

**EMERGENCY WASH SUPPORT TO IDPS, RETURNEES AND VULNERABLE HOST COMMUNITIES
IN TORIT COUNTY EASTERN EQUATORIA STATE PROJECT**

END OF PROJECT EVALUATION REPORT

OCTOBER 2018



TABLE OF CONTENT

| | |
|----------------------------------------|---|
| ACRONYMS..... | 2 |
| EXECUTIVE SUMMARY..... | 4 |
| 1. INTRODUCTION | 6 |
| 2. EVALUATION METHODOLOGY | 7 |
| 2.8 Data collection techniques | 8 |
| 3.9 Data processing and analysis | 8 |
| 3. EVALUATION RESULTS:..... | 8 |

ACRONYMS

| | |
|------|--------------------------------------|
| IHO | Impact Health Organization |
| MAM | Moderate Acute Malnutrition |
| NFI | Non Food Items |
| SAM | Severe Acute Malnutrition |
| UNDP | United Nations Development Programme |
| WASH | Water Sanitation Hygiene |
| SSHF | South Sudan Humanitarian Fund |

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The end Emergency WASH support to IDPs, returnees and vulnerable host communities in Torit County Eastern Equatoria State project evaluation survey was conducted by, Impact Health Organization in October 2018.

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There are many more individuals, Staff from IHO, Government and other organizations officials and, of course, the many communities that were visited and interviewed by the teams that need to be acknowledged and thanked.

The evaluation process was found to be exciting and very encouraging, particularly for the evaluation team which has learned a lot from this experience.

We hope that this evaluation report will help to provide a useful insight on the projects' results and will help improve IHO future interventions in South Sudan, in order to further increase access to water and sanitation services and for the well-being of communities.

The text has not been edited to official publication standards and IHO accept no responsibility for errors.

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EXECUTIVE SUMMARY

Emergency WASH support to IDPs, returnees and vulnerable host communities in Torit County Eastern Equatoria State. Impact Health Organization has been working in the water, sanitation and hygiene (WASH) sector in Torit County South Sudan with the overall objective being to reduce morbidity and mortality due to WASH related diseases in Torit and Torit County Eastern Equatoria. The project endeavored to achieve this by increasing number of functioning water points; building capacity at community level; increasing the hygiene and sanitation knowledge base of targeted beneficiaries including Children with SAM/MAM access treatment with a WASH minimum package of activities at household level.

Evaluation methodology

A questionnaire-based field survey was administered at to the beneficiary communities to assess the project's impact and notwithstanding any challenges, the evaluations' activities were carried out successfully and the results of the field survey were of good quality. Findings offered a faithful insight on the project's performance and impact, and hopes the recommendations provided will help improve future interventions.

Summary of findings, conclusion and recommendations

Impact:

There was no WASH disease outbreak in the intervention location with **most of the respondents 82.4% reported that in the past 3 months none of the family member suffer from the Diarrhea diseases and no respondent reported household member suffering from cholera.** Majority of the population 92% access water from protected source (borehole) and 84.2% reported that they comfortable with the amount of time spent collecting water at the water point, All the respondents 100% reported that women and girls feel safe while collecting water from the available water source in your location (Free from abuse and rape) and mostly 78% spend less time while collecting water (5-10 minutes). Majority of the household 99.1% reported that someone in the past 6 Months to educate them on water sanitation, hygiene and nutrition issues. When asked to what extent do they felt that their family has been benefited from the Water sanitation and Hygiene services compared to other families, 24.6% reported their family benefited more and 64% reported their family benefited equally.

Conclusion

Data show a significant improvement in access to drinking water: Considering the good results achieved, it is very evident that access to safe water and improved sanitation has made remarkable impact on people's health.

Recommendations

The fact that 49% of the 138 households do not have latrines poses the risk of common behavior of open defecation and indicates the need to be addressed on these sanitation issues.

The county authority should be empowered to continue monitoring water, sanitations and hygiene deliverables together with its health indicators by checking that households good sanitation and hygiene behaviors are reinforced.

LESSONS LEARNED

The major lessons learned from the implementation of this project are:

- Community participation played a greatest role in the success of the project.
- Working close with the government authorities promoted confidence within the community.
- Behaviour change is a critical component of water and sanitation projects otherwise lasting benefits will never be realized.
- Closer supervision and monitoring is required during implementation of project for quality control.
- Empowerment of women in facility management ensures sustainability.
- Proper planning prior to start of implementation pays off in terms of avoiding declining support from the government and the community.

