

## **END OF PROJECT EVALUATION REPORT**

UNIT : WASH

LOCATION : AWEIL SOUTH COUNTY

PROJECT : INCREASING EMERGENCY WASH ASSISTANCE  
TROUGH PROVISION SAFE WATER, SANITATION  
AND HYGIENE SERVICES IN ORDER TO MITIGATE  
WASH-GENDER BASED (GBV) AND RELATED NEEDS  
OF IDPs, RETURNNEES AND HOST COMMUNITIES IN  
AWEIL SOUTH COUNTY, NORTHERN BAHR EL. GHAZAL

FUNDER : SOUTH SUDAN HUMANITARIAN (SSHF).

ALLOCATION TYPE : SECOND ROUND STANDARD ALLOCATION TYPE.

PERIOD : 10-09-2019 TO 09-03-2020.

REPORTING MONTH : MARCH.

REPORT PRODUCED BY : IMPACT HEALTH ORGANIZATION

## **CONTENTS**

|   |    |
|---|----|
| ACRONYMS .....                                  | 2  |
| 1. BACKGROUND .....                             | 3  |
| 1.1 INTRODUCTION .....                          | 3  |
| 1.2 Aweil East WASH Project: .....              | 3  |
| 1.3 Funding.....                                | 3  |
| 1.4 Objective of the survey .....               | 4  |
| 2. Methodology .....                            | 4  |
| Data collection Methods.....                    | 5  |
| 2.1 Limitations .....                           | 5  |
| STUDY FINDINGS: .....                           | 6  |
| 3.0 Household Interviews: .....                 | 6  |
| 3.1 Demographics: .....                         | 6  |
| 3.1 Water Supply.....                           | 6  |
| 3.1.3 Water Collection and transportation ..... | 7  |
| 3.1.3.1Collection.....                          | 7  |
| 3.1.4 Queuing Time .....                        | 7  |
| 3.1.5 Quality of Water .....                    | 8  |
| 3.1.6 Water Treatment.....                      | 9  |
| 4.0 Sanitation and Hygiene .....                | 9  |
| 4.1 Sanitation:.....                            | 9  |
| 4.2 Hygiene: .....                              | 9  |
| Hygiene Awareness:.....                         | 10 |
| Project Outcome:.....                           | 10 |
| 5 Recommendations.....                          | 10 |

## **ACRONYMS**

|          |  |
|----------|--|
| IHO      | Impact Health Organization                                     |
| WASH     | Water Sanitation and Hygiene                                   |
| NBeG     | Northern Bahr el Ghazal  |
| RRC      | Relief and Rehabilitation Commission                           |
| SMWRI,RS | State Ministry of Water Resources, Irrigation and Water Supply |
| SSHF     | South Sudan Humanitarian Fund                                  |
| MAM      | Moderate Acute Malnutrition                                    |
| SAM      | Severe Acute Malnutrition                                      |
| KAP      | Knowledge Attitude and Practices                               |

## **1. BACKGROUND**

### **1.1 INTRODUCTION**

Impact Health Organization is a non-governmental organization, humanitarian and development organization dedicated to improve health and wellbeing of individuals and communities by meeting health, nutrition and water, sanitation and hygiene needs. Founded in South Sudan in 2013 and started Operating in 2015, IHO has grown to support communities by addressing the immediate and long term needs. What remains unique and constant with IHO is the commitment to quickly respond to both development and emergency needs of the communities we serve in timely and pragmatic fashion.

### **1.2 Aweil South WASH Project:**

Impact Health Organization (IHO) implemented a WASH project titled Provision of emergence WASH assistance to IDPs and Host communities in conflict affected areas of Aweil East County''. The project was funded by SSHHF under first round standard allocation between 1<sup>st</sup> March 2019 to 31<sup>st</sup> August 2019. The project targeted locations with high prevalence of malnutrition among children less than five (5) years of age. The project activities implemented by IHO included, but not limited to, the following: Rehabilitation of existing water points (mainly boreholes fitted with India Mark II hand pumps), GBV analysis/Safety audit with girls and women, Training of Water management committees of the boreholes, Focus group discussions for the rehabilitated boreholes, Rehabilitation of Sanitation facilities(latrines) at health facilities/centers after GBV analysis with girls and women , Improving hygiene/sanitation practices of the communities (Households with SAM & MAM children) through hygiene awareness campaign approaches and Distribution of WASH NFIs (Soaps, Aqua-tabs, PUR and filter cloth, Jerry cans and buckets) to SAM & MAM children. The activities above where implemented in eight payams of Aweil South County (Nyoc-Awany, Wathmuok, Panthou, Tiar-Aliet, Ayai, Gak-Rol, Tarweng and Nyieth).

