefits of program implementation to mitigate community conflict.



Results and impact

PARTNERSHIP:

The program highlighted the quintessential factor of community participation throughout program planning and implementation that can contribute towards positive outcomes.



Sustainability

Local materials to improve WASH facilities included use of environmentally appropriate materials. Contributions of local materials to reduce program costs has encouraged local communities to continue program implementation. Program monitoring by local and national actors and national non-governmental organizations was also an additional contribution factor for program sustainability



**Replicability
and
upscaling**

Similar methodologies can be replicated across different areas. The situational analysis guided program development and strengthened coordination between community and humanitarian implementers. The low program cost favoured program achievements by keeping overhead costs low while earmarking funds toward program implementation



Key learning

Capacity building activities targeting communities on coordination and monitoring mechanisms would be greatly beneficial, particularly in countries such as Sudan where humanitarian needs are challenged by limited resources. Community mobilization can contribute to positive program outcomes



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