



TORIT COUNTY WASH ENDLINE SURVEY REPORT

BY IMPACT HEALTH ORGANIZATION

UNDER

**EMERGENCY PREVENTION AND CONTROL OF WASH RELATED DISEASE
OUTBREAK AMONG VULNERABLE AMONGST IDP, RETURNEES AND HOST
POPULATION IN TORIT COUNTY, EASTERN EQUATORIA STATE.**

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ACRONMYS

CHHP	Community Hygiene Promoters
IHO	Impact Health Organization
WASH	Water Sanitation and Hygiene
SSHF	South Sudan Humanitarian Fund
FSL	Food Security Livelihood
IDPs	Internally Displaced Persons
WMC	Water Management Committee

EXECUTIVE SUMMARY

Executive Summary

Impact Health Organization received funding from SSHF to implement its program activities in Torit County target most vulnerable households affected by the conflict. The project targeted all the Payams of Greater Torit County. (Lowoi, Himodonge, Hiyala, Torit, Bur, Imurok, Ifwotu, Kudo).

Impact Health Organization WASH team conducted the end line survey to ascertain the knowledge, attitude and practices of the target population on water supply, sanitation and hygiene after implementing its program activities. The end line will be used to find the impact of the WASH project in the selected villages and will also provide a baseline for evaluation of our program effectiveness. The survey was conducted in February 2019. 138 households were interviewed during the survey, which included IDPs, returnees and Host communities.

1.0 BACKGROUND

1.1 Introduction

Impact Health Organization is a nongovernmental 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. In Torit County IHO has been supporting the communities by providing health, Nutrition and WASH services.

1.2 Background WASH Program in Torit County

Greater Torit areas have been affected by the conflict, where many IDPs sought shelter and safety in remote mountainous villages. These remote areas are protected from conflict and violence, but lack access to basic supplies such as clean water, latrines, healthcare and food. Most people are forced to drink what water they can find, and forage for wild food as a coping mechanism. Water sources are too far away, and people must wait between one and three hours to use a clean water source. As a result, most people still use rivers and other unclean sources of water. Levels of malnutrition of children under five years in southern Torit County are close to or beyond the extremely critical phase.

1.3 Funding

Impact Health Organization (IHO) received funding from **SSHf** to implement Emergency prevention and control of WASH related disease outbreak among vulnerable IDPs, returnees and host population in Torit County, Eastern Equatorial, with aim of increasing access to safe water supply, Sanitation and hygiene practices to the population that have been affected by conflict and at risk of water borne diseases outbreak such as cholera.

1.4 Objective of the survey

The objectives of the survey were:

- a) The main objective of this end line survey is to gather quantitative data at the household level to better understand the impact of the WASH project to the communities in the eight payams (Ifwotu, Imurok, Kudo, Lowoi, Bur, Himodonge, Nyong and Hiyala) in Torit County.
- b) To assess WASH status of the communities at the household levels in all the eight payams of Torit County.

- c) To gather profile information on the population that can be used as a reference to orient future targeting for WASH-related activities.
- d) To provide a report highlighting all key findings this was disseminated among all relevant clusters.

2.0 METHODOLOGY

2.1 Study area

The study was carried out in the following areas (Kudo, Ifwotu, Imurok, Lowoi, Hiyala, Himodonge, Bur and Torit Payam). These locations are purposively selection due to the project intervention interests.

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 GBV, 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 households that benefited from Emergency prevention and control outbreak among vulnerable IDPs, returnees and host population in Torit County Eastern Equatoria State project. The study targeted any household member above the age of 18 with knowledge on the household characteristics.

Sampling Procedure

The sampling involved all the payams of greater Torit County except which is not accessible to security issues and the road network. And during the selection of the sample, systematic sampling was employed.

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 ≈ 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 ≈ 5% or 0.05.

$$n = \frac{(1.96)^2 * 0.91 * (1-0.91)}{0.05^2} \text{ sample size} = 3.8416 / 0.0025 = 138 \text{ Households}$$

0.05²

2.6 Sampling Procedure.

The sample households were identified basing on the targeted area and during the selection of the sample systematic sampling was employed.