### **1.3 Funding**

IHO is got funding from SSHF to implement WASH-GBV and Nutrition Integrated activities in Aweil South Counties for the second round standard allocation.

## **1.4 Objective of the survey**

IHO WASH program conducted the end-line survey to gather quantitative data at the household-level to better understand the impact of IHO WASH Project in Aweil South County.

**Specific objectives were:**

- To review the extent at which the Project objectives and results have been achieved.
- To identify programme strategies and interventions that contributed to or impeded the achievement of intended impact of programme interventions and establish plausible links between inputs and impacts at the end of the project.
- Make specific recommendations on how IHO can improve its strategies and programme interventions to enhance its performance with respect to the above mentioned objectives.

## **2. Methodology**

The study was a cross-sectional design. The design is chosen since it is meant to understand the general WASH situation in this area after intervention.

Aweil South County was purposively selected for Intervention. And during end-line survey assessment, the number and names of Bomas in the county were identified and thereafter, systematic sampling was employed to determine how many Bomas to be surveyed.

In this study, the sample size was determined using the formula by Fisher et al., (1998). For population above 10,000

$$n = \frac{z^2 p (1 - p)}{d^2}$$

Where n= minimum sample size,

z= confidence interval ≈ 95% or 1.96,

p= 75% of the population live in rural areas (source key indicators for Northern Bah

El Ghazal South Sudan national bureau of statistics)

d= allowable degree of error ≈ 5% or 0.05.

$$n = \frac{1.96^2 \cdot 0.75 \cdot (1 - 0.75)}{0.05^2}$$

n=138.

## **Data collection Methods**

The assessment included four modes of primary data collection –household interviews; key informant discussions; focused group discussions and field observations -combined to desk based review of secondary data. A household-level survey was conducted in eight Payams (Nyoc-Awany, Wathmuok, Panthou, Tiar-Aliet, Ayai, Gak-Rol, Tarweng and Nyieth) of Aweil South according to the sampling method outlined above; a total of 79H/H were interviewed. The survey was conducted using a questionnaire administered by trained enumerators.

*Table 1: The table below shows the Payams where the survey was conducted.*

| S/No. | Payam      | County      |
|-------|------------|-------------|
| 01    | Nyoc-Awany | Aweil South |
| 02    | Wathmuok   | Aweil South |
| 03    | Panthou    | Aweil South |
| 04    | Tiar-Aliet | Aweil South |
| 05    | Ayai       | Aweil South |
| 06    | Gak-Rol    | Aweil South |
| 07    | Tarweng    | Aweil South |
| 08    | Nyieth     | Aweil South |

### **2.1 Limitations**

- It was difficult to find skilled enumerators in the area as a result the interview process was too slow and time consuming. The WASH Technician and WASH Project officer constantly supervised the survey teams in the field to maintain the quality of data collected.
- The roads were very bad especially during the rainy seasons hindering access to many of the villages which were under study.

## **STUDY FINDINGS:**

### **3.0 Household Interviews:**

#### **3.1 Demographics:**

The survey showed that most of the people interviewed were females 76.31% and men were 23.69% and were mostly aged 26-30 years 35.74%, Other ages were as follows 15-20 (3.16%), 21-25(3.21%), 31-35(31.32%), 36-40(9.18%), 41-45 (11.94%), 46-50(3.56%), 51 and above (1.89%).

