FINAL REPORT JPF-SSD-20-008: THIRD PARTY EVALUATION OF JPF FUNDED "HUMANITARIAN ASSISTANCE TO CONFLICT-AFFECTED PEOPLE IN JUBEK AND TORIT STATES PROJECT" IN SOUTH SUDAN 2021

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List of abbreviations

ACTED	Agency for Technical Cooperation and Development	**POC**	**Protection of Civilians Site**
CAPI	Computer Assisted Personal Interviewing	**PWD**	Persons with Disability
CHP	Community Hygiene Promoter	**PWJ**	Peace Winds Japan
Covid 19	Coronavirus disease	**PARS**	Pan African Research Services Ltd
DAC	Development Assistance Committee	**RRC**	Relief and Rehabilitation Commission
DRC	Democratic Republic of Congo	**SGBV**	Sexual and gender-based violence
FGD	Focus Group Discussion	**TOR**	Terms of Reference
IDP	Internally Displaced Person	**UN**	United Nations
JPF	Japan Platform	**UNICEF**	United Nations International Children's Emergency Fund
KII	Key Informant Interview	**UNHCR**	United Nations High Commissioner for Refugees
ODK	Open Data Kit	**UN OCHA**	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Co-operation and Development's	**WASH**	Water, Sanitation and Hygiene

I EXECUTIVE SUMMARY

This report presents a synthesis of findings from the evaluation carried out for the Japan Platform (JPF) funded "Humanitarian assistance to conflict-affected people in Jubek and Torit states project" in South Sudan. The project was implemented by Peace Winds Japan targeting IDPs in the UN Protection of Civilians (POC) sites, Mahad IDP and Don Bosco IDP Camps in Jubek state, as well as with the host community in Magwi County, Torit State. The project's goal was to improve the environment to enable project beneficiaries to access safe water, have a hygienic and healthy living, and secure a safe and dignified living environment using the protection provided. To achieve this objective, the project intended to provide support to meet the water and sanitation needs of POC sites in Juba, Jubek State, and Internally Displaced Persons (IDP) camps; and provide water and sanitation support as well as protection assistance to meet the needs of returnee host communities in Torit State. these interventions formed the project's three main components. The project had a duration of one year, starting March 30, 2020 and ending in March 29, 2021.

The purpose of the project evaluation was to: verify that the humanitarian principles and standards were respected; a special emphasis will be given to neutrality; verify that the project activities were implemented according to the project proposal; analyze the impact of the project on the target population; understand the beneficiary satisfaction; provide feedback for the purposes of project improvement; and to provide contextual information on the target sectors. To achieve these objectives, the evaluation was framed on the Organization for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) evaluation criteria.

The evaluation drew findings from the analysis of project data and documents, including monitoring data and data from other relevant secondary sources; as well as primary qualitative and quantitative data obtained from face-to-face interviews with a wide range of stakeholders including: project beneficiaries, government representatives, project staff and local community leaders, camp administrators, WASH cluster representatives and UNHCR. Random sampling was used among beneficiaries and primary quantitative data was collected using mobile devices and Open Data Kit (ODK) platform while the qualitative data was collected using voice recorders and note taking methods. The quantitative approach selected a sample of 222 households from the project implementation areas. The qualitative design engaged a total of 9 Key Informant Interviews (KIIs) with relevant stakeholders, 1 mini group with project staff, 8 Focus Group Discussions (FGDs) and 2 case studies with beneficiaries. In summary, the evaluation established the following;

Demographics

Out of the 222 respondents interviewed in this evaluation, ¾ of the respondents engaged were IDPs (75%) and the rest were host community members (25%). Most of the respondents (60%) were female and heads of their respective households. Most of the respondents (89%) had children and the average household size was seven members. Overall, 43% of all respondents had never attended school.

Project relevance

The evaluation concurs with the views of beneficiaries, government representative, community leaders, and other stakeholders consulted that the project was relevant. Most the respondents (92%) were aware of PWJ and the WASH project. The project was and is still relevant to the needs of the beneficiaries because it addressed the challenges they were facing. Such challenges included water shortages which led to fights at water stations, using unsafe water from rivers and the risk of conflicts between IDPs and host communities. Other challenges included extremely poor sanitation and hygiene conditions which rendered the WASH facilities unusable and posed a risk of diseases such as cholera.

The project was also relevant to the context of South Sudan as it addressed the challenges facing the country as identified in the Human Response Plan (2020)[1]. In the plan, WASH and protection needs had been identified as severe and contributory to poor living standards. The project was also in line with the government plans to provide WASH and protection services to citizens of South Sudan[2].

The project was also implemented in line with all humanitarian principles of humanity, neutrality, impartiality and independence. The improved access to water provided by the project reduced human suffering, and through improved sanitation and hygiene reduced the risk to beneficiaries' health. The project also did not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature. It provided services in the camps and among the host community, thus reducing the risk of conflicts over resources. In terms of impartiality, the project addressed needs of the IDP crisis caused by conflicts in South Sudan, and did so without distinction basis of race, gender, religious belief or political opinions. The project was also autonomous from political, economic or military objectives of other parties.

Project progress and effectiveness

Component 1 (IDPs): In terms of water equipment overhaul, the project was able to achieve its targets and in turn increased the access to water stations for 87% of households against a target of 60%. As a result, 71% of households had access to safe water (drinking and for domestic use) and 61% of households encountered a shorter (less than 30 minutes) waiting time at the water stations. Furthermore, 61% of respondents against a project target of 40% alluded to reduced fights at water stations.

The project also successfully improved access to wash stalls for 61% of households against a target of 60%. However, in terms of usage of the wash stalls, only 54% of IDPS cited they could use safe and hygienic stalls, below the target of 60%. The main reasons for the low usage are due to the lingering IDP behavior (preferring to take their showers right outside of their homes at night) and that the number of wash stalls was not sufficient.

In terms of sanitation equipment, the project reconstructed 10 blocks of toilets against a target of 10. It also achieved its target in cleaning vault toilets and solid waste transportation. In this regard, the project contributed to: increased access to toilets for 80% of IDPs against the target 45%, increased usage of toilets without worries for 68% of women compared to a target of 45%, the number of children relieving themselves outside reducing; and improved privacy in sanitation equipment for persons with disabilities.

The project also successfully carried out all its target hygiene awareness activities such as training of the cholera/Ebola team and carrying out disinfection activities. In turn, 88% of those surveyed in the camps had accessed information and services intended to prevent infectious diseases. Similarly, 72% relieved themselves outdoors less often against a target of 60% and 80% were aware of appropriate water usage against a target of 60%. Additionally, 58% observed regular handwashing with running water and soap prior to: food consumption, food preparation, washing and feeding infants, after eating, and after visiting the toilet.

Component 2 (host community): Under this component, the project successfully implemented all of its planned activities except the training of school hygiene clubs and refresher training of community hygiene promoters, which were hampered by Covid19 and the ban on public gatherings. The training of

[1] https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-response-plan-2020-december-2020
[2] National Water Policy (2007); the Strategic Framework
for Water, Sanitation and Health (2011); the National Rural Water, Sanitation, and Hygiene Subsector Action and Investment Plan (2012-2015)

well management committees was also conducted at the time of the evaluation. Trainings were highly affected by Covid 19 and ban on public gathering. As a result of the successfully implemented aspects of this component, the project contributed to improved access to safe water for 96% of respondents in terms of hygiene, the proportion of people who relieved themselves outdoors less often was 67%, surpassing the project target of 60%. Access to toilets for 94% of respondents in Magwi also improved over the project period.

Component 3 (host communities): The project successfully distributed menstrual hygiene management dignity kits to all the 400 targeted girls and conducted SGBV training to all target (72) community members for one session against a target of 2. The second session was hampered by Covid19 and the ban on gatherings. The project contributed to increased knowledge of SGBV as 33% of the surveyed beneficiaries were aware of how to handle SGBV cases.

Efficiency

Most of the project's planned activities were successfully implemented on time. The only notable delays were in drilling of boreholes which was caused by heavy rainfalls making the roads inaccessible and the trainings under component 2 and 3 which were hampered by Covid19 and the ban on public gatherings. The training of well management committees was delayed but later conducted while the training of school hygiene clubs and the second trainings on SGBV and for CHPs were not conducted. The project was implemented within its budget and the project was working on ways to implement activities yet to be implemented.

Impact

The project contributed to improved access to safe water and contributed to a hygienic, healthy, safe, and dignified living among IDPs and host community. The project improved host communities' and IDPs' access to a safe and increased quantity of water, reduced the risks of diseases, attacks and conflicts. The project also improved hygiene and menstrual cycle hygiene awareness among beneficiaries as well their ability to handle SGBV. Importantly, most of the beneficiaries were satisfied with the project and rated it as satisfactory (4 out of 5).

Sustainability

The project had an exit plan in place which included engaging the community, the government and other stakeholders in the project implementation. Overall, increased access to clean and safe water outcomes were more likely to be sustainable due to the permanent nature of the structures, committees and government and other stakeholders' interest in place. On the other hand, sanitation outcomes (improved sanitation conditions due to desludging of toilets and collection of solid waste) in the camps were the least sustainable given they pose continuous needs to be met.

Conclusion and Recommendations

Conclusion

Overall, the evaluation team concludes that the project was highly successful in delivering its goal of contributing to improved access to safe water, sanitation and contributed to hygienic, healthy, safe, and dignified living among IDPs and host community. To the satisfaction of beneficiaries, the project was able to implement all its objectives except for a few that were hindered by the Covid 19 pandemic.

The project was relevant to the context of South Sudan and met the needs of the beneficiaries. The project was implemented in line with the humanitarian principles of humanity, neutrality, independence and impartiality. Implementation was done as per the proposal and all the planned activities were successfully implemented albeit the training of school hygiene clubs, second sessions of training CHPs and community on SGBV. Most of the beneficiaries were aware of PWJ and the project and were satisfied with the interventions except in POC sites where satisfaction was low due to unsolved needs such as water access and even others need outside the scope of the project such as livelihoods and education.

In the end, the project made big strides in improving access to safe water and contributing to a hygienic, healthy, safe, and dignified living among IDPs and host community. However, there were still some gaps that needed to be addressed especially for the POCs and WASH aspects of the project that would relapse if the project ended. These aspects such as transportation of solid waste and desludging of vault toilets were less sustainable compared to access to safe water.

Recommendations

The evaluation recommends a second phase that would focus on finalizing the trainings earlier planned for School Hygiene clubs, CHPs and well management committees. This would improve the impact and sustainability of the project's interventions. The extension phase should also focus on offering similar WASH services to IDPs in camps, especially at the POCs. These services include services that would cease without the project such as disposal of solid waste, desludging of vault toilets, and maintenance of water points. Additionally, the second phase can also aim at increasing the water quantities in the POC sites. Appropriate operation and management (O&M) mechanism is needed to develop in order to ensure long-term functionality of the WASH interventions.

Behavioral change requires time and the one-year duration of the project was not sufficient to achieve change in hygiene behaviors. Hygiene training and awareness raising campaigns need to be continued in the camps and the host community by targeting new and existing IDPs as well as the new returnees in the community. Protective assistance is not yet fully handled and with conflicts and Covid 19, SGBV is on the rise. The next phase should escalate its efforts for tackling SGBV among both IDPs and host communities. The hygiene promotion component should also have a follow up initiative to address gaps of the populations that are yet to adopt to hygiene practices in relation to hand washing, usage of bathing shelters, cleanliness of the toilets and other issues.

To improves the sustainability of future interventions, there is a need to blend interventions with aspects of livelihoods to ensure sustainability through well management committees and CHPs which are more stable and can continue their work after the project. Most of the time the committee members are required to work without any incentive or tools to repair the boreholes. This eventually discourages them and they end up abandoning the sustainability work. The livelihood activities would provide them an incentive to continue working on the project interventions after work. The project can also share challenges, lessons and solutions to the clusters to increase learning amongst cluster members.

2 BACKGROUND INFORMATION

About Humanitarian Assistance to Conflict-Affected People in Jubek and Torit States Project

The "Humanitarian Assistance to conflict-affected people in Jubek and Torit state" is a project funded by The Japan Platform (JPF) and implemented by Peace Winds Japan (PWJ) in South Sudan. The aim of the project was to improve the environment to enable project beneficiaries to access safe water, have a hygienic and healthy living, and secure a safe and dignified living environment using the protection provided. The project's implementation began on March 30, 2020, and had an end date of March 29 2021. Over the implementation period, the project aimed to achieve its objective by providing support to meet the water and sanitation needs of UN Protection of Civilians (POC) sites in Juba, Jubek State, and Internally Displaced Persons (IDP) camps and providing water and sanitation support as well as protection assistance to meet the needs of returnee host communities in Jubek and Torit States.

About the third-party evaluation of the project

The project has been in implementation since March 29, 2020 and this evaluation aims to:

I. verify that the humanitarian principles and standards are respected; a special emphasis will be given to neutrality
II. verify that the project activities were implemented according to the project proposal
III. analyze the impact of the project on the target population
IV. understand the beneficiary satisfaction
V. provide feedback to the project improvement
VI. provide contextual information on the target sectors

3 EVALUATION DESIGN, APPROACH AND METHODOLOGY

APPROACH

The evaluation approach was both quantitative and qualitative in methodological application. The survey adopted a combination of methods and the Organization for Economic Co-operation and Development (OECD) Development Assistant Committee (DAC) evaluation criteria formed the overall analytical framework.

