

WASH lifesaving assistance and protection services to the conflict affected IDPs and host communities in selected districts of Taiz governorate of Yemen



ECHO MR. End line Study Report

Al Mudhaffar, AlQahirah, Salh and Al Maafer Districts of Taiz Governorate- Yemen.

November, 2023



Humanitarian Aid
and Civil Protection



Monitoring Evaluation Accountability and learning Department

CARE International in Yemen - Taiz Area Office



CONTENTS

ABBREVIATIONS	2
I. EXECUTIVE SUMMARY	2
A. STUDY METHODOLOGY	7
B. SAMPLING METHODOLOGY	7
C. DATA COLLECTION AND ENTRY	8
D. ETHICAL CONSIDERTION	8
E. DATA CONFIDENTIALITY	8
F. TRAINING OF ENUMERATORS	8
SECTION 1. DEMOGRAPHIC CHARACTERISTICS	8
SECTION 2: WATER, SANITATION, AND HYGIENE	10
SOURCE OF WATER	10
WATER COLLECTION & TIME TO FETCH WATER	12
TREATMENT OF DRINKING WATER	13
HYGIENE AND SANITATION	14
SANITATION	14
GENDER SENSITIVE LATRINES	15
HYGIENE PRACTICES	15
USE SOAPS FOR HANDWASHING	16
POOL OF STAGNANT WATER OR OPEN SEWAGE PITS	16
SOURCES OF WASTE WATER OF THE SEWAGE:.....	17
CLEANLINESS OF NEIGHBORHOOD	17
CHILDREN DIARRHEA.....	17
VISITING HOUSEHOLD BY HEALTH WORKERS [HW], OR HYGIENE PROMOTION WORKERS [HPW].....	18
HYGIENE ITEMS.....	18
WASTE MANAGEMENT	18
SECTION 3: PROTECTION	19
OUTCOME INDICATORS TABLE	23
II. MAJOR CONCLUSIONS AND RECOMMENDATIONS	24
III. ANNEXES	30

List of Tables

Table 1 : Gender of interviewees	8
Table 2: Source of Water for Home Use (Comparison between Baseline Vs. End-line)	10
Table 3: Source of Water for drinking Use (Comparison between Baseline Vs. End-line).....	11
Table 4: Water Collection Responsibilities (Comparison between Baseline Vs. End-line).....	12
Table 5:Water Treatment Practices Techniques (comparison between baseline Vs. end-line)	14
Table 6: Use of Latrine (comparison between baseline Vs. end-line)	14
Table 7: Availability of Separated Latrines for men & women (comparison between baseline Vs. end-line)	15
Table 8: Availability of Handwashing Facilities at the latrines (comparison between baseline Vs. end-line).....	15
Table 9:: Knowledge of handwashing during critical moments (comparison between baseline Vs. end-line).....	16
Table 10: Practice of handwashing during critical moments (comparison between baseline Vs. end-line).....	16
Table 11:Use Soaps for handwashing (comparison between baseline Vs. end-line).....	16
Table 12: Availability of open sewages pits or pools near to their houses (comparison between baseline Vs. end-line).....	16
Table 13: Children Diarrhea (comparison between baseline Vs. end-line)	17
Table 14: Visiting Household by Health Workers (comparison between baseline Vs. end-line).....	18
Table 15: Disposing Solid Waste (comparison between baseline Vs. end-line).....	18