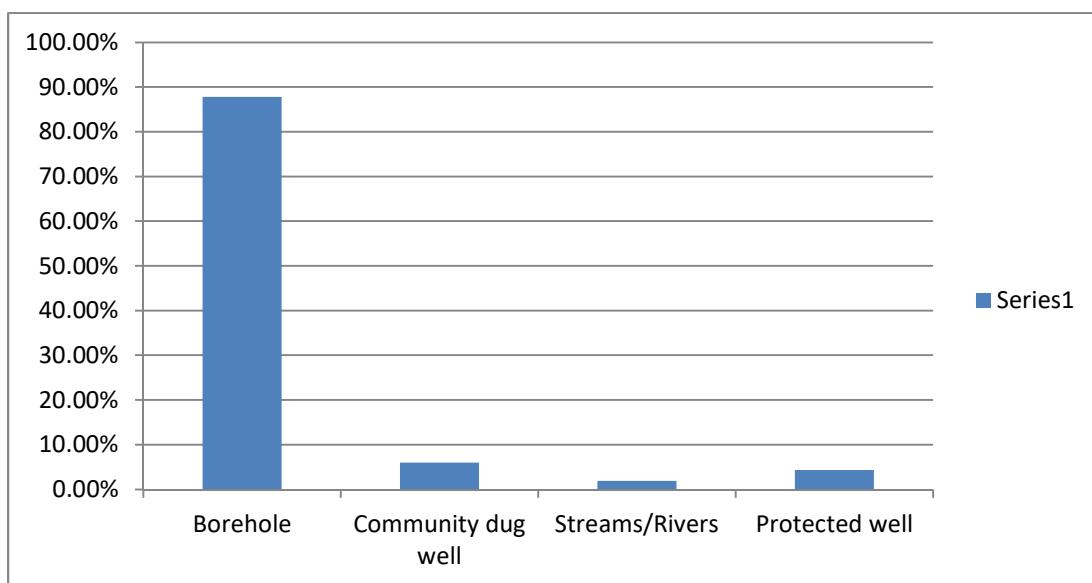
When asked about level of education 89.46 % had not attended any school, 8.05% had attended primary schools, and 2.49% had attended secondary schools and none had attended up to tertiary and University level. Among the households assessed 100% reported to have been displaced from their former location in the past two years and they had just returned back.

#### **3.1 Water Supply**

##### **3.1.1 Main sources of drinking water**

Majority of the respondents, 87.80% got their drinking water from the hand pumps/boreholes, 6% community dug well, 1.89% from streams/rivers and finally 4.31% from protected well. This clearly shows that 92.11% takes water from the protected source and 7.89% of the respondents still use water from open (contaminated sources) in the rainy season, when they are available.

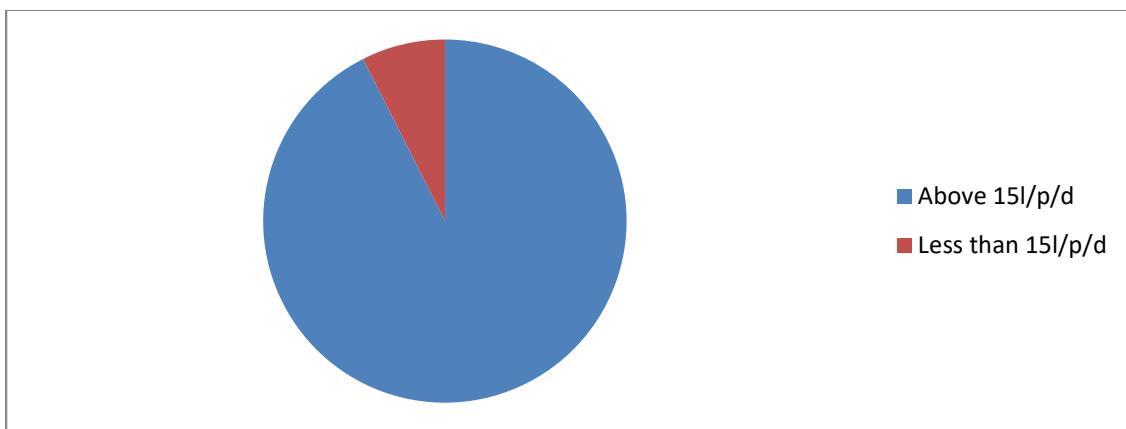
*Figure 1 : Access to clean drinking water*



### **3.1.2 Water Use**

The average quantity of water used is 18.69 l/p/d and 92.56% of the population meet the minimum requirement of 15l/p/d while 07.44% does not meet the minimum requirement, less than 15 l/p/d.