3.1 Inception Phase

This phase involved contextual research through thorough and systematic document review and analysis of qualitative and quantitative information, contained in but not limited to the following document sources: project proposal, logframe, TOR, latest project report, refugee response South Sudan monthly report for January 2021, project implementation locations, UN OCHA Human Humanitarian Response Plan, needs assessment report, baseline report. and other relevant documents. After the review, the consultant developed an inception report that contained the workplan and data collection tools.

After the approval of the inception report and tools by JPF, the PARS team undertook the field mission and applied the plan developed during the inception phase. The plan was applied in a way that was flexible enough to accommodate any last-minute challenges in the field.

3.2 Field Investigation Phase

3.2.1 Qualitative Research

3.2.1.1 Key Informant Interviews (KIIs)

The evaluation conducted KIIs with stakeholders to understand how the project has performed so far and whether it has lived up to its objectives. In total, we conducted 9 KIIs and one mini groups with the following stakeholders:

Table 1: List of KIIs

KII Category	Number of KIIs
Mini Group with PWJ	1
Community leaders	3
Government Officials, RRC Magwi	1
POC sites and IDP camp administrators	3
WASH support Agencies (UNHCR), WASH Cluster Coordinator	2
Total	**10**

3.2.1.2 Focus Group Discussions (FGDs)/Mini groups

Due to Covid19 prevention measures, the evaluation engaged 4 to 6 people per FGD. The evaluation conducted FGDs with beneficiaries in both the IDP camps and from the host community in Magwi. In total, we conducted 8 FGDs as shown in the table below:

Table 2: List of FGDs

FGD Category	POC Sites	Mahad IDP camp	Don Bosco IDP camp	Magwi County	Total
Water and Sanitation support Beneficiaries	2 (1 male, 1 female)	1(male)	1 (female)	1(male)	**6**
Girls (beneficiaries of menstrual hygiene awareness)				1(girls)	**1**
Beneficiaries of Protection Assistance				1 (female)	**1**
Total	**2**	**1**	**1**	**3**	**8**

3.2.1.3 Case Studies

The evaluation conducted 2 case studies (beneficiary stories) with the beneficiaries. The case studies documented beneficiary stories on how they have interacted with the project. The participants were identified from focus group discussions.

3.2.2 Quantitative Research

Face-to-face household surveys with adult members (18 years and above) were conducted in the POC sites; Don Bosco and Mahad IDP camps; Magwi counties to find out the project's activities that the beneficiaries benefitted from, the impacts of the interventions, and the areas that need to be improved, among others. The evaluation used the Computer Assisted Personal Interviewing (CAPI) to collect household surveys' data. The questionnaire contained 52 questions and took an average of 30 minutes per interview. The smartphone/tablets provided a platform of hosting the Open Data Kit (ODK Collect) application that in turn hosts questionnaire.

Sample Size Calculation

To calculate the sample, the evaluation used Cochran's formula. We set the confidence level at 95% and the margin of error to be 5%.

$$n = \frac{c^2 Np(1-p)}{(e^2 N) + [c^2 p(1-p)]}$$

Where: N = Population of the Beneficiaries of each component; n = Sample; p = Expected incidence, set at 50%; c = Confidence Level, set at 90%, i.e., 1.645; and e = Margin of error, 5%, i.e., 0.05

Substituting the total population 'N' in the above formula yields a sample of 270.4154, which can be rounded off to 270. This sample was distributed equally to the implementation sites/areas, as shown in the table below:

Table 3: Quantitative interviews

Component	Areas/Sites	Population	# Sample targeted	Sample size achieved
Component 1	UN House POC sites	35000	54	56
	Mahad IDP Camp	7752	54	56
	Don Bosco IDP Camp	10000	54	56
component 2 and 3	Magwi County	310134	108	54
Total		**391020**	**270**	**222**

The study engaged 222 beneficiaries against a target of 270. This was due to the challenges in accessing beneficiaries in Magwi. However, the sample size was statistically representative to provide representative conclusions. The evaluation engaged 88 male and 134 female respondents. The evaluation engaged 14 enumerators, 8 based in Juba county and 6 in Magwi County. The evaluation also engaged 4 moderators, 2 in Magwi County and 2 in Juba county. The moderators were engaged for 4 days in each area while moderators were engaged for 3 days. The moderators' and enumerators' work was overseen by a supervisor who reported to the PARS in-country coordinator. The entire data collection team reported to the PARS coordinator, who was briefed on a daily basis after fieldwork by the supervisor and in-country coordinator. The data collection team was trained for two days with PARS coordinator from Nairobi leading the training sessions virtually. The training manual used is annexed in this document as Annex-**Error! Reference source not found.**. The team was trained on:

- Interviewing: basic techniques of conducting successful interviews, use of tablets for data collection, ethics, and confidentiality, data protection importance of informed consent and essential characteristics of a good enumerator.

- Questionnaires and guides: highlighted the importance of the questionnaire as a standardized research instrument; it highlighted the difference between 'reading questions' and 'asking questions' and discusses the best way of asking questions.

- Sample selection: demonstrated the importance of interviewing the appropriate respondents in the field as per the sampling which was done by the consultants. Enumerators were given the respective number of persons to target.

- Quality Standards: introduced the quality measures used in the field (quality checklist) and highlighted general and specific expectations of Pan-African Research Services from the field team. Quality measures involved back checks and accompaniments by supervisor and coordinator. The quality checklist was also appended to the end of the questionnaire and populated by the supervisor prior to submitting data to the server.

3.3 Ethical Considerations

PARS employed survey ethics and prominence of respondents-associated rights. Before deployment for fieldwork, evaluation implementation team was trained on non-disclosure of information and other ethical considerations, which include but are not limited to:

- Informed consent – consent was obtained from all participants before any session to gain their approval to participate in the survey, FGDs, KIIs or case studies. The consent seeking entailed:
    - The name of the researchers and their role in the study;
    - The purpose of the study;
    - The voluntary nature of their participation in the study, informing them that they can choose to participate, refuse to participate, or withdraw from the study with no negative repercussions;
    - An explanation of the process and format of the study;
    - Benefits, if any, of participating in the study;
    - The anonymity of their participation in the study;
    - The contact information of someone that the participants can call if they have a question about the research, reporting any concern, and/or misconducts.
- Assurance of protection and respect of respondents' privacy and confidentiality – this entailed the protection and non-disclosure of the respondent's name, address, phone number, e-mail, personal information, geo-location, etc., or individual responses.

- Adherence to the ethical principle of '*do no harm.*'
- The respondents were assured that the highest professional conduct standards will be upheld during the collection and reporting of information they provide.
- PARS adhered to the principles and policies of the member NGOs, and observed **Child Protection Principles and Gender Policies** of humanitarian interventions.

3.4 Synthesis and Feedback Phase

In this phase, the two main activities that were undertaken are data processing/analysis and reporting.

3.4.1 Data Processing and Analysis

Quantitative data cleaning and analysis was done using SPSS and Stata and MS Excel used for generation of tables. On the other hand, qualitative data analysis will be done using NVivo and using the gridding technique.

3.4.2 Reporting

This involved the preparation of the first draft report which was reviewed by JPF and PWJ. PARS addressed feedback on the draft and conducted a workshop on 13/4/2021 (PowerPoint presentation attached**Error! Reference source not found.**). After the workshop, this final report was developed.

3.4.3 Health Safety Precautions/ protective measures against Covid 19

The study employed the necessary health protection measures to safeguard the beneficiaries, our staff, and third parties. Given the current state of COVID-19 pandemic and the projections during the evaluation period, the following measures were observed:

For Quantitative Household Surveys

- Our evaluation team was given masks and carried sanitizing gel throughout the study;
- Face-to-face household survey was done in open air;
- Masks were provided for all participants
- Avoiding touching objects or structures during the survey;
- The number of participants in an FGD were reduced to 4-6 people
- Temperature screening was conducted for all participants of interviewer training and the interviewers were trained in small numbers of 3 in a room at the same time.

3.4.4 Justification of Methods and Techniques Used

The consultant determined the methodology based on information provided by the project implementers on the target areas and groups. The tools adopted are universally accepted for the evaluation. The development of the guidelines was negotiated, discussed and agreed with the client prior to the field study to ensure data collected was relevant to the needs of the study. The selection of the areas for data collection was based on the project areas and the type of activities undertaken during the project implementation. Interviews were only conducted in areas where the project activities had taken place. The stakeholders interviewed were chosen based on their relevance, and involvement during the project implementation.

3.5 Limitations of the study

- The methodology largely assumes that the information received is fairly accurate and given in good faith. However, it is generally known that some biases may arise during collection of data due to a number of factors. This was overcome through intensive enumerator training and triangulation

of information provided- daily debrief sessions were done to iron out issues arising. Data was also triangulated by consulting multiple stakeholders as opposed to one source.

- It was difficult to reach some of the project areas in Magwi due to long distances and unavailability of beneficiaries who had other engagements.
- Due to the Covid19 pandemic, the lead consultant was unable to travel to the project locations. However, the local PARS team was engaged with closer supervision being conducted virtually from Nairobi.

  Accessing the camps was a challenge due to security clearances which led to a one-day delay. However, the PWJ team engaged the camp administration and fieldwork was authorized in the camps.

4 FINDINGS

4.1 Socio-demographic characteristics

The table below shows the sociodemographic characteristics of the survey participants. Most (60%) respondents were female, were married, never went to school, were aged about 37 years and were heads of their households. Three quarters of the respondents were IDPs from POC sites and IDP camps. The average household size was 7 members with Mahad Camp having the highest average of 8 members per household. Notably, more than four fifths of the respondents were parents.

Table 4: Demographics

	Overall	Magwi	POC site	Mahad IDP camp	Don Bosco IDP camp
location		25%	25%	25%	25%
IDP Status					
Internally Displaced Persons (IDP)	75%	0%	100%	100%	100%
Returnee Host Community	25%	100%	0%	0%	0%
Gender and household headship					
Male	40%	50%	46%	32%	30%
Female	60%	50%	54%	68%	70%
Household headship	90%	87%	86%	96%	89%
Marital Status and children					
Single	10%	9%	23%	4%	4%
Married	83%	83%	71%	88%	91%
Divorced/separated	2%	6%	0%	0%	2%
Widowed	5%	2%	5%	9%	4%
With children	89%	93%	77%	91%	95%
Without children	11%	7%	23%	9%	5%
Disability status and age					
With Disability	18%	4%	14%	38%	14%
Without Disability	82%	96%	86%	63%	86%
Average Age (Years)	37	36.1	32.3	41.5	36.4
Level of Education					
Never went to school	43%	24%	32%	59%	55%
Did not finish Primary school	19%	20%	13%	20%	25%
Completed primary school	14%	24%	13%	11%	9%
Did not complete secondary	9%	11%	14%	2%	9%
Completed High/Secondary school	9%	13%	14%	7%	2%
Completed college	2%	4%	5%	0%	0%
Completed university	2%	4%	4%	2%	0%
Did not complete university	1%	0%	5%	0%	0%
Household size					
Average Household Size	7	7	7	8	7

4.2 Project Relevance

4.2.1 Awareness of PWJ and the services they offer

The majority of the respondents were aware of PJW and the WASH project. The awareness of PWJ and the WASH project were lowest in the POC sites compared to other locations as shown below. This implies the work of PWJ is better known in the other areas than in the POC sites.

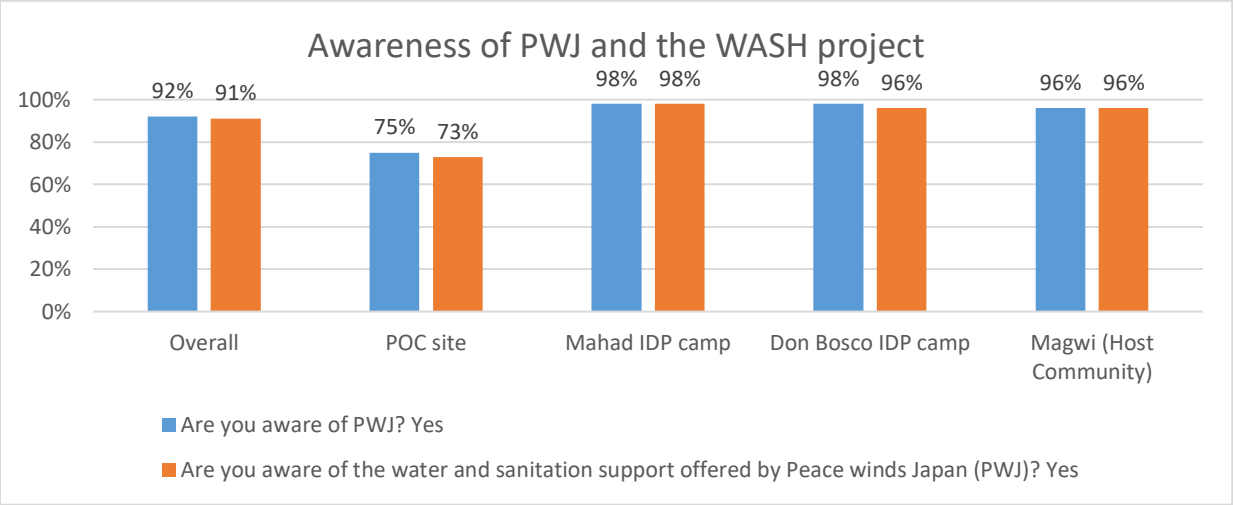

Figure 1: Awareness of PWJ and the WASH project

The awareness was corroborated by the stakeholders as follows:

"Of course, the work of Peace Winds Japan here is well known. Not to sound biased but they have done more than the government and any other partner around." -Community leader, Mahad IDP Camp

"They (PWJ) are the only ones we see over here; they have really helped us."- FGD, Don Bosco

4.2.2 Relevance to the needs of the beneficiaries

The project was relevant and its interventions are still relevant to the needs of the target beneficiaries. According to beneficiaries in the camps, prior to the project, they faced challenges such as water shortages and had to go outside camps to fetch water. This put them in dangers of attacks by animals and humans as well. Having only a few functional water stations had caused children to miss schools and also adults to cancel other pre planned activities (household chores). With the camps exceeding their capabilities, overcrowding and fights at the water points were frequent and the sanitation facilities had to be shared by many people causing vault toilets to be frequently filled and the environment to be dirty. All these challenges increased the risks of diseases such as cholera.