List of Figures

Figure 1 map of the targeted districts of the project.....3
 Figure 2 Gender of interviewees8
 Figure 3 Geographic Locations of Respondents:9
 Figure 4 Household Status.....9
 Figure 5 Average Age of the Household9
 Figure 6 Average Size of the Household.....9
 Figure 7 Vulnerable Household Members 10
 Figure 8 Source of Water for **Home Use** (comparison between baseline Vs. end-line 11
 Figure 9 Access to Safe Water from protected sources for (Home & Drinking Use)..... 11
 Figure 10 Water Collection Responsibilities (Comparison between Baseline Vs. End-line) 12
 Figure 11 Queuing/waiting time (Comparison between Baseline Vs. End-line) 13
 Figure 12 Use of Latrine (Comparison between Baseline Vs. End-line) 14
 Figure 13 Cleanliness of Neighborhood (Comparison between Baseline Vs. End-line) 17
 Figure 14 The decision to Overcoming Barriers (Comparison between Baseline Vs. End-line) 19
 Figure 15 Necessary skills to participate in decision-making (Comparison between Baseline Vs. End-line) 20
 Figure 16 Participating in decision making at household level (Comparison between Baseline Vs. End-line) 20
 Figure 17 Participating in decision making at community level (Comparison between Baseline Vs. End-line)..... 21
 Figure 18 Others to make the decisions: (Comparison between Baseline Vs. End-line)..... 21
 Figure 19 Ability to choose the right people to help in danger (Comparison between Baseline Vs. End-line) 21
 Figure 20 Awareness of places and services available to support for any gender-violence issues (Baseline Vs. End-line) 22
 Figure 21 Capability of helping other women and girls (Baseline Vs. End-line)..... 22
 Figure 22 Capability of asking for support when needed (Baseline Vs. End-line) 23
 Figure 23Capability of expressing what is important to them and to community (Baseline Vs. End-line)..... 23

ABBREVIATIONS

ECHO	European Commission Humanitarian Aid Office
CHWs	Community Health Workers
GBV	Gender-based Violence
GHO	Governorate Health Office
HC	Host Communities
HH	Households
HFs	Health Facilities
IDP	Internally Displaced People
MEAL	Monitoring and Evaluation, Accountability and Learning
NFIs	Non-Food Items
SPSS	Statistically Package for Social Sciences
TBA	Traditional Birth Attendant
UCT	Unconditional Cash Transfer
WASH	Water Sanitation & Hygiene
WGSS	Women & Girls Safe Space

I. EXECUTIVE SUMMARY

CARE Yemen is currently implementing ‘WASH lifesaving assistance and protection services to the conflict affected IDPs and host communities in selected districts of Taiz governorate of Yemen.

The principal objective of the project is ‘Rural and urban communities affected by the ongoing conflict and disaster have received life-saving assistance (for immediate needs) and improved foundation to their sustainable livelihood and resilience whereas the **specific objective of the project is** ‘Targeted IDP and host community households have improved access to comprehensive WASH and Protection services strengthening their resilience.

The project’s key results are:

- **Result (1)** Conflict affected households have enhanced access to safe water and improved hygiene practices through comprehensive WASH assistance.
- **Result (2)** Improved access of the most at-risk women, men, girls and boys to critical information and specialized protection services for their protection.

In order to measure the success of the project in achieving its goals and objectives, a baseline survey was conducted **396 households’** visits in *Al Mudhaffar, AlQahirah, Salh and Al Maafer Districts of Taiz Governorate*, this endline report can provide a critical reference point for **assessing** changes and impact, as it establishes a basis for comparing the situation before and after an intervention.