*Figure 2: Access to Water Per Household per Person*



### **3.1.3 Water Collection and transportation**

#### **3.1.3.1Collection**

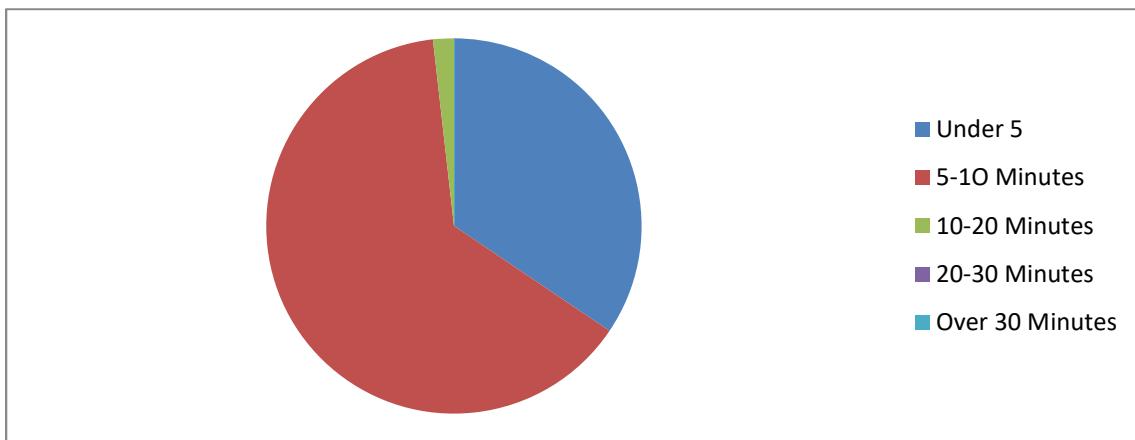
The study showed that adult women predominantly collect the water for the everyday use in the household, this is because out of 138 households interviewed, 85% responded adult women fetch for the household and 14% says female children also as well do the collection. Only 1% of the respondent says male children sometimes fetch the water. In total 99% of water collection is done by females.

#### **3.1.4 Queuing Time**

When asked whether the respondent was comfortable with time spent while at the water source, most respondents 93.68% reported that they were comfortable with time spent and 6.32% are not comfortable. The survey also showed 34.45 % of the respondents spent under five minutes to get

water from the water point, 63.77 % spend 5-10 minutes, 1.78% spend over 10-20 minutes, none was for 20-30 minutes and over 30 minutes. Spending less time on queuing is indicating that water points and yield are adequate to serve the population. Jerry cans and buckets are the predominant containers used for collection and transportation of drinking water.

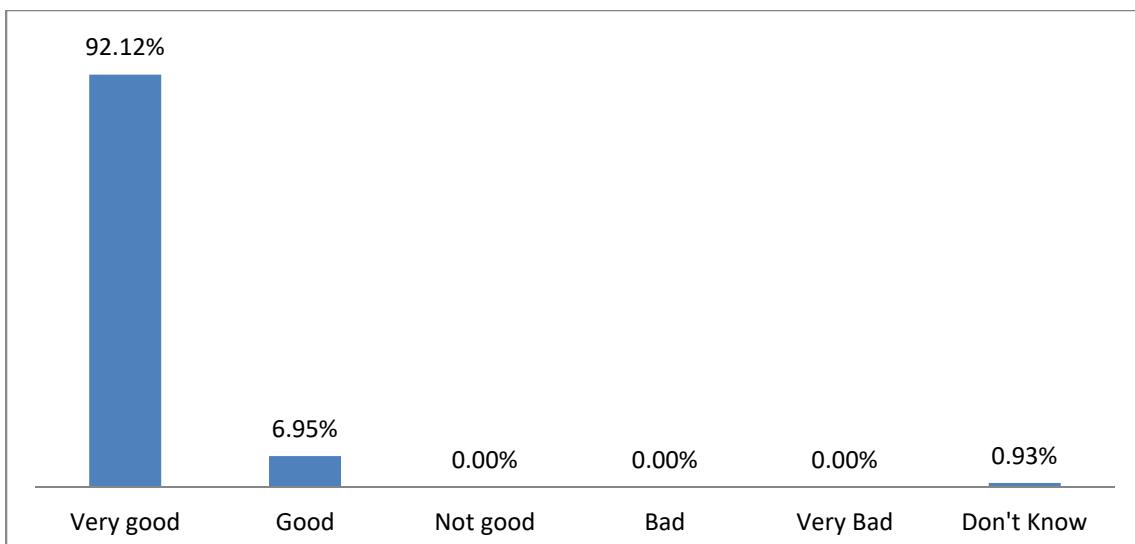
*Figure 3: Time spent during water collection at water point*



### 3.1.5 Quality of Water

When asked their opinion about the water quality from the main source of drinking water, 92.12% respondents said the quality was very good, 6.95% good, 0.93% don't know while none said not good, bad and very bad

*Figure 4: Quality water collected from Water source*



### **3.1.6 Water Treatment**

The survey showed most households treat drinking water in any water to make it safer to drink, as most of the respondents 89.42% always treat water, 9.00% often, 1 .58% sometimes and none said never or Don't know. Majority of the households 89.56% doing chlorination, 8.13% boiling, 2.31% cover it, none reported filter and nothing.