"Yes, the project has been relevant because before people kept of fighting for water but that now has reduced. Also, the time to fetch water has reduced. Although the quantity has increased, we still need more" – Female FGD, POC

"Fetching water would take so long because the stations were broken and sometimes, we had to fetch water from River Nile but now I can even send my children to fetch water. Before, I could not do that." – Male FGD, Mahad

"For me, the fixing of toilets has made them safe for all of us. Before, we were afraid and ended up relieving ourselves outside our houses." –Female FGD, Don Bosco Camp

"The main challenges facing the community is inadequate water, but now with the borehole, we can access safe water." -Male FGD, Magwi

The project was also relevant to the context of South Sudan. As documented in the Human Response Plan (2020)[3], an estimated 5.2 million people were facing severe needs related to their living standards. Sixty-six counties have a convergence of high WASH-, protection- and education-related needs[4]. Thus, the project worked in line with 'Sectoral objective 2: Integrate WASH in health response to control outbreaks at wider community level. The project was also in line with the government plans[5]. This finding was further substantiated by stakeholders as follows:

"WASH needs here are very relevant, most of the facilities were destroyed during the conflicts. Also, now we have many people rejoining the community and thus increasing the needs. There is still a lot to do." -WASH Cluster Coordinator, Torit State.

"The government aims to increase access to water for citizens and the projects has helped by drilling the boreholes. Many are still needed to address the need. But the effort counts." -RRC, Magwi

The project was also relevant to the context of WASH in the camps. The project undertook activities that were not being addressed before such as solid waste collection, and desludging of vault toilets during the project period. There were also changing needs in the camps due to the increase in the number of camp residents and the project assisted in addressing the needs.

"The project is very important to the camps. In the POC, others organizations providing WASH left and now PWJ has been playing a major role and if they leave, there will be a problem." – Deputy Camp Manager, ACTED

Additionally, the project implementation was in line with the humanitarian principles of humanity, neutrality, impartiality and independence. Under the humanity principle, the project aimed to ensure the beneficiaries have a hygienic, healthy, safe and dignified living. The project through improved access to water provided by the project reduced human suffering, and through improved sanitation and hygiene, the project reduced the health risks of the beneficiaries. The project also observed the principle of neutrality. During the implementation, the project did not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature. By providing services in the camps and to the host community, the project reduced the risks of conflicts between IDPs and host communities. Before, the IDPs looked for the services and needs outside the camps, while also the host community looked for services in the camps, increasing the risk of conflict. In terms of impartiality, the project addressed needs of the IDP crisis caused by conflicts in South Sudan, and did so without distinction basis of race, gender, religious belief or political opinions. The project was also autonomous from political, economic or military objectives of other parties.

4.3 Efficiency

The project's planned activities were successfully implemented on time except for delays in the drilling of boreholes due to heavy rainfalls making the roads inaccessible and the trainings under component 2 and 3 which were hampered by Covid19 and the ban on public gatherings. The training of well management committees was delayed but later conducted while that of school hygiene clubs and the second trainings on SGBV and for CHPs were not conducted. The project was implemented within its budget and the project was working on ways to implement activities yet to be implemented.

"We have not yet conducted training with school hygiene clubs because the schools were closed. We have not also conducted the refresher training for CHPs and the second planned training for SGBV. We are hoping we can more

[3] https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-response-plan-2020-december-2020#:~:text=In%202020%2C%20the%20humanitarian%20operation,(2)%20Facilitate%20safe%2C%20equitable

[4] Humanitarian Response Plan (2020), Issued on December 2019, UN OCHA

[5] National Water Policy (2007); the Strategic Framework for Water, Sanitation and Health (2011); the National Rural Water, Sanitation, and Hygiene Subsector Action and Investment Plan (2012-2015)

time to implement them but we also looking at purchasing learning materials for the groups, so that they can continue when the project ends." - PWJ

4.4 Project Effectiveness

4.4.1 Component 1: Water and sanitation support (POC sites and IDP camps)

Outcome 1: Individuals who need extra consideration, including new IDPs, have access to an appropriate amount of safe water with appropriately quality, have safe access sanitation equipment, and have access to information and services intended to prevent infectious diseases.

In order to improve access to appropriate amount of safe water, safe sanitation equipment and information and services intended to prevent infectious diseases in POC sites and IDP Camps, the project aimed at conducting water supply equipment overhaul, sanitation equipment overhaul, and hygiene awareness activities.

1. Water supply equipment overhaul

1.1 Water stations

The project aimed to overhaul (completely renovate, making major changes in order to repair) 3 water stations in POC sites and 2 water stations in Don Bosco IDP Camp. At baseline, the POC sites had 37 stations in total, 24 functional and 13 nonfunctional. At the time of this evaluation, the project had overhauled the three targeted water stations by installing metallic stands and new plastic water storage containers. The project also installed one water station in Mahad Camp but the two targeted in Don Bosco Camp were not done. The main reasons why the two targeted in Don Bosco Camp were not implemented is because the camp relies on hand pumps which are repaired on a need basis. At the time of the evaluation, the pumps were well-functioning and the PWJ team was ready to repair in case they broke down. The effectiveness of these interventions is shown through the indicators as shown below.

Indicator: 60% respond that they have improved access to water station

These interventions improved access to water significantly as 87% of all the surveyed IDPs in POCs and IDP Camps reported having improved access to water stations at the time of this evaluation. In this regard, the project had surpassed its target of 60% as shown in the chart below. Notably, all respondents in Don Bosco camp had access to water stations while in comparison among the three locations, POC sites had the lowest proportion of people having access to water stations.

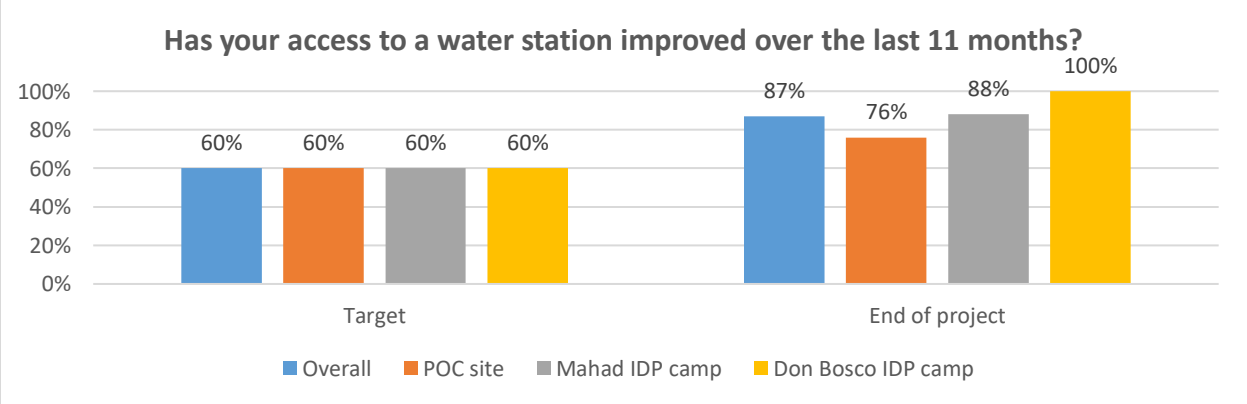

Figure 2: Access to a water station

In terms of access to safe water, 71% of the surveyed IDPs had access to safe water. The trend among the three areas was similar to that of accessing water stations, and only half of the respondents in the

POC sites had access to safe water. This shows that fewer IDPs in Don Bosco IDP camp had challenges accessing safe water compared to Mahad and the POC sites.

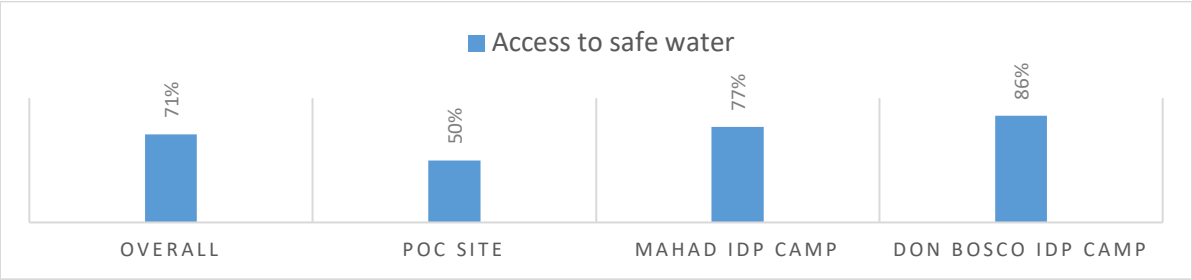

Figure 3: Access to safe water

The challenges with access to safe water in POCs was further highlighted by stakeholders as follows:

"PWJ is doing well in addressing water supply challenges but the gaps in POCs are big. I think their efforts and those of UNICEF have reached POC 3 but POC 1 has a lot of challenges. Generally, I see POCs struggling for water." -Deputy Camp Manager, ACTED

In addition to improving access to safe water, the project also reduced the risk of women and girls who were prone to GBV attacks while accessing water, the risk of crocodile attacks in the River Nile and diseases as a result of using unsafe water. The project's efforts were acknowledged by stakeholders as follows:

"The project has improved access to safe water especially in Mahad camp where before they intervened, we used to have issues in regards to water and IDPs were getting water from the Nile stream where they were exposed to diseases which are in it because that water is not treated. And also exposed to crocodiles in the rivers, so even drawing the water was dangerous." – UNHCR

Indicator: 60% respond that they have a shorter wait time at a water station (less than 30 minutes).

Female adults and girls are, mostly responsible for fetching water at households. Prior to the project period, the water stations were few and located far from some households. This caused long queues which resulted in children being late for school and conflicts at the water stations. The project conducted piping to bring water closer to households and overhauled non-functional water stations as well as installing solar water systems which semi-automated access to water. These efforts were considered by beneficiaries to have reduced time required to access water at the stations. This means more time could be dedicated to other household activities for adults and studies as well as other recreational activities for children. Overall, 61% of surveyed IDPs accessed water stations in less than 30 minutes, which was slightly above the project target. However, most (67%) residents of the POC sites waited for more than 30 minutes as shown below. Interestingly, most (89%) of IDPs in Mahad IDP camp where the project had implemented the solar water systems waited less than 30 minutes to access water as shown in the chart below.

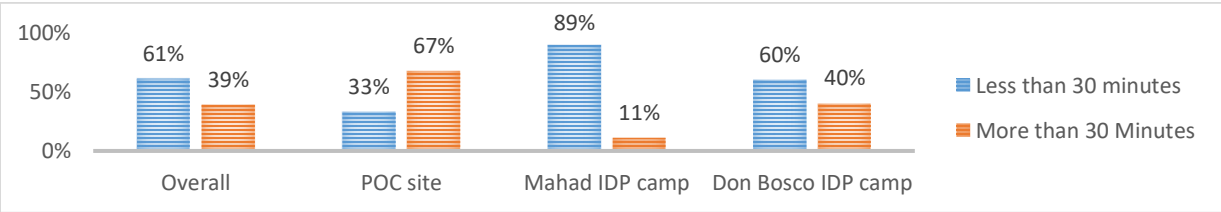

Figure 4: waiting time for water at water stations

The project's role in reducing time to access water was viewed by multiple stakeholders as depicted below:

"I think on the other two areas the project has contributed to accessing water quickly but there is still a struggle in queues at POC sites. People wait in line for some time." - Deputy Camp Manager, ACTED

Indicator: 40% respond that there are less fights at a water station.

Overall, 61% of the respondents in POC and IDP camps agreed fights at water stations had reduced over the project period. This was 21% above a target of 40%. However, despite the overall reduction in fights, most (34%) of POC residents alluded to an increase in fights. This was mainly attributed to accessing water from trucks and the reduction in the quantity of water supplied. Notably, none of the respondents in Don Bosco cited an increase in fights.

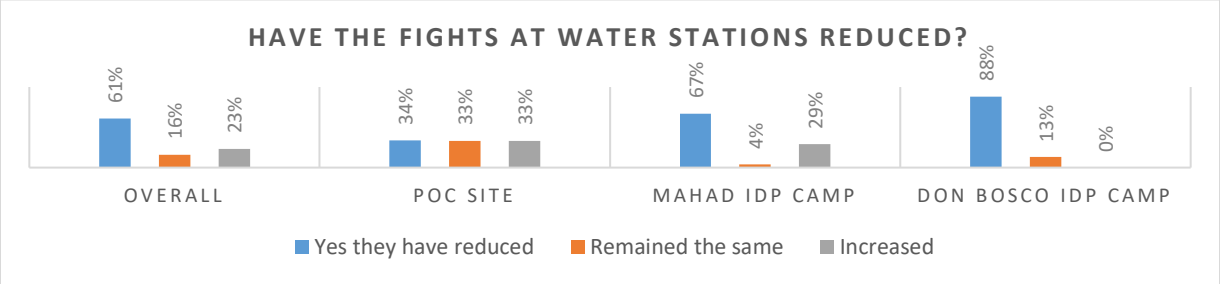

Figure 5: Reduction in the rate of fights at water stations

The stakeholders added their views on the fights and the role of the project in reducing them as follows:

"The POC normally gets water through water trucks and UNICEF have reduced the quantity, this leads to fights as people struggle to get water. Fights had reduced but now with the reduction of quantity, they are back." - Deputy Camp Manager, ACTED

1.2 Temporary wash stalls (POC sites)

At baseline, there were 205 wash stalls in the POCs but none of them were functional. The project aimed to overhaul 100 stalls at POC sites and by the end of the project, this target had been achieved. The project renovated 100 wash stalls in POC 3 as follows: in zone B block 4 (16 stances), zone J block 1 (16 stances), zone A block 6 (16 stances), zone H block 3 (16 stances) zone D block 1 (18 stances) and zone D block 4 (18 stances). After the renovation, the stalls were handed over to zone leaders to oversee their usage and maintenance. The access and usage of these wash stall is shown using the following outcome indicators:

Indicator: 60% respond that they have improved access to a wash stall.