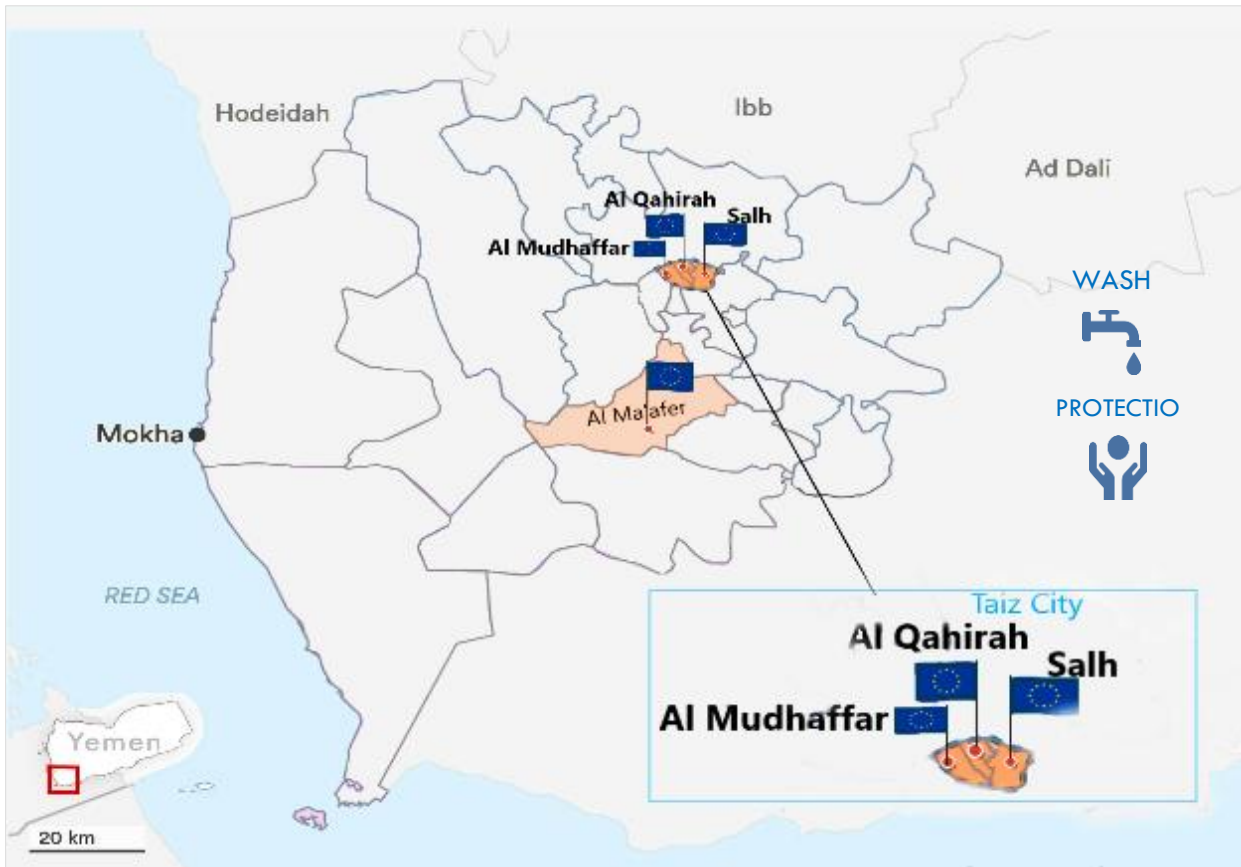


Figure 1 map of the targeted districts of the project

KEY SURVEY OUTCOMES

WATER, SANITATION, AND HYGIENE

Baseline Study

ACCESS TO SAFE WATER



About 68.69% of surveyed households rely on protected sources as primary water sources. for home use.

83.17% of surveyed households rely on protected sources for drinking Use

TIME TO FETCH WATER & TREATMENT

End line Study

ACCESS TO SAFE WATER



About 88.36% of surveyed households rely on protected sources as primary water sources for home use.

93.76% of surveyed households rely on protected sources for drinking Use

TIME TO FETCH WATER & TREATMENT

About **29.04%** of surveyed households takes less than 30 minutes to fetch water from source.



70.96% of surveyed households takes more than 30 minutes to fetch water from source.

TREATMENT OF DRINKING WATER

Only **28,16%** of surveyed households do treatment for water before drinking. While **.71.84%** do Not.

SANITATION



69.70% use family toilets connected to sewage network.

19.19% use Family toilets not connected to sewage

9.34% practice open defecation.

0.00% use public toilets with slab.

1.77% use neighbors' toilets

GENDER SENSITIVE LATRINES

86.36% of them reiterated that there are no separate latrines for men and women.