Most respondents 94.27% reported that in their location there was a borehole rehabilitated in the past 6 six months of which 94.98% said the borehole was rehabilitated by IHO. The survey also found that 98.94.20% of girls and women felt safe to collect water from the water points.

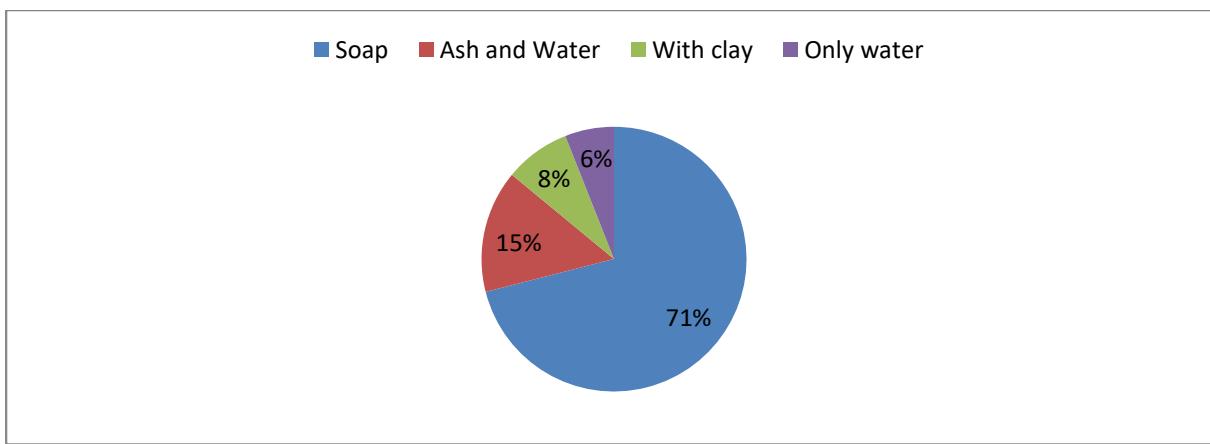
## **4.0 Sanitation and Hygiene**

### **4.1 Sanitation:**

When asked whether household has a latrine majority, 70.42% have latrines while 29.58% did not have. Most of the households, 94.87% of their latrines were clean and 5.13% were found and all 100% were pit latrines.

### **4.2 Hygiene:**

*Figure 5: Hand washing*



The survey found out that many of households 81.89% washed their hands after defecation, with majority 71% using soap, 15% use Ash and water, 8% with clay and 6% use only water.

### **Hygiene Awareness:**

The survey also found out 98% of the households was reached with health and hygiene awareness and only 2% did not receive any hygiene awareness. When asked whether any member in the household had suffered from any diarrheal diseases in the past 3 months, 90.48 said no and only 9.52% reported having a member who suffered from diarrhea.

### **Project Outcome:**

When asked whether there been any change in the general health of your family since September 2019, 74% of the respondents reported Much better health and 26% Little better health none reported for Not better, not worse Little worse health Much worse health and do not know.

When asked to what extent the respondent felt that his/her family had benefited from the Water sanitation and Hygiene services provided by this project compared to other families, majority 69.11% reported the family benefited equally, 28.3% reported family benefited more, 2.59% reported my family benefited less and none reported my family did not benefit.

### **5 Recommendations**

- There is need to increase awareness to people on the danger of drinking water from unsafe water sources which is the root cause of many diarrheal and water-borne diseases. Messages should discourage the use of rainy season surface water sources.
- There is need to rehabilitate broken down hand pumps/boreholes to increase access to safe water in the communities of Aweil South.
- There is need continued awareness sessions on menstruation to school girls and distribution of menstruation materials such as sanitary pads.
- There is a need for rehabilitation of school latrines
- The communities also need to be encouraged on other hygiene practices such as having rubbish pit, bathing shelters, drying racks and clothing lines.