Overall, 59% of IDPs had access to wash stalls and despite the intervention being done in POC sites, only half of the respondents from POCs had access to wash stalls. This proportion was below that of IDPs in the two camps as shown in the chart below.

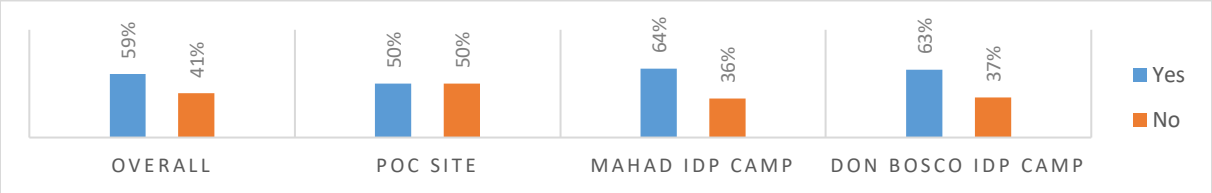

Figure 6: Access to WASH Stalls/shelters

Against the project target of 60%, 61% of all IDPs and 48% of those in the POCs acknowledged that their access to wash stalls had improved over the project period as shown in the chart below.

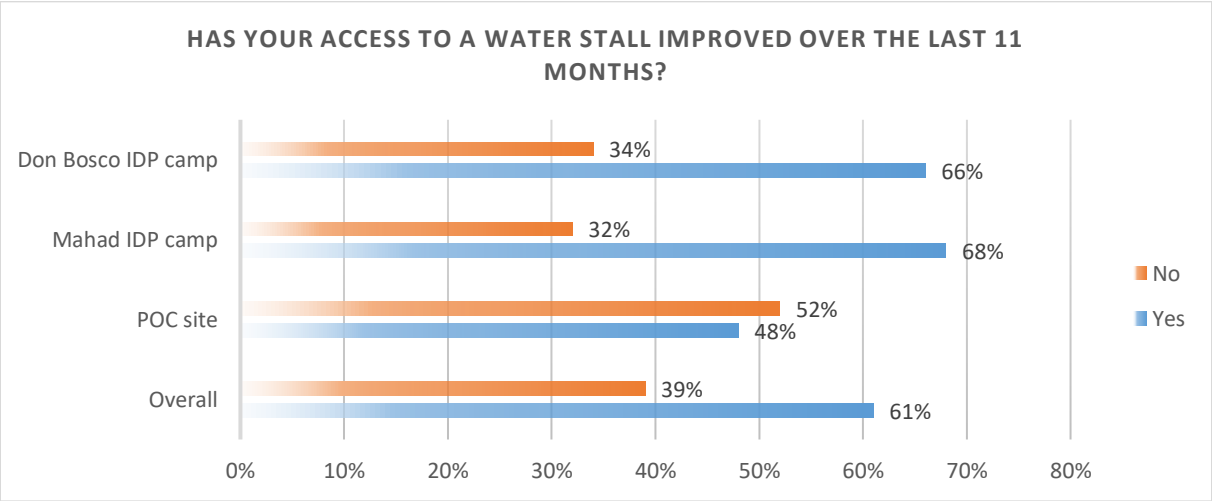

Figure 7: Change in access to water stalls

Indicator: 60% respond that they can now use a safe and hygienic wash stall.

In terms of the usage of wash stalls, overall, 54% of IDPS could use safe and hygienic stalls. However, usage at the POCs was still low at 39% as shown below. The main reasons for the low usage are due to the chronic IDP behavior (preferring to take their showers right outside of their homes at night) and that the number of wash stalls was not sufficient.

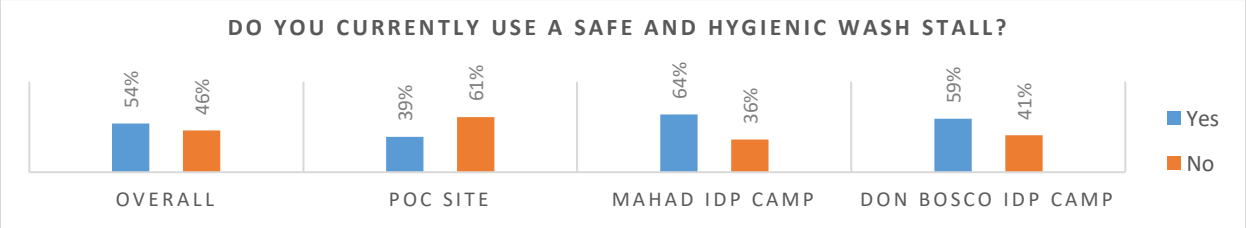

Figure 8: Usage of Wash stalls

2. Sanitation equipment overhaul

2-1 Temporary public toilets

At baseline, there were 1,400 toilets in total out of which only 476 were functional. The project aimed to repair a total of 340 toilets in 10 blocks (7 in POC, 1 in Mahad IDP Camp and 2 In Don Bosco IDP Camp). At the time of this evaluation the project had achieved this target. The project reconstructed 7 blocks of semi-permanent latrines in POC3 as follows: 1 block in zone A block 3 (32 stances), 1 block in zone B block 3 (34 stances), 1 block in Bongo Corridor H (32 stances), 1 block in Bongo corridor I (28 stances), 1 block in zone G block 4 (32 stances), 1 block in zone D block 1 (30 stances) and 1 block in zone J block 2 (24 stances). Due to rising needs at Mahad camp, the project adjusted the plans and reconstructed 2 latrine blocks with 20 stances in Mahad IDP camp against a target of 1 block. In this regard, the project reconstructed 1 latrine block with 40 stances in Don Bosco IDP camp against a target of 1 block.

The project constructed permanent latrines in Mahad due to the existence of schools which were in existence prior to the setup of the IDP camp and would continue offering service in the future. The following images shows latrines constructed by the project.

Figure 9: Permanent latrine in Mahad IDP camp constructed by the project

Figure 10: semi-permanent toilets reconstructed by the project

2-2 Regular vault toilet cleaning / Desludging of latrines

At baseline, there was no existing organization cleaning vault toilets in Mahad and Don Bosco IDP camps. In response to the situation, the project aimed to clean vault toilets 5 times in both camps respectively. At the time of this evaluation, the project had conducted desludging 13 times against a target of 10 times.

In Don Bosco, the project conducted desludging 5 times and in Mahad 8 times. There was increasing need in the two camps due to heavy floods that led to an increase in population of the camps. The project conducted regular monitoring to ensure that once the vault is filled, desludging is done immediately. Desludging of latrines was deemed a vital service by multiple stakeholders and the efforts of the project were noted as follows:

"I am aware they are the only organization conducting desludging in Mahad and Don Bosco. If they don't do that it opens up the people to diseases and other risks. What they have been doing is good but they still need to continue and conduct it more regularly."
- UNHCR

"Desludging is one of the key needs in these camps and needs to be done continuously. Otherwise, it will be a disaster." - Deputy Camp Manager, ACTED

2-3 Solid waste transportation

Similar to desludging of latrines, at baseline no organization was conducting solid waste transportation in Mahad and Don Bosco IDP Camps. The project aimed to conduct solid waste transportation 6 time per year for each camp respectively. The project engaged IDPs in the camps to clean their houses and surroundings and collected the garbage using a truck. The project collected garbage once every two weeks and disposed it in government allocated spaces in Juba. Prior to this intervention, IDPs were dumping garbage into River Nile and surrounding areas because they do not have designated dumping areas. This caused conflicts with the government and the host community. It polluted the river and the environment. The pictures below depict waste transportation in process at the camps.

Figure 11: Solid waste collection truck

Outcomes as a result of sanitation equipment overhaul

Overall, stakeholders acknowledged that the efforts of the project to improved access and use of toilets, sanitation conditions and environmental cleanliness. The outcomes are discussed under the following indicators.

Indicator: 45% respond that they have improved access to toilets.

In terms of access to toilets, 80% of the respondents in POCs and IDP camps cited that households' access to toilets had improved. This was a 35% achievement over the project's target of 45%. Access to toilets within the camps was higher compared to POC sites as shown in the chart below. Another hindrance to accessing toilets was mainly due to cultural behaviour (preferring to use right outside of their homes at night for toilet needs). In this regard, there is a need to conduct sensitization trainings in POCs on the importance of using toilets and hygiene.

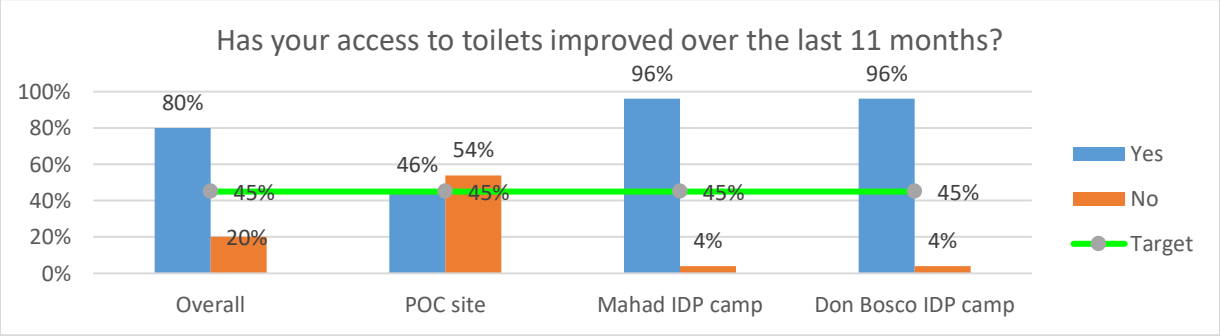

Figure 12: Change in access to toilets

As shown above, the project surpassed its overall target but in POCs, access to toilets still posed major gaps as indicated by stakeholders:

"They (PWJ) are using their funds in the construction of the latrines. They did the construction of the latrines in May, especially in the POC3 but generally there is still more work to be done in the POCs" - Deputy Camp Manager, ACTED

"Some people don't use the toilets because of culture. we need an awareness activity to take to the people on the importance of use of latrines and hygiene, personal and the mental hygiene." -UNHCR

Indicator: 45% respond that women can use the toilet without worries.

Additional analysis on access to toilets showed that more female respondents had witnessed an improvement in access to toilets. Overall, 70% of surveyed IDPs were able to use toilets without worries. Noteworthy, only half of the respondents in POCs were able to use toilets without worries. The project surpassed its target of 45% as 68% of women were able to use toilets without fear as shown in the pie chart below.

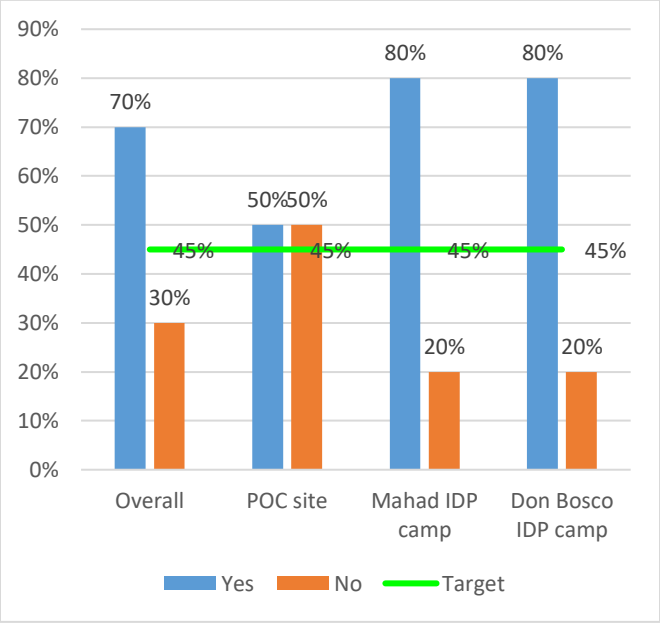

Figure 14: % able to use toilets without worries

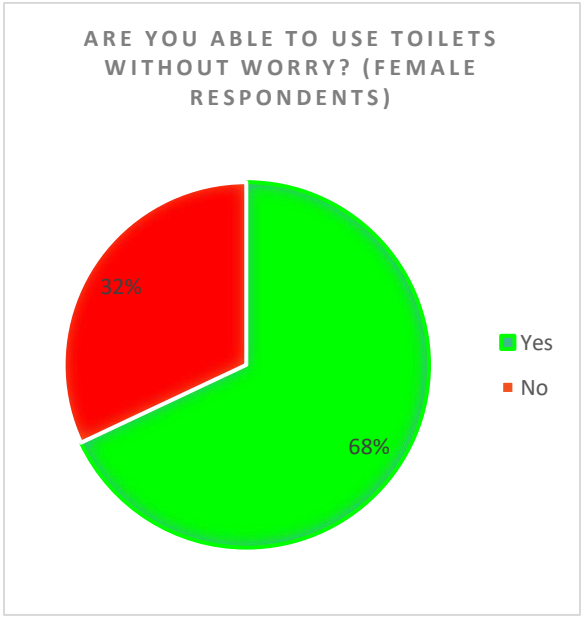

Figure 13: % of women able to use toilets without worry

Indicator: 45% respond that less children relieve themselves outdoors.