4.29% of them reported that there are separate latrines for men and women.



AVAILABILITY OF HANDWASHING

84.85% of them stated that the latrines do not have handwashing facilities

5.81% of them confirmed that the latrines do have handwashing facilities.

9.34% were N/A they did not have latrines.

Baseline Study

KNOWLEDGE OF CRITICAL MOMENTS OF HAND WASHING



Only **57.52%** of HHs know **three or more critical moments**

38.35% know two critical moments.

4.13% know only one critical moment of handwashing.

PRACTICE OF CRITICAL MOMENTS



Only **38.13%** of HHs Practice **three or more critical moments**

47.98% Practice two critical moments.

13.89% Practice only one critical moment of handwashing.

About **41.69%** of surveyed households takes less than 30 minutes to fetch water from source.



58.31% of surveyed households takes more than 30 minutes to fetch water from source

TREATMENT OF DRINKING WATER

71.64% of surveyed households do treatment for water before drinking. While; **28.36%** do Not.

SANITATION



96.21% use family toilets connected to sewage network

2.02% use Family toilets not connected to sewage

0.00% practice open defecation.

1.77% use public toilets with slab.

GENDER SENSITIVE LATRINES

78.54% of them reiterated that there are no separate latrines for men and women.

21.46% of them reported that there are separate latrines for men and women.



AVAILABILITY OF HANDWASHING

55.56% of them stated that the latrines do not have handwashing facilities

44.44% of them confirmed that the latrines do have handwashing facilities.

End line Study

KNOWLEDGE OF CRITICAL MOMENTS OF HAND WASHING



78.28% of HHs know **three or more critical moments**

17.42% know two critical moments.

4.29% know only one critical moment of handwashing.

PRACTICE OF CRITICAL MOMENTS




57.52% of HHs Practice **three or more critical moments**

29.55% Practice two critical moments.


5.05% Practice only one critical moment of handwashing.

SOLID WASTE DISPOSAL




44.13% disposed solid wastes in Open areas in far places
 23.74% practice burning.
 44.13% disposed solid wastes in Open areas around the house
 9.78% use community pits.
 1.40% of them disposed solid wastes in Individual pit.

SOLID WASTE DISPOSAL




25.51% disposed solid wastes in Open areas in far places
 33.59% practice burning.
 4.04% disposed in Open areas around the house
 3.54% use community pits.
 33.33% of them disposed in Other [Garbage container]

USE SOAPS FOR HANDWASHING



Only 59.65% of HHs use Soaps for handwashing
 39.91% HHs use Only water for handwashing
 0.44% HHs use Ash for handwashing

USE SOAPS FOR HANDWASHING



86.36% of HHs use Soaps for handwashing
 13.38% HHs use Only water for handwashing
 0.25% HHs use Ash for handwashing


 **PROTECTION**

Baseline Study

End line Study

THE DECISION TO OVERCOMING BARRIERS

THE DECISION TO OVERCOMING BARRIERS




40.53% Totally Agreed
 32.11% partially Agreed
 27.37% disagreed.




72.51% Totally Agreed
 21.05% partially Agreed
 6.43% disagreed.

NECESSARY SKILLS TO PARTICIPATE IN DECISION-MAKING

NECESSARY SKILLS TO PARTICIPATE IN DECISION-MAKING




35.26% Totally Agreed
 42.63% partially Agreed
 22.11% disagreed.




81.87% Totally Agreed
 13.45% partially Agreed
 4.68% disagreed.

PARTICIPATING IN DECISION MAKING AT HOUSEHOLD LEVEL

PARTICIPATING IN DECISION MAKING AT HOUSEHOLD LEVEL




53.16% Totally Agreed
 32.63% partially Agreed
 14.21% disagreed.




80.70% Totally Agreed
 15.79% partially Agreed
 3.51% disagreed.