1. INTRODUCTION

In response to worsening water and sanitation problems in Torit County IHO launched Emergency prevention and control of WASH related disease outbreak among vulnerable amongst IDP, Returnees and Host population Project Torit County that sought to improve health standards and an increase in the quality of life of the most vulnerable part of the population. In an aim to evaluate the success of this project in IHO undertook an evaluation survey.

Humanitarian Situation of Torit County

The Republic of South Sudan faces considerable humanitarian problems, which have increased substantially since the outbreak of violence across the country in December 2013. The fighting in Eastern Equatorial state have further aggravated the humanitarian situation, producing secondary or third displacement. Among the most affected Counties in Eastern Equatoria is Torit County having figures way off thresholds in the thematic areas of WASH, nutrition, health and food security. Rising food insecurity is mostly a result of the deepening economic crisis, insecurity, and depleted food stocks from insufficient household production. High levels of acute malnutrition were driven not only by high food insecurity but also sub-optimal child feeding practices and poor water, sanitation and hygiene. People largely dependent on humanitarian support due to poor economic situation and broken down social structures.

Recent assessments have identified significant WASH needs alongside high rates of malnutrition in Torit County. Although food security presents a primary concern for the affected population, however access to safe drinking water and insufficient safe hygiene practices poses a great risk of WASH disease outbreak. In addition, the dire economic hardships limit communities from accessing basic commodity chains, resulting in lack of much needed WASH NFIs such as soap and purification tablets. The affected populations lack appropriate water containers which limit the volumes that can be collected at a given time, thus increasing the number of trips for collection and elevating risk to those collecting the water (generally women and girls). Lack of containers also results in unsafe water storage, disrupting the safe water chain.

The purpose of the report

The major purpose of this evaluation report is to appraise and present findings on whether the project's results were achieved; the impact was made with reference to the project's objectives, and suggests recommendations for future IHO supported WASH projects.

It aims at presenting the projects experience, identifying possible shortfalls and lessons learnt, and to account to the donors for funds utilization.

The scope of evaluation

The evaluation process intended to achieve the following:

1. To review the extent at which the Project objectives and results have been achieved.
2. 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.

3. 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. EVALUATION METHODOLOGY

2.1 Study area

The study was carried out in Torit West County covering villages Ifwotu, Imurok and Iyire Payam. These locations were targeted for borehole rehabilitation, hygiene promotion and NFI distribution.

2.2 Study Design

This study was a cross-sectional design. The design is chosen since it is meant to identify changes in knowledge, attitudes, and practices regarding Water, Sanitation and hygiene in the intervention areas. A systematic sampling method was employed to select the households to be involved in the study.

2.3 Study population

The study population was all households that benefited from household level hygiene promotion and also received some WASH Non-Food-Items (NFIs). The study will target any household member above the age of 18 who receive both hygiene awareness and use of water treatment agents.

2.4 Inclusion and exclusion criteria

Households included in the study were those that have members who have benefited from the hygiene awareness, access water points rehabilitated and WASH NFI distribution and households who were did not reached on hygiene awareness were excluded from the survey.

2.5 Sample size determination

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 \approx 95% or 1.96,

p= 91% of the population live in rural areas (source key indicators for Eastern Equatoria (South Sudan national bureau of statistics)

d= allowable degree of error \approx 5% or 0.05.

$$n = \frac{(1.96)^2 * 1(1-1)}{0.05^2} \quad \text{sample size} = 3.8416 \quad = 0.345744 / 0.0025 = 138 \text{ Households}$$

2.6 Sampling Procedure

The sample households was chosen based on 2000 households that received WASH NFIs areas were purposively selected. And during the selection of the sample systematic sampling will be employed.

Sampling interval = N/n

Where N= sampling frame (Total number who received both hygiene promotion and WASH NFI distribution)

n = sample size

= $2000/138 = 14$ households (sample interval)

2.7 Validity and reliability

To ensure validity and reliability, households for the survey are selected randomly; the structured questionnaire were kept simple and the data collectors were trained on how to ask questions, record responses; and also on how to exhibit a good moral conduct aimed at enabling them to create rapport with respondents so as to get the information required.

2.8 Data collection techniques

Data was obtained through interviewing using a semi-structured questionnaire.

3.9 Data processing and analysis

The data from the semi-structured questionnaires was analyzed using Epi Info to generate percentages, averages and other statistical parameters.

3.10 Ethic consideration

Every questionnaire bared a confidentiality statement and an option whether the respondent agrees to or not to participate in the study.

3. EVALUATION RESULTS:

This section presents the finding of the survey in particular the achievement of the program's objectives.