The project's efforts had improved the accessibility of toilet facilities to children as 66% of respondents cited reduced number of children relieving themselves outdoors over the project period. Notably, the target was achieved across the POCs and the two IDP camps but in the POCs, it was still lower compared to the other camps as shown in the chart below. One of the reasons given by parents as to why more children were not relieving themselves outdoors was because of the confidence in the structures previously in place. Previously they would forbid their children from going near the toilets as they looked dangerous to children. Low level or lack of knowledge on risks of transmission diseases associated with toilet usage was also a contributing factor to worries of using toilets Thus, the reconstruction restored the children's and parents' confidence in using the toilets.

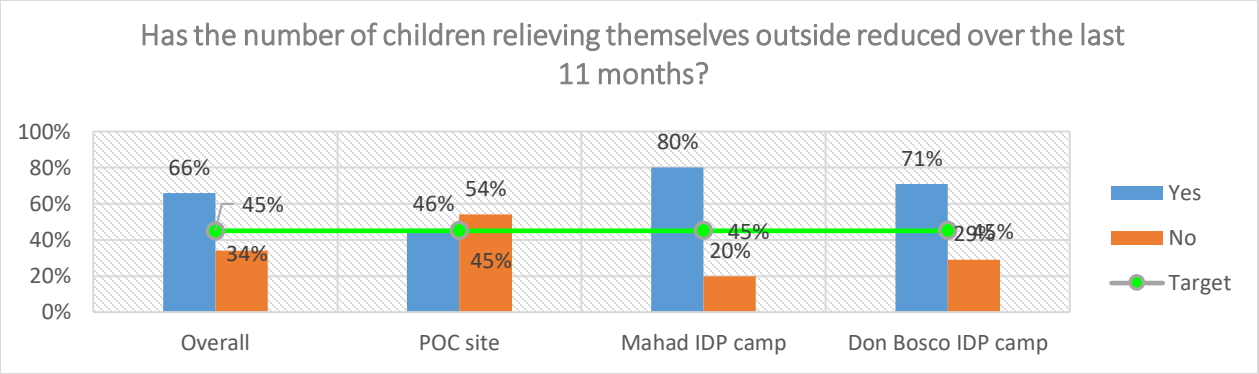

Figure 15: Has the number of children relieving themselves outside reduced over the last 11 months?

Indicator: 45% respond that there is more privacy in sanitation equipment for people with disabilities.

The project reconstructed/repaired 10 latrine blocks, 7 in the POCs, 2 in Mahad and 1 in Don Bosco. Each of the latrine block has 1 stance for PWDs. Meaning the project repaired/reconstructed 10 stances for PWDs. In terms of privacy in sanitation equipment for people with disabilities (PWDs), 72% of the respondents in the camps agreed on increased privacy. Out of the all the respondents engaged in the camps and POC, 22% were PWDs. Out the PWDs, 76% cited that there is more privacy in sanitation equipment for people with disabilities. Thus, the project surpassed its target of 45% by 31% as shown below.

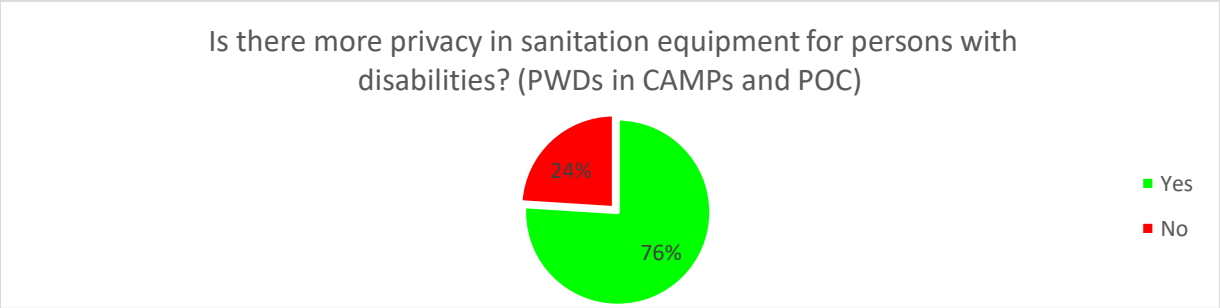

Figure 16: PWDs take on increased privacy in sanitation equipment

3. Hygiene awareness activities

3-1 Training for Cholera/Ebola preventive response team

Cholera outbreaks are not new in the history of South Sudan. The last reported outbreak started in June 2016 and was declared over in February 2018. This was the largest outbreak of cholera in the country's history[6]. On the other hand, South Sudan shares borders with boarders Democratic Republic of the Congo's (DRC), which has had the most Ebola cases. In 2018, South Sudan implemented Ebola virus disease preparedness interventions aiming at prevention and surveillance. Although at baseline there were no cholera or Ebola outbreaks, the project included awareness raising on both cholera and Ebola as part of hygiene awareness interventions. The project aimed to conduct training on measures against infectious

[6] https://www.afro.who.int/news/aiming-zero-cholera-south-sudan#:~:text=Cholera%20is%20endemic%20in%20South,season%2C%20focus%20shifted%20to%20prevention.

diseases such as cholera and Ebola. The training targeted 30 people (14 in POC sites, 8 in the Mahad IDP Camp, and 8 in the Don Bosco IDP Camp). At the time of this evaluation, the project had trained all targeted people in the three area. The trained people form a team that is supposed to respond to cholera and Ebola activities.

3-2 Cholera/Ebola preventive response activity

30 people were given basic training on how to prevent or curb spread, by creating awareness. They were also engaged in spraying at camp entrances and other areas as deemed necessary for prevention. The plan was to engage the team for three months in anticipation of any emergency of an outbreak of cholera or Ebola. However, the emergencies did not happen and the team remained engaged as a precaution for 7 months. This team was also engaged in 2020 due to the pressing needs of Covid19.

In terms of access to information and services intended to prevent infectious diseases, 88% of respondents in the camps had access to information and their main source was from the training offered by the project. Markedly, 49% and 47% of IDPs had been trained by the project (PWJ/Hygiene awareness instructors) on Curbing infectious diseases such as cholera and Ebola and sterilization activities as measures against infectious diseases such as cholera and Ebola respectively.

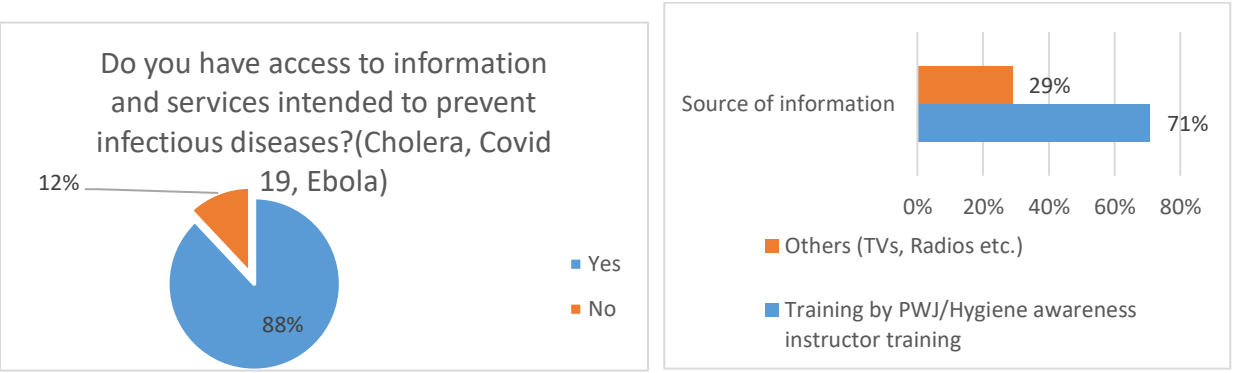

Figure 17: Access to information and services intended to prevent infectious diseases and source of information

Outcomes as a result of hygiene awareness activities

Outcome: 60% respond that they relieve themselves outdoors less often.

The hygiene awareness creation was aimed at improving the observation of hygiene measures in camps which in turn prevents outbreak and spread of diseases. Within the camps, 40% of the respondents acknowledged that they never relieve themselves outdoors, 32% less often and 28% very often. Thus, IDPs who never relieve themselves outdoors and those who do it less often were 72%, which is 12% above the target of 60% as shown below.

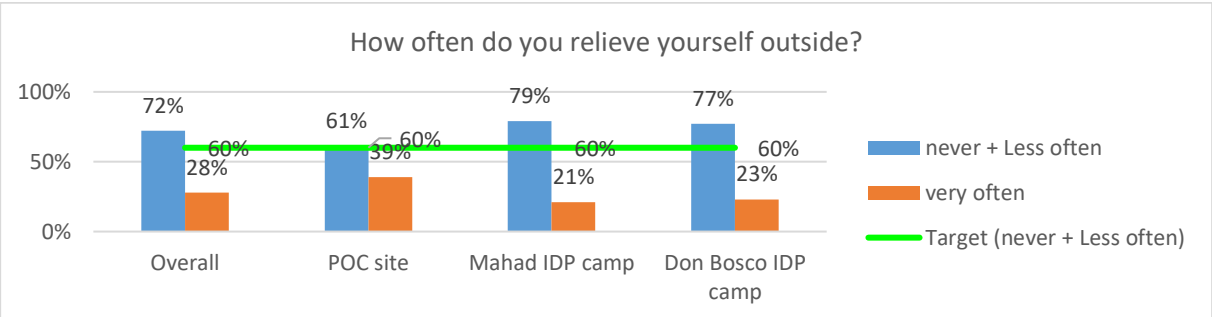

Figure 18: How often do you relieve yourself outside?

Outcome: 60% respond that their awareness of appropriate water use heightened and have observed behavioral changes (i.e., wash the body).

Overall, 80% of IDPs observed increased awareness of appropriate water usage and behavioral changes against a target of 60% as depicted below. Notable, in POC sites, increased awareness of appropriate water usage and behavioral changes was below the target.

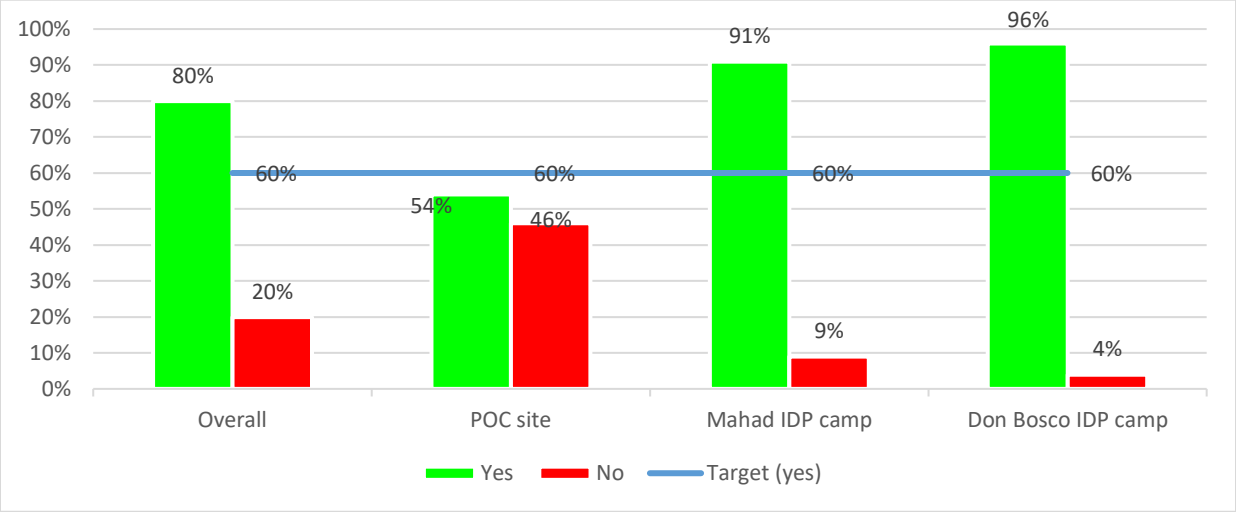

Figure 19: Has your awareness of appropriate water usage increased over the last 11 months?

In terms of handwashing behavior, 63% had access to handwashing facilities and most of the stations had running water and soap. Others (22%) had running water without soap while the rest (2%) lacked water and soap. IDPs washed their hands prior to: food consumption, food preparation, washing and feeding infants, after eating, and after visiting the toilet among other good practices. Most of them washed their hands with soap and running water as shown in the chart below.

