

**IMPACT HEALTH ORGANIZATION (IHO)
RAPID ASSESSMENT**

LACATION: NIMULE AND MUGALI PAYAMS

Program Unit: Water Sanitation and Hygiene (WASH)

DATE: 1st -06th Dec 2016



1.0 INTRODUCTION

Following the fighting that broke out in Juba July 2016 am the SPLA and SPLA-IO spread rapidly in other parts of the country among the Counties affected by the conflict include Magwi County. In insecurity in the county has resulted into displacement of populations especially from magwi central, pageri payam. Majority of the populations have been displaced toward the board (Nimule and Mugali Payam and as well as Uganda.

Recently, reports from RRC showed that by August 2016 a total of 34,018 people were displaced due to the conflict from Magwi County. The situation was aggravated by the recent declaration of cholera outbreak in Nimule and Pageri reported by Ministry of health and World Health Organization.

The cholera outbreak coupled with the conflict has created a need for emergency water, sanitation and hygiene services among the populations of Magwi County and it is critical if to avert the potential risk. IHO received 6 months grant from CHF to support communities affected by the conflict and cholera outbreak in Magwi County to ensure that 15,000 women, men, girls and boys access safe water supply, sanitation and hygiene services to prevent potential public health risk as a result of using unprotected water sources poor sanitation and hygiene practices. In this regards, IHO conducted a needs assessment in two payams of Mugali and Nimule to consult with communities to establish the WASH needs and as well as develop strategies to support the affected populations.

OBJECTIVES OF THE ASSESSMENT

1. To identify the WASH needs in Nimule and Mugali Payam.
2. To develop an action plan to respond to the needs identified WASH needs.

METHODOLOGY AND PROCESS

In the process of identifying the needs in the intervention location IHO held different stakeholder meeting with Pageri County officials including the County Commissioner, County Executive director, County Health Department director and the Director for Water and

IHO also held consultative meeting with community leader in Nimule Boma, Okwil Boma, Melijo IDP camp and Mugali.

Focus Group Discussions (FGDs) were comprised of individuals from both the host community and the IDPS population. 2 FGDs were conducted one in Nimule and One in Mugali and Melijo each of which consisted of 5-10 men.

Observations

The assessment team observed the hygiene conditions at house hold level, schools compounds and

latrines, and functionality of bore holes.

Borehole Assessment

With the help of the County WASH department official IHO conducted field visited to 20 boreholes that needed rehabilitation.



Photo taken during community consultative meeting

5.0 KEY WASH FINDINGS

Demographic Findings

According to the Pageri RRC the population of Mugali and Nimule Payam is as follows:

S/N	Payam	Boma	#House Hold	Population (individuals)
1	Mugali	Merijo IDP camp	1180	5471
2	Nimule	Nimule central	4899	29395
3	Nimule	olikwi	1664	9986
4	Nimule	Anzara	3100	18600
5	Nimule	Jelei	1167	7000

Water Supply

The community main source water is borehole and stream. The communities reported limited access to clean water as most of the boreholes have broken down, while other boreholes the yield is poor and the water coloured. Merijo IDP camp has 7 boreholes of which 4 are functional and 3 nonfunctional. Majority of the IDPs Melijo IDP camp do not have containers and jericans to collect and store water in their households. Others have dirty water containers which puts them at risk of contracting infections. On average it was reported that access to clean water is about 7 liters per person per day far below the now standard of 15 liters per person per day. With support from Pageri County WASH department staff 20 boreholes have been identified for rehabilitation (See Annex Borehole Assessment reports).

In some locations where there are water management committees, they were trained some time back and were partial active and majority had not received refresher trainings. The ministry of water Ministry of water reported that it lacks resource to undertake borehole rehabilitation and as well effectively provide hand pump spare parts supplies.

In Nimule payam people have report talking water from river Anyama. And most alarming the community reported not treating the water due to lack of firewood and water treatment supplies. Some communities reported to have received PUR and Aquatabs a few months back but lasted them for a few days and currently they have no access to water treatment supplies.



Part of the nonfunctional boreholes identified for rehabilitation

Sanitation Infrastructure

Access to latrine remains low as an estimate of one latrine is being shared by more than 50 people with no gender consideration hence reported cases as open defecation practices were visible in some locations. Some latrines were reported to be full and communities reported lack of supplies to help them build new latrines. Very few households are also estimated to access shower places.



Status of the observed Latrines in the community

Lack of access to latrines results in open defecation which threatens accessibility to clean water, as most holds collect water from streams, as well as poses a risk to diarrhea disease outbreaks including cholera and given the increasing pressure from the IDPs, Lack of access latrines rooted between lack of awareness and access to digging and construction materials. Therefore hygiene promotion will be important to address the gaps.

Sanitation and Hygiene

The County Health department reported a cholera outbreak in Nimule and although organizations such as Health Link trained some hygiene promoters to conduct hygiene promotion, but the numbers were very limited and no longer visible in the community. Open defecation remains a challenge, due to lack of awareness. Hand washing and water treatment is not practiced, hence reported cases of diarrhea in the community, especially in children under five years.

A few households, especially in Melijo IDP, had hand washing stands. They also reported limited access to soap. Community members and IDPs are disposing of solid waste in open spaces. There is no collection system in place, nor are there any bins or materials to facilitate safe disposal.

There is also reported lack of awareness on disposal of solid waste and environmental protection.



Photos showing hygiene situation of some of the households visited

Priority needs WASH

- Lack of access to safe water
- Lack of access to hygiene kits ie soap, buckets jericans
- Lack of access to water treatment agents such as Aquatabs and PUR
- Lack of functional water management committees
- Poor sanitation and hygiene in households

Among the needs reported by IDPs included;

- Limited access to Food
- Limited Nutrition services-There is not partner undertaking Nutrition services in Melijo IDP Camp and there reported cases of Malnutrition.
- Limited access to Household utensils e.g. source pan cups etc.
- Lack access to Shelter especially in Melijo IDP camp
- Lack access to Blankets
- Lack of access to clothes, including knickers, and sanitary pads
- Lack of access to Mosquito nets

RECOMMENDATIONS

IHO recommends the following immediate interventions:

- Rehabilitation of 20 water points identified
- Training of water management committees, to safe guard the rehabilitated water points.
- Training of hygiene promoter to conduct house to house reach on hygiene promotions
- Distribution of WASH NFIs (soap, collapsible jericans, water guard, digity kits etc to 2000 IDP households in Melijo IDP Camp.

Assessment Team

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