Demographic Data

Most of the respondents were female 102 (74%) and 36 (26%) were male of which 13 were aged between 15-20 years 17 aged 21-25 years 22 aged 26-30 years, 13 aged 31-35 years, 11 aged 36-40 years, 15 aged 41-45 years, 15 aged 46-50 year and 10 aged 51 years and Above. Slightly more than half of the households were headed by Male 54.7% and 5.3% headed by Female. Most of the respondents had no schooling 63%, 21% had attained Primary, 13% Secondary and only 3% University. More than a quarter of respondents 35% household had been displaced from their former location in the Past two years. Slightly more than half of households 57% had 1-6 people living with you in the household at the time of the survey and 43% had 7 people and above.

In regards to occupation of household head, 19% were Housewife 7% Pastoralist 14% Unemployed 8% Micro-enterprise 3% Business 31% Peasant Farmer 2% Casual labor 2% Religious leader 3% Large scale farmer 3% Retired 9% Elderly. Only 15% of the household head under age of 18 years. For children under 5 years, 29% had 1 meal a day, 56% 2 meals a day, 15% 3 meals a day and 48% 1 Meal a day, 49% 2 Meals per day, 3% Meals.

WATER

Majority of the households 92% reported to collected water from Borehole showing a significant improvement from 85.3% who reported to source water from Hand Pump during the baseline survey and only 8% mentioned collecting water from river or stream. In the same regard, 87.7% of the respondents reported that they had shifted from them any source of water used three months of age because the source was rehabilitated by IHO. Most respondents 84% reported that their households meet meet the basic minimum of water requirement of 15ltrs per person per day compared to 81.3% of the respondents who reported didn't meet the basic minimum of water requirement of 15ltrs per person per day in the baseline survey. Most the respondents 84.2% reported that they comfortable with the amount of time spent collecting water at the water point. Most respondents 87% reported that water quality from the main source of drinking water is very good. When asked whether the household treat drinking water in any way to make it safer to drink, 44.7% reported always, 21.9% often and 34.2% some times and 84.2% reported that they majorly treat the water by chlorination. This finding shows great improvement on water treatment compare to the baseline assessment of which Less a Quarter of the respondents 18 (12%) reported that household did something to make drinking water to make it ready to drink and this was limited to boiling. When asked why the household doesn't treat water 46% I don't have materials for

water purification/treatment. This justifies the project efforts of promoting water treatment through distribution of WASH NFIs including Aqua-tab and PUR. Most of the respondents 93.8% reported that there was a borehole rehabilitated in your area in the past 6 Months and when asked who rehabilitated the borehole all respondents 100% mentioned IHO. All the respondents 100% reported that women and girls feel safe while collecting water from the available water source in your location (Free from abuse and rape). This shows that the project has promoted protection of women and girls when compared to baseline where 32% of respondents reported they feel unsafe when collecting water. All respondents reported to have enough amount of water you collected in the household during the study. Only 24% reported to ever queue before getting water ever queue before getting water and mostly 78% spend 5-10 minutes while collecting water.

SANITATION AND HYGIENE

Majority of the household 99.1% reported that someone in the past 6 Months to educate them on water sanitation, hygiene and nutrition issues and all the respondents reported that the person who educated them came from IHO. Following the distribution of the WASH NFI, hygiene promoters visited the household on bi weekly basis to ensure that the NFIs are properly utilized. The HPs also ascertained whether the child has not had diarrhea in the past two weeks and non the household reported their children having diarrhea in the past three weeks. The finding from the end line survey showed that NFI received from the core pipeline contributed greatly in saving lives this because: Most respondents 78.9% reported that their household received some WASH NFI e.g Soap, Jerican, Bucket etc in the past 6 Months. Although NFI distribution targeted household with SAM and MAM children 58.7% had soap in household at the time of the study. Most of the respondents 82.4% reported that in the past 3 months none of the family member suffer from the Diarrhea diseases and no respondent reported household member suffering from cholera. Slightly more than half of the respondents 51% reported having a latrine and half of respondent reported having a pit latrine when compared to 86.7% did not have latrines in the baseline survey shows a significant improvement in the sanitation situation. When asked at what times do you wash your hands 82% after defecation and 85% reported to use soap and water.

When asked to what extent do they felt that their family has been benefited from the Water sanitation and Hygiene services compared to other families, 24.6% reported their family benefited more and 64% reported their family benefited equally.

Recommendations

The fact that 49% of the 138 households do not have latrines poses the risk of common behavior of open defecation and indicates the need to be addressed on these sanitation issues.

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