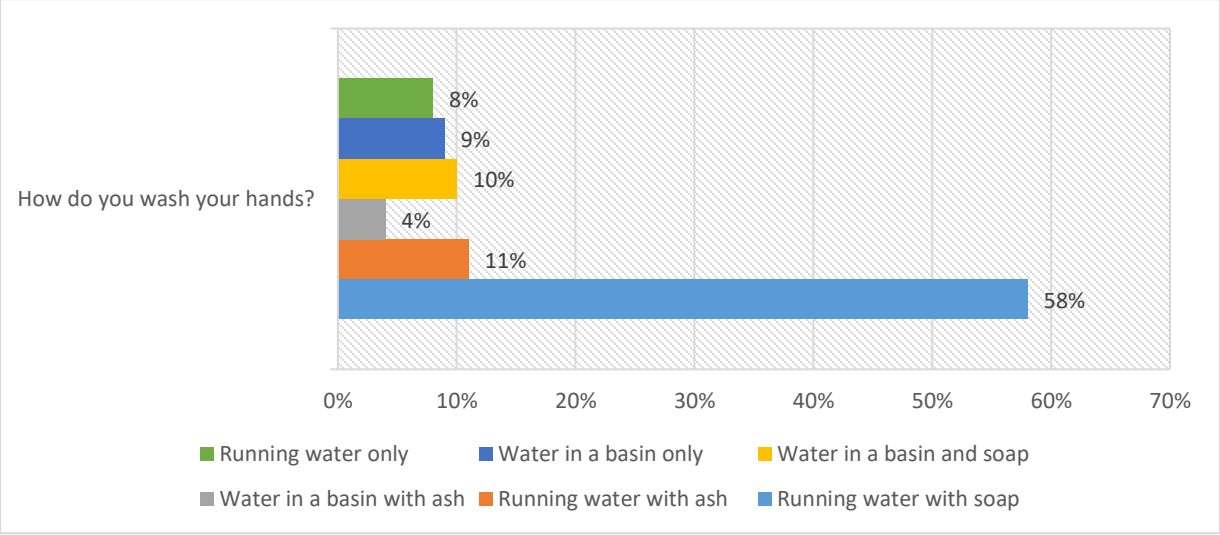

Figure 20: Hand washing practices

4.5 Component 2: Water and sanitation support (host communities)

In South Sudan, an estimated 5.6 million people are predicted to be negatively impacted by lack of or inadequate access to clean water and improved sanitation and hygiene practices in 2021[7]. The main drivers of WASH needs include limited physical infrastructure, sub-national violence and recurring flooding in many parts of the country. At baseline, Magwi County had the fifth largest number of returnees, thus increasing the level of WASH needs in the area. In this regard, the project targeted to improve WASH support in Magwi County, Torit State.

The project aimed to ensure that residents in the target area have safe and equal access to a sufficient amount of safe water. They also have safe and equal access to a sufficient number of safe sanitation facilities. They gain necessary knowledge on sanitation and have higher awareness of it. To achieve this, the project aimed to conduct water supply equipment overhaul and hygiene awareness activities.

1. Water supply equipment overhaul

The project aimed to dig tube wells, repair tube wells with hand pumps and train water management committees.

1-1 Tube well digging

At baseline, there were 52 tube wells out of which 47 could be used. The project expected to dig 5 tube wells in five different locations. In partnership with the Magwi County Authorities and the community leaders, the project selected the following drilling sites: Palwar Primary School, Pajok Payam, Magwi Payam, Palwar Boma and Lobone Payam. Drilling in Magwi Payam was complete and the bore hole fitted with a hand pump. However, drilling in Palwar Primary School, Pajok Payam, Palwar Boma and Lobone Payam was interrupted by heavy rainfalls which made the roads impassable for the heavy drilling equipment being transported to the sites. When drilling finally resumed, 3 of the bore holes turned out to be dry. In this case, the community leaders came together and identified new sites as follows: (1 at Biliyang village, 1 at Lobinonga village in Palwar Boma Lobone Payam, 1 at Agola Secondary school, and 1 at Ogobi village in Pajok Payam). Thus, at the time of this evaluation, all the five targeted boreholes had been successfully drilled. Two were drilled in Pajok Payam, two in Lobone Payam and one in Magwi Payam. Apart from the heavy rainfall, other factors that had contributed to delays in drilling included challenges in accessing communities selected by county government authorities and the rocky surfaces which hampered drilling and caused reselection of new sites. However, the project was able to engage the community and county authorities and finally complete the 5 boreholes.

1-2 Repair of tube wells with a hand pump

The project expected to repair one hand pump in one location within Torit. Given the target was only one pump, the project engaged community leaders in Obbo Payam to assess the nonfunctional hand pumps and select one that served a larger population. After assessment, 1 broken hand pump in Dii Cwinyi village was selected and its repair completed in October 2020. After completion, it was handed over to the community and the County WASH department.

1-3 Well Management Committee member training

The project aimed to train 42 people in 6 committees but the exercise was delayed by the Covid 19 Pandemic due to the bans on public gatherings as a preventive measure put in place by the government. At the time of the evaluation, the project had just conducted training with the committee members but in small groups. This process was tedious and required more time to train all of them in small groups. The PWJ team was still exploring alternatives approaches to conducting the training.

[7] South Sudan Humanitarian needs Overview -OCHA January 2021

Outcomes as result of Water supply equipment overhaul initiatives in Torit

The project aimed to ensure residents in the target area have safe and equal access to a sufficient amount of safe water (for both drinking and other domestic purposes).

Indicator: 60% respond that they now have access to safer water

Overall, 96% of respondents (Magwi County) acknowledged that they were able to access safe water at the time of this evaluation. This was 36% above the project's target of 60%. Additionally, 87% alluded to water being normally available at the tube wells, which were the main sources of water.

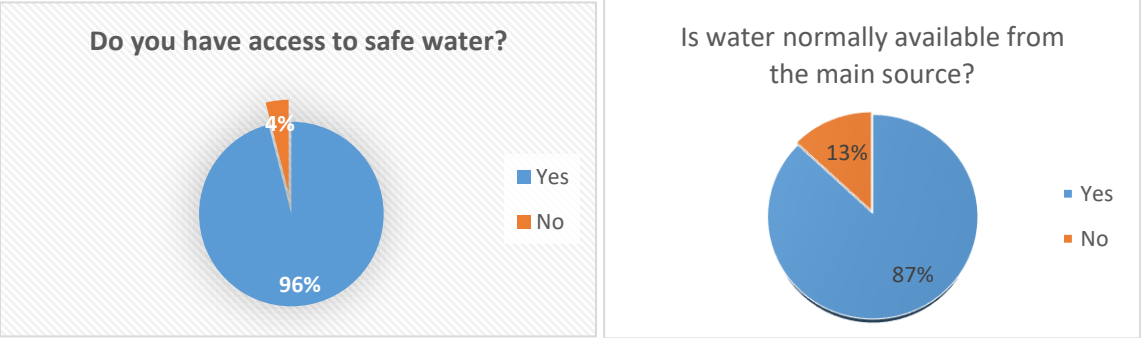

Figure 21: Access to water and availability of water

A study conducted in April 2020[8] indicated 16% of households walked more than 30 minutes to access water during rainy seasons in Magwi county, at the end of the project, only 10% took more than 30 minutes to access water. The project's efforts in improving access to water in Magwi county was further corroborated by other stakeholders as follows:

"I think access to water has improved because by increasing the number of existing water supply within the community and the community had an increase in supply of water and improved supply of water. Before, the queues used to be quite a lot within the community." – WASH Cluster Coordinator, Torit State

Indicator: 80% of Well Management Committee members respond that they gained skills and knowledge on well repair.

This indicator was not tracked as the committee members were trained at a similar period to this evaluation. The main reasons to delay in conducting the training was the Covid19 Pandemic.

"Due to the ban on gatherings, we could not conduct trainings until last week when we conducted training with smaller groups which was tedious and time consuming. We just concluded like 3 to 4 days ago but there are some other trainings we cannot conduct and so we are trying to do alternative approaches." - PWJ

2. Hygiene awareness activities

To increase hygiene awareness focusing on handwashing behaviour, body cleanliness, use and storage of water, the project aimed to conduct hygiene awareness instructor training, hygiene awareness activities and elementary school hygiene club member training as discussed below.

[8] **2020 Magwi Multi-Sector Household Survey Report-** AVSI Foundation Coordinator of Monitoring and Evaluation for the Italian Agency for Development Cooperation and the Food Agency Organization
https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/avsi_-2020_magwi_multi-sector_household_survey_report_final_draft.pdf

2-1 Hygiene awareness instructor training

The projected expected to conduct 2 training sessions with 18 community hygiene promoters. The project engaged the community members and selected 16 people in Obbo Payam to be taken through 2 training sessions as community hygiene promoters. The first training session was conducted in June 2020 and the second session or refresher session was scheduled to be conducted in February 2021. This was after the promoters requested a refresher training that would instill the practices for them to be able to engage the community further after the project ended. The refresher training had not taken place at the time of this evaluation due to strict measures employed by the government against public gatherings. The project was exploring other alternatives of conducting the refresher training.

2-2 Hygiene awareness activities

In hygiene promotion activities, the community hygiene promoters had engaged a total of 2,104 households with a total of 23,087 persons reached by end of January 2021. All 16 targeted hygiene promoters were disseminating hygiene messages twice in a week for 7 out of the planned 8 months. The activities were also negatively impacted by Covid 19 restrictions and the project was exploring the options printing banners and fliers to share with community. This is because conducting the refresher training with the 16 promoters was difficulty due to the ban on gatherings by government.

2-3 Elementary school hygiene club member training

The project had aimed to engage the Torit State Ministry of Education to select two elementary schools with strong needs for hygiene. In these schools, the project would train 2 hygiene clubs with a total of 26 members in 2 sessions. Over the project period, the project in collaboration with the Torit State Ministry of Education identified Agape Primary School and Oyere Primary School, in Obbo Payam to have hygiene clubs trained. However, due to Covid 19, all schools were closed in 2020 and only candidate classes were allowed back. Thus, this training did not take place although the project was exploring the alternatives of printing of material to be shared with the schools for use once the schools reopen. Indicators for this activity were not tracked because it had not yet been implemented.

"Schools are closed because of this Corona virus restrictions so we cannot bring the school children together, then there is also a ban on public gathering. So, we cannot, and the schools are closed. We are trying to see if we can purchase materials for training that can be shared with schools." -PWJ

2-4. Baseline survey for hygiene promotion activities

The project planned to conduct a baseline study in order to determine baseline for the hygiene promotion activities so that it will be measured against PWJ set targets at the end of the activities. The project managed to conduct a baseline through the community hygiene promoters and was able to reach 1,495 households (8,970 individuals including 4,907 females and 4,063 males) in Obbo Payam, Magwi County.

Outcomes as a result of Hygiene awareness activities

After the hygiene awareness interventions, the following was achieved:

Outcome: 60% of residents respond that they relieve themselves outdoors less often.

Overall, the proportion of residents in Magwi relieving themselves outside less often was 67%. This was 7% above the project target of 60%. Additionally, 94% cited improved access to toilets over the project period as shown below. Those relieving themselves outdoors very often cited that their toilets had been destroyed by heavy rainfalls.

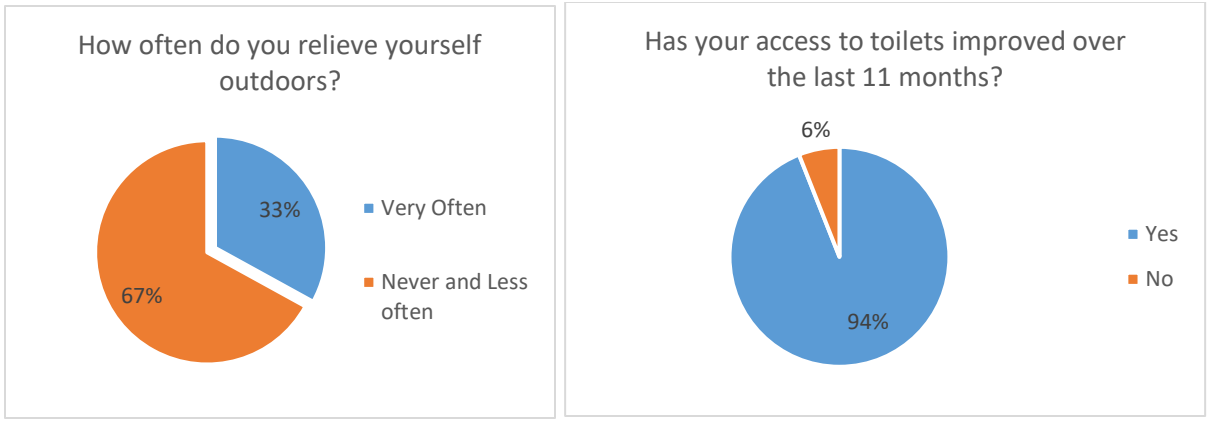

Figure 22: access to toilets and frequency of residents reliving themselves outside

"Most of us are able to use toilets regularly without challenges but sometimes due to heavy rainfalls, it is a bit risky to those who don't have good structures." – FGD, Magwi.

Indicator: 60% of households respond that their awareness of appropriate water use heightened and have observed behavioral changes (i.e., wash the body, store water using appropriate methods, and wash clothes).

Overall, 96% cited increased appropriate water usage and had noticed behavioral changes. Additionally, 94% were using appropriate water storage by covering storage containers and 65% were boiling drinking water. Most importantly, 98% of the residents washed their hands regularly.