The list of children with SAM and MAM were obtained from the OTP site and through systematic sampling the sample was obtained.

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

The assessment includes three modes of primary data collection –household interviews; key informant discussions; and field observations – combined to desk based review of secondary data.

Data collection methods

A **household-level survey** was conducted across the three Payams in Torit County according to the sampling method outlined below. The survey was conducted using a questionnaire administered by trained enumerators.

The following information was gathered through household interviews:

WASH

- Access to water and its quality
- Sanitation and Hygiene practices

Direct observations were gathered by CHHPs throughout data collection to further enable triangulation and verification.

The following WASH information was gathered through direct observation:

- Presence of latrines
- Presence of soap
- Type of water source at the village-level

Other Data collection methods to be used

- Interviews. (Key informant interviews)
- Focus Groups Discussions.
- Documents and Records

2.9 Data processing and analysis

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

2.10 Ethic consideration

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

3.0 STUDY FINDING

3.1 Situation update

The conflict had created big gap especially in the areas of WASH, Health, Education, and FSL among others. The assessment found that most of the people who fled to refugee camps are in Kakuma and Uganda are returning on daily basis to their originally homes.

3.2 General findings

There is general increased access to safe drinking water, communities rely on borehole water rehabilitated by IHO. There is increased access to sanitation latrines and hygiene awareness. Hand washing and water treatment is now practiced hence reported cases of diarrhea in the community especially in children under five years has reduced. There is increased number of returnees on daily basis due the peace agreement signed last year.

3.3 Household finding:

3.3.1 Demography

Most the respondents interviewed were female 106 (76.81%) and Male 32 (23.19%) where majority of the respondents were from the host community 86 (63%) and 52 (37%) IDPs. Most household had children under five 113 (82.48%) and 25 (17.52%) had Adult above 50years old.

Water Supply:

Quality and safe water supply has greatly improved as the survey indicated that 87.68% of the respondents do meet the basic minimum water requirement of 15ltrs per person per day as compared to before interventions, where by only 28.7% could meet the basic standard of 15 ltrs/Person/per day. The reasons are that majority 82.54% respondents have enough water storage containers or carriers, 72.92% reported are comfortable with the amount of time spent at the water sources, 2.34% of the respondents said waiting time was too long and 97.82% reported feeling safe going to the water point and felt had enough water respectively. Majority 81.88% are treating their water Only 1.08% of the respondent do nothing to treat their water, 94.92% of the respondents said their boreholes are rehabilitated by IHO.

Sanitation:

The status of open defecation has greatly reduced whereby 68.80% of the respondents reported that they do have latrines, 49.37% constructed them using the latrine slabs and latrine construction materials supplied by IHO and 21.43% constructed through awareness

given to them by IHO community health and hygiene promoters.

Hygiene;

Regarding hygiene practices, majority of the respondents 85.05% washed their hands before eating, 78.08% after eating, 68.38% washed their hands after contact wastages, 78% of the respondents washed/cleaned their hands after using a latrine, 87.8% of the respondents washed their hands before preparing food. Only 79.09% of the household have soap at the time of the survey with 12.2% not having soap. All the households surveyed (100%) had received hygiene promotion messaging or training in the past 5 months.

Recommendations:

- a) There is a need to undertake water points Rehabilitation and construction of new water points since most of the boreholes have stayed for long leading to reduced water yield and the increasing number of returnees from the refugee camps due to the signed peace agreement will create demand for more water points.
- b) There is still need to distribute WASH NFIs (soaps, aqua tabs and PUR). The signed peace agreement last year has increased the number of returnees in the county and state on daily basis from the refugee camps (Uganda and Kenya) who are in need of the WASH NFIs.
- c) There is a need to Facilitate community latrines construction in order to make open defecation history in the county and the whole state.
- d) There is need for continuous health and hygiene awareness to the people since behavioural change is a gradual process and the continuous coming of the returnees from the refugee camps.