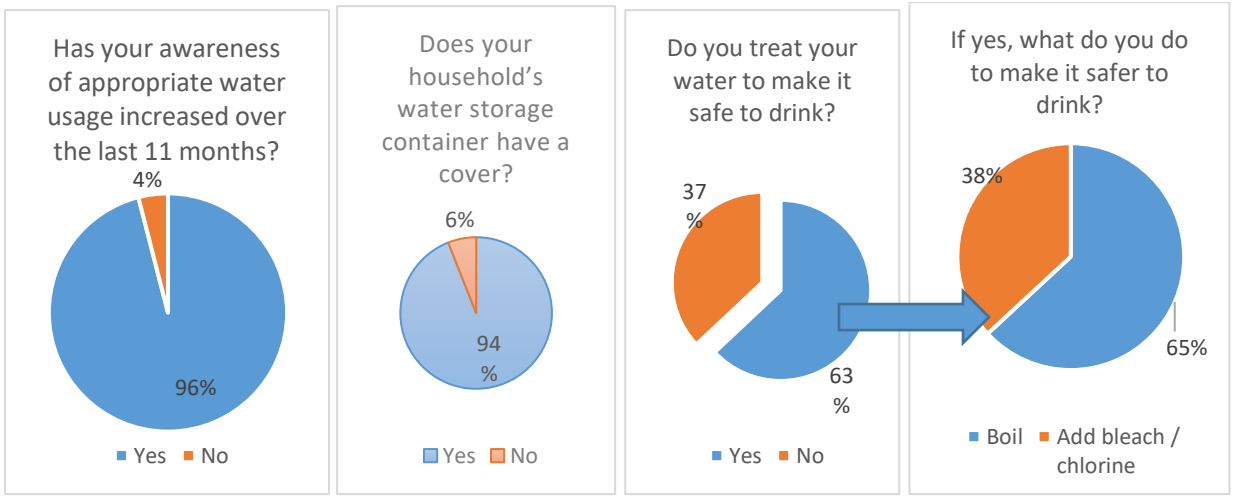

Figure 23: Water usage

Indicator: 60% of households respond that their awareness of cleaning heightened and have observed behavioral changes (i.e., clean the home).

Figure 24: Awareness of cleaning

In terms of cleaning their homes, 98% acknowledged an improvement in awareness of cleaning. Households engaged in sweeping houses and compounds and had designated areas for dumping garbage within the compounds.

"There is a person from Peace winds who came to my home and advised me on boiling water, cleaning my compound and putting garbage in one place away from my house." -FGD, Magwi

Indicator: 60% of the subject women respond that they gained more knowledge on menstrual hygiene.

Out of the residents engaged by this evaluation in Magwi, 39% had been trained on menstrual hygiene by PWJ hygiene awareness instructors. All trained women (39%) cited that they gained more knowledge on menstrual hygiene. Thus, the project surpassed its target of 60% by 40% as shown below.

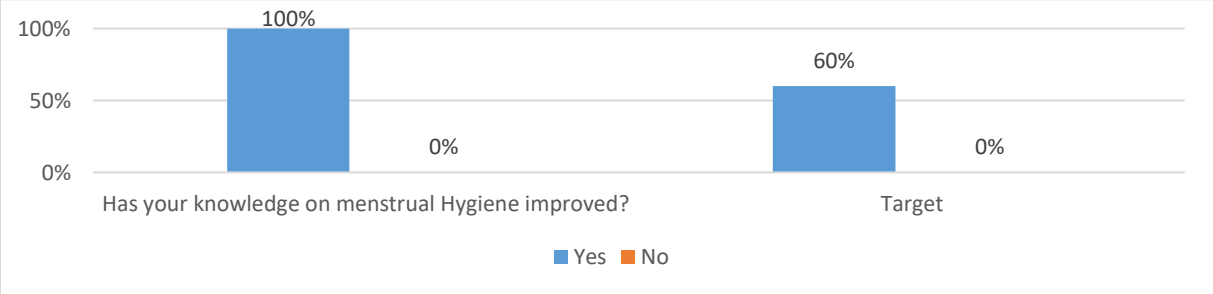

Figure 25: Change in menstrual hygiene knowledge

4.6 Component 3. Protection assistance (host communities)

At baseline, there were 6 million people in South Sudan who needed to be protected. 19,000 children were used in armed forces, and 50% of girls marry before they become 18 years old. Between June and September 2020, UNMISS said it had documented at least 21 cases of rape, gang-rape, forced marriage, forced nudity, sexual slavery, and attempted rape[9]. 25% of victims of sexual violence were children, and 50% of women are the victim of violence by their partners. SGBV is the most serious threat to the protection and welfare of women and children. As reported by UNMISS in May 2020, there was inadequate medical response for sexual and gender- based violence survivors in South Sudan. This was due to both underfunding by the government to the health sector (only 1.2 percent of the budget was allocated to the public health sector) and the inability of international organizations to meet needs because of other priorities and funding shortfalls[10].

Against this background, the project aimed to increase the ability of the communities receiving protection assistance (Torit State) to handle SGBV and to improve the menstrual hygiene management of girls and women in the target age range improves. To achieve this, the project planned to deliver SGBV training to

[9] https://www.hrw.org/world-report/2021/country-chapters/south-sudan
[10] https://www.hrw.org/world-report/2021/country-chapters/south-sudan

72 people and distribute menstrual hygiene management and dignity kits to 400 girls and women in Torit State.

SGBV training

At the time of the evaluation, the project had engaged 72 community representatives (33 females and 39 males) selected by the local authorities in the department of Gender, Child and Social Development in Magwi county. The project targeted mainly representatives from Magwi Payam due to heavy rains and bad roads that made other payams inaccessible. The people selected included community leaders, religious leaders, and primary school teachers, and radio presenters. PWJ conducted the training on 3rd, 4th, and 5th November 2020 and all the Covid19 protocols including giving participants masks and checking of temperature was undertaken. The project achieved its target of training 72 people on SGBV but was only able to conduct one training session out of the planned 2 sessions. Plans to undertake the second session was curtailed by Covid19. The project also distributed T-shirts with ant-SGBV messages in the community to raise awareness. The messages were drafted with the consultation of multi-stakeholders including the community, SGBV actors and the project team. This way, the most appropriate and effective messages were chosen. An example of the message displayed on the T-shirts is "Stop sexual gender-based violence against women and girls". The message is also being used by other members of the SGBV cluster, thus amplifying the message. All the trainees were given the T-shirts after the training. The advantage of using this strategy is that T-shirts are worn by individuals anywhere and everywhere, spreading the message more.

"We did messages that we put on those t-shirts and when the trainees wear the t-shirts, and they move around the community they get the knowledge out of the information on the T-shirts." -PWJ

Outcomes as a result of the SGBV Training and awareness creation activities

Overall, 33% of all the respondents were aware of how to handle SGBV cases. Out of the total, 56% were female and 44% male. The messages on T-shirts were also mentioned as a key awareness resource from the FGD conducted.

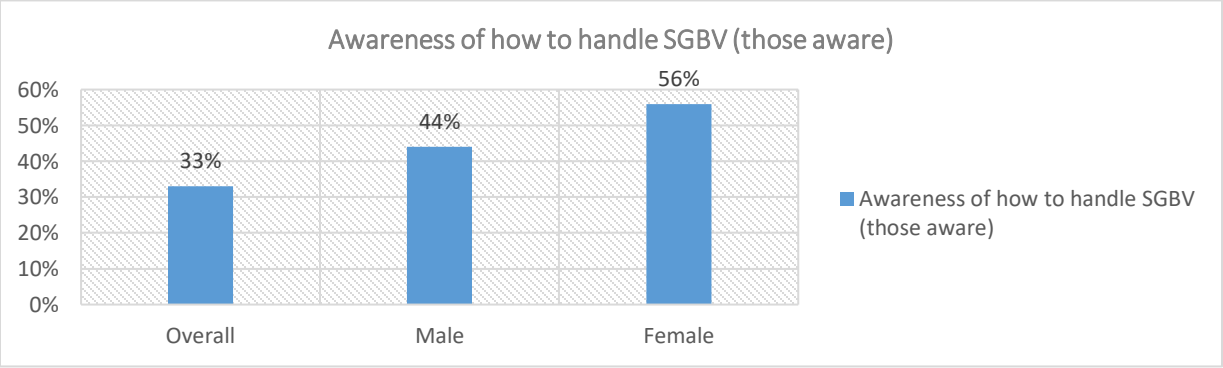

Figure 26: Awareness of how to handle SGBV

The importance of this training and awareness was substantiated by community members as follows:

"The issue of SGBV is important to keep reminding people it's good to take care of each other. If the community members are not frequently reminded, they may normalize it. That is why I like the T-shirts and the use of community members especially men in the trainings." – Community leader, Magwi

"Yes, we have this group from Peace Winds that talks to us on the importance of protection. Now we are better and our husbands also listen to us. We are able to solve things without violence." -FGD, Magwi

2. Distribution of menstrual hygiene management dignity kit

The project targeted distributing menstrual hygiene management and dignity kits to 400 people. The project engaged 400 girls from 4 schools jointly selected by the Local authority in the Department of Education and PWJ team based on the available functional WASH facilities and the number of adolescent school girls. Distribution was done as shown below;

Table 5: Distribution of Dignity Kits

S/N	Name of the schools	Number of pupils who received the dignity kits/School
01	Magwi Primary School	150 girls
02	AIC Primary School	50 girls
03	Excel Primary School	100 girls
04	Covenant Primary School	100 girls
Total		400 girls (received the kits)

Additionally, the project distributed other things with the dignitary kits such as buckets to help the girls with other activities such as washing of clothes. In terms of outcomes, all the female respondents engaged in the household survey cited improved knowledge on menstrual Hygiene.

4.7 Impact

The project contributed to improved access to safe water and contributed to hygienic, healthy, safe, and dignified living among IDPs and host community as discussed below:

Improved access to safe water

As a result of the project, IDPs' access to water stations improved significantly and the through increased functional water stations and solar powered water stations, the waiting time and fights at the water stations reduced. At the camps, prior to the project, most of the IDPs were fetching water from River Nile which posed a great risk to their health. For the host community in Magwi, the project sunk 5 boreholes which improved access to safe water and also reduced time required to access water for households. Households in this area were also accessing water from streams. The reduction in time required to fetch water meant children were able to attend school on time and adults were able to engage in other activities. In Mahad Camp where the project installed solar water systems, the efforts and time needed to access water was significantly reduced compared to Hand pumps that were previously installed.

"Yes (because of the project), access to water for IDPs has improved. For example, in a camp like Mahad, before they intervened, we used to have issues in regards to water and IDPs were getting water from the Nile stream where they were exposed to diseases which are in it because that water is not treated." -UNHCR

"I think access to water has improved because by increasing the number of existing water supply within the community, the project improved community access of water. Before, the queues used to be quite long in the community, but now they have reduced." – WASH Cluster Coordinator, Torit State

The project also contributed to reduced conflicts at water points. Conflicts were mainly caused by long queues, longer waiting time and fear of the water running out. This resulted in fights at the water stations. However, the project's efforts contributed to reduced lights by ensuring increased quantity of water, multiple functional access points and semi-automated processes through the solar water systems. The

project also contributed to reduced risk of conflicts between host community and IDPs. Due to lack of sufficient water, IDPs would leave the camps to source water from sources used by the hosts community. By improving access to water in camps, the project aided in evading such conflicts.

In additional to improving access to safe water, the project also improved the safety of women and girls who were prone to violence as they fetched water from the streams. IDPs risk of being attacked by animals such as crocodiles in River Nile was also reduced.

"There were a lot of cases that old women have been sexually assaulted because they moved up to around 1 kilometer from the camps searching for water. But this has reduced now." -Deputy Camp Manager, ACTED

"Before the intervention, they were exposed to physical harm. There are crocodiles in the rivers, so even drawing the water was dangerous. Because of what they have done, there were no need to go collect water from the streams."- UNHCR

Improved hygiene

The project improved the hygiene of both IDPs and host community members and in turn reduced the risk and spread of infectious diseases. Defecating outdoors increases the risk of the spread of infectious diarrhoea1 disease such as cholera[11]. In Magwi, the project created hygiene awareness and reduced the frequency of defecating outdoors among the residents. By constructing and repairing toilets in the POC and camps, the project reduced the proportion of people defecting outdoors. The fixed toilets were also friendly to use for women and children, thus reducing children defecating outdoors. Similarly, the project was the only one conducting desludging of vault toilets in the camps, without regular desludging, the toilets would be over filled and increase risks to diseases. The constructed toilets also increased the privacy and usability of the facilities by Persons with Disabilities.

Additionally, the project was the only one conducting solid waste management in the camps. Prior to the project, the camps were littered and had garbage piles within the compounds causing health hazards. Within the camps, IDPs disposed their garbage into the River Nile causing pollution. Moreover, it was causing conflicts between the IDPs and the county government and host community. In Magwi, the project also increased uptake of hygienic measures such as washing of hands, cleaning of homesteads and proper garbage disposal.

"There was no one who was managing solid waste, because they use tissue, so you would find the camp is littered with a lot of garbage. But at least now the situation is good because they (PWJ) collect this garbage. They come with camp, they collect and then they dump. So at least the hygiene situation has become better."- UNHCR

"I think sanitation in the area has improved in the context that people are now very conscious about sanitation and have a change perspective about sanitation." - WASH Cluster Coordinator, Torit State

In Magwi, the project also created awareness on menstrual hygiene and supported 400 girls with dignitary kits. The reusable kits reduced the financial burden for the adolescent girls and increased their self-esteem. Those who were skipping school due to lack of kits, they were able to attend classes.

"The kits and awareness creation has helped the girls a lot to manage their menstrual period in a very hygienic manner not to be costly to them. Additionally, these girls are from poor backgrounds and with the help of the project are more confident amongst their friends." - WASH Cluster Coordinator, Torit State

[11] https://www.who.int/water_sanitation_health/emergencies/fs3_2/en/

Improved awareness of SGBV

The project contributed to increased awareness of SGBV and the proportion of community members in Magwi who knew how to handle SGBV, which was an issue on the rise. The area was also considered underfunded and full of gaps in South Sudan.

"The gender-based violence has become so pronounced in the community than previously especially with conflicts. Any support in this area is great for the people." - WASH Cluster Coordinator, Torit State

4.7.1 Beneficiary satisfaction

To gauge beneficiaries' satisfaction levels with the project, beneficiaries were asked to rate the project's interventions on a scale of 1 to 5 where; 1= Not Satisfied at all, 2= Not Satisfied, 3= Average/OK, 4=satisfied, and 5= Very Satisfied. Host community members in Magwi, IDPs in Mahad and Don Bosco were satisfied with the project (rated the project interventions at 4) while those in POCs rated the project as OK (average rating at 3). The main reasons why those in the POC rated the project as average/OK was because they felt their needs were yet to be met. It shows there are more existing gaps in the POC sites compared to the other areas.

Table 6: Satisfaction with the project

Areas of interventions	Average rating			
	POC site	Mahad IDP camp	Don Bosco IDP camp	Host community (Magwi)
Current state of sanitation facilities	3	4	4	4
Support offered by PWJ in water and sanitation	3	4	4	4
Support offered by PWJ in protection assistance	-	-	-	4
Overall average rating	3	4	4	4

4.8 Sustainability

The project had in place an exit strategy. The project was implemented in collaboration with and with the support of the government and the community. In this regard, once an intervention's implementation was completed, PWJ handed it over to the relevant government departments and community leaders.

In POCs and IDP camps, the project installed metallic tanks raised on metallic stands which were more durable compared to plastic tanks placed on gravel. These tanks and stands were likely to continue their use beyond the project funding.

The project also trained well management committees who would oversee the operation and maintenance of the wells drilled. Community Hygiene promoters on the other hand were trained to continue offering hygiene awareness activities after the project ended. From the on start, the well management committee members were identified and selected by the community. They were informed they would be trained to come and help the communities as volunteers and accepted.

Sustainability of the boreholes was hinged on government's oversight and the willingness of the trained committees to support the community after the project ends. On the other hand, sustainability of hygiene

practices was hinged on continued practice by the community and the passion and commitment of community hygiene promotes to the community.

Additionally, community hygiene promoters were given certificates and training materials to use after the project ended. This increases the sustainability of the outcome on hygiene awareness as they can be engaged by other organizations since they are qualified.

4.8.1 Challenges during implementation and lessons learned

Covid19 pandemic

The pandemic hindered planned trainings and visiting of beneficiaries. The planned refresher training for community hygiene promoters and school hygiene clubs were not conducted. Schools were closed by order of the government and thus children could not be accessed. Water committee management training was carried late in the project period due to ban on gathering by the government. The project adapted by conducting the well management training with smaller groups which was tedious took longer than earlier planned. The project was planning on printing out materials to be used by community hygiene promoters as well as for school hygiene clubs, which they would use even after the project ended. These included banners, fliers and printable copies of the training materials. The project also provided masks and sanitizers to all participants of the trainings that happened prior to the bans on gatherings.

"Covid 19 truly affected our plans negatively, we had planned trainings with school clubs and refresher training for community hygiene promoters but that did not happen due to bans on gathering. We are trying to see how we give them printed resources to use after the project in place of the training. Even the training on well management committees we have just concluded a few days ago and we had to do them in small numbers." -PWJ

Heavy rainfalls

Heavy rainfalls in Magwi county have affected the road conditions, which caused limited access to project sites. This caused drilling of boreholes to be halted for a while. However, after the rains, drilling also continued. CHPs also had difficulties accessing community members who were located deep in the villages.

Security

Due to the conflicts, there is a security risk which hinders access to beneficiaries. The project had to carefully plan its logistics based on security updates. Additionally, insecurity cases in the IDP camps also made accessing beneficiaries and carrying out project activities difficulty at times.

"We have challenges in South Sudan that have to do with security. We also must have to do a lot of logistics and may have to do a lot of checks before we ply the road to go to these communities. But this we have largely managed." - PWJ

5 CONCLUSIONS AND RECOMMENDATIONS

Overall assessment

Overall, the evaluation team concludes that the project was highly successful in delivering its goal of contributing to improved access to safe water, sanitation and contributed to hygienic, healthy, safe, and dignified living among IDPs and host community. To the satisfaction of beneficiaries, the project was able to implement all its objectives except for a few that were hindered by the Covid 19 pandemic.

Relevance

The evaluation concurs with the views of beneficiaries, County Government, community leaders, and other stakeholders consulted that the project was relevant. The project was in line with the needs of the beneficiaries, plans of the governments and with the humanitarian response plan for South Sudan. The project used the Humanitarian Response Plan in South Sudan for the year 2020, which was developed by multiple stakeholders led by UN OCHA. The project also relied on the findings of a needs' assessment survey conducted in 2018 on behalf of PWJ. This study identified WASH needs in the target areas.

The project was in line with the humanitarian principles of humanity, neutrality, impartiality, and independence. The project reduced human suffering by improving access to water, improving access to wash facilities and improving the state of the environment. Given the conflict context in South Sudan, the project did not take sides and observed the do no harm principle. Additionally, it reduced risks of conflicts fueled by the sharing of resources between IDs and host community.

Achievement of project targets

The project was able to achieve its expected outcomes as follows:

Component 1: The project contributed to increased access to water stations. 87% of IDPs in POC and camps reported that they have improved access to a water station against a target of 60%. Access was lowest at the POC compared to the other 2 camps. The time of waiting at a water station was also reduced as 61% against a target of 60% of all IDPs waited less than 30 minutes to access water. Notably, while the majority in the 2 camps waited less than 30 minutes at the camps, in the POCs, most waited for more than 30 minutes. Additionally, fights at water stations had significantly reduced, as cited by 61% of all the IDPs compared to a target of 40%.

In terms of improving hygiene in the camps, access to wash stalls had only improved for 59% against a target of 60%. Furthermore, only half of those interviewed in POCs where wash stalls were installed by the project claimed their access had improved. Thus, the project fell short in achieving this target.

The project also improved access to sanitation facilities as it surpassed its targets of improving access to toilets, the proportion of women using the toilets without worry, a smaller number of children relieving themselves outdoors and PWDs having more privacy in the sanitation facilities. Likewise, the awareness of appropriate water usage and hygiene had improved among IDPS. However, appropriate water usage in the POCs was still below target.

Component 2: In Magwi, the project improved access to safe water past its target. However, given the well management committees had just been trained, the evaluation could not gauge their skills. The project also improved hygiene among host community members as more community members were relieving themselves outdoors less often, most had noticed increased appropriate water usage and behavioral changes. However, the project could not conduct the planned training with school hygiene clubs and refresher training with community hygiene promoters due to Covid19 restrictions.

Component 3: The project had also improved knowledge on menstrual hygiene and provided 400 dignitary kits to girls. Moreover, 56% of female respondents were able to handle SGBV. Beneficiaries also confirmed the effectiveness of the messages on T-shirts against SGBV. However, there were still gaps in addressing SGBV.

Impact

Overall, the project improved access to clean and safe water, access to sanitation facilities and improvement of hygiene. The project was the only actor conducting WASH activities in Mahad and Don Bosco camps and without it, the changes would not have occurred. E.g., only the project was engaged in collecting solid wastes and without the project, IDPs would have continued disposing garbage in their compounds increasing risks of diseases. IDPs would have also continued dumping garbage in River Nile, causing pollution and potential conflict with the government and host community. The project also contributed to change in hygienic behavior through the training that only the project was offering in Magwi.

Beneficiary satisfaction

Overall, beneficiaries were satisfied with the project and its interventions (rated it 4 out of 5). The satisfaction levels in the POCs were however lower compared to that in the host community, and IDPs in Mahad and Don Bosco. The residents of the POCs cited that their needs were not yet addressed in access to water and sanitation as well in relation to the current state of the sanitation facilities. The use of wash stalls was still low despite the project construction of 100 stalls. This was associated with poor bathing cultures among the IDPs.

Sustainability

Overall, increased access to clean and safe water outcomes were more likely to be sustainable due to the permanent nature of structures, committees and government and other stakeholders' interest in place. On the other hand, sanitation outcomes in the camps were least sustainable given their continuous needs nature. Without desludging the vault toilets, the situation will go back to pre-project condition or even worse given the increasing number of IDPs joining the camps due to floods and conflict. Similarly, collection of solid waste and repair of semi-permanent toilets. For such outcomes to continue without the project, it would require another organization to take over and at the time of the evaluation, no organization had similar plans.

"I think when they leave there will be gaps because we have not seen any partners coming up and doing WASH activities in the camps. People know about Peace Winds Japan being there and their WASH activities." -UNHCR

5.1.1 Recommendations

The evaluation recommends a second phase of this project. The next phase should focus on finalizing training earlier planned for School Hygiene clubs, CHPs and well management committees. This would improve the impact and sustainability of the project's interventions. The extension phase should also focus on offering similar WASH services to IDPs in camps as this project, especially at the POCs. These services include services that would cease without the project such as disposal of solid waste, desludging of vault toilets, and maintenance of water points.

Water access in the POC still have a lot of gaps and the project should increase its efforts in increasing the quantity considering that UNICEF has reduced the quantity despite the increased number of IDPs in the camps. the project can consider solar systems in the other areas as it has had an impact in Mahad. It can also consider increased piping on water to improve on the access. In addition, appropriate operation and management (O&M) mechanism is needed to develop in order to ensure long-term functionality of the WASH scheme.

Behavioral change requires time and the one-year duration of the project was not sufficient to achieve change in hygiene. It is in this regard that hygiene was still low in the POC despite the project installing 100 washing stations. Hygiene training and awareness creation campaigns need to be continued in the camps and the community targeting new and existing IDPs as well as the new returnees in the community. The hygiene promotion component should also have a follow up initiative to address gaps of the populations that are yet to adopt to hygiene practices in relation to hand washing, usage of bathing shelters, cleanliness of the toilets and other issues.

Protective assistance needs to continue and needs to include both the host community and IDPs. This is an area which is still very relevant and with a lot gaps given the conflict and the Covid19 context. SGBV is also on the rise with tensions rising within families and communities, leaving women and girls vulnerable to violence as they attempt to isolate or escape from the virus[12].

To improve the sustainability of the interventions, the project needs to blend interventions with aspects of livelihoods to ensure well management committees and CHPs are more stable and can continue their work after the project. Most of the time the committee members are required to work without any incentive or tools to repair the boreholes. The project can also share challenges, lessons and solutions to the clusters to increase learning amongst cluster members.

[12] https://www.unfpa.org/news/safety-elusive-women-south-sudans-protection-sites-amid-pandemic

6 ANNEX : CASE STUDIES

POC Case study

"My name is Jane (Pseudo name), I'm 39 years old and I have a family of 4 children and wife to my son. my son and husband were killed in the conflict of 2013 and I have been here since then. When I came here, I was really suffering mentally, the loss of my family members, home and property. Leaving the camp was not an option because violence was still rampant and safety was not guaranteed outside. At the beginning things were better in terms of accessing needs such as food, water, and the sanitation in terms of cleanliness and using of toilets was better. This changed two or three years ago when organizations started leaving, water became scarce due to rations, toilets filled up and the environment became dirty.

We tried to wash and fix the toilets ourselves and we couldn't. by this time last year, the conditions were very bad. We could not use most of the toilets as they were broken and people resulted to using outdoors. Then PWJ came and started repairing them and people started using them and at least that was clean and people felt safe. They also built bath shelters and were giving out soaps. All these were very helpful to us but now that they are leaving, the toilets are full, the water rations have become worse and the environment is very dirty. I personally I haven't used the bath because I don't have soap and the water, I can get is for me and the family. Last year they did so well but now and with the incoming rains in April, it will be a disaster.

I want to thank them for what they did but also request them not to leave. We have suffered and will continue if it they leave. Last week we tried to empty the full toilets but there is no sewerage tank to take them, we tried to clean the garbage, no car to take it. Now this March, we are approaching April which is a rainy season, most of us and the children will be exposed to cholera, because if the garbage in the water ways is not taken and the toilets are full, when it rains, the toilets will drain or flow to the community. There are no detergents or soaps for hand washing and some people are now Covid 19 positive because there is no water, no soaps, no mosquito nets, no pampers for children and no sanitary towel to the ladies. We really hope they can stay and help us with these issues."

Don Bosco Camp Case Study

"My name is Michael (pseudo name) and I live here with my family now. Our village was burned a lot of friends and family members killed. So, this camp is what we call home now. I live here with my family of 7. I think the peace winds team have been here since 2018 or 2019 but they have done a lot. Accessing water here was a major challenge in 2018 and 2019 but they came in and dug a borehole and now we can access water. People were also in danger of going outside the camp to get water, they would get attached and it was a choice, either risk your life or die of thirst. As you know water is life, so many were risking their lives.

When you look at the condition of toilets right now, there is a lot of difference compared to 2019. The conditions were bad, the toilets were full and dangerous for both adults and children. Thus, most people opted to just go outdoors. PWJ came in and fixed the toilets and built new ones here. They also have a plan where they empty them regularly. Now most people here use the toilets compared to before. The risk of cholera that was there has reduced and we feel safer. They also built toilets and started cleaning around. Before that, the compound was littered and looked like a health hazard. Right now, they have engaged us, we clean, and they collect the garbage. It helps us be responsible. If they are not coming to collect then people would stop caring and continue to throw garbage everywhere. Some people here, like

my neighbor was trained on cholera prevention and they also shared that knowledge with us. We are able to share and be safe together. Even when Covid 19, struck, they provided the water for washing, soaps and tanks. All this shows how much they care.

In my opinion, without PWJ, many of us would have died either through cholera, Covid 19, and attacks as well. With all these activities they are doing, we feel safer, clean and our children can play without worrying about water and us worrying about the environment harming them. We are hoping they continue the good work and they can also add food if possible."