PARTICIPATING IN DECISION MAKING AT COMMUNITY LEVEL

PARTICIPATING IN DECISION MAKING AT COMMUNITY LEVEL




57.89% Totally Agreed
 22.11% partially Agreed
 20.00% disagreed.




81.87% Totally Agreed
 13.45% partially Agreed
 4.68% disagreed.

OTHERS TO MAKE THE DECISIONS

OTHERS TO MAKE THE DECISIONS:



33.68% more comfortable with others making decisions
 24.74% partially Agreed
 41.58% disagreed.




18.13% more comfortable with others making decisions
 21.64% partially Agreed
 60.23% disagreed.

ABILITY TO CHOOSE THE RIGHT PEOPLE TO HELP IN DANGER

ABILITY TO CHOOSE THE RIGHT PEOPLE TO HELP IN DANGER




70.53% Totally Agreed
 19.47% partially Agreed
 10.00% disagreed.




90.64% Totally Agreed
 8.77% partially Agreed
 0.58% disagreed.

AWARENESS OF PLACES AND SERVICES AVAILABLE TO SUPPORT FOR ANY GENDER-VIOLENCE ISSUES

AWARENESS OF PLACES AND SERVICES AVAILABLE TO SUPPORT FOR ANY GENDER-VIOLENCE ISSUES



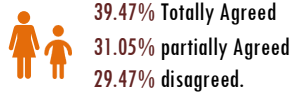
24.74% Totally Agreed
 20.00% partially Agreed
 55.26% disagreed.



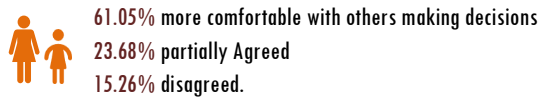
86.55% Totally Agreed
 9.94% partially Agreed
 3.51% disagreed.

CAPABILITY OF HELPING OTHER WOMEN AND GIRLS

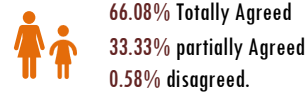
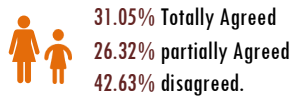
CAPABILITY OF HELPING OTHER WOMEN AND GIRLS



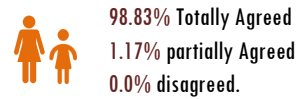
CAPABILITY OF ASKING FOR SUPPORT WHEN NEEDED



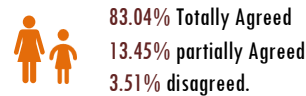
CAPABILITY OF EXPRESSING WHAT IS IMPORTANT TO THEM AND TO COMMUNITY



CAPABILITY OF ASKING FOR SUPPORT WHEN NEEDED



CAPABILITY OF EXPRESSING WHAT IS IMPORTANT TO THEM AND TO COMMUNITY



INTRODUCTION

CARE International is implementing a multi-sectoral lifesaving assistance and protection service to the conflict affected IDPs and host communities in selected districts of Taiz Governorates of Yemen. The main object of this project is that Rural and urban communities affected by the ongoing conflict and disaster have received life-saving assistances for immediate needs and improved foundation to their sustainable livelihood and resilience. This Action aligns with ECHO's 2021 strategy responding to the conflict/displacement with COVID-19 response being mainstreamed. The Action also aligns with strategic objectives of the most recent HRP of 2021. Leveraging its presence in the area and learnings, including through the ongoing ECHO Action, CARE plans to target the conflict affected IDPs and host communities in one rural and all three districts of Taiz City in Taiz governorate. Designed in close consultation with key stakeholders, this 18-month Action targets a total 290,500 Individuals (IDPs 84,000 and HC 206,500), 53% are female. The implementation period includes a 3 months inception in Taiz Governorate while 5 months inception period is planned for establishment of WGGS in Salh district (South).

All targeted districts are under the internationally recognized government (IRG). CARE's track record in Yemen and notably its acceptance within communities assures successful implementation of its programming including this, Action. In line with its global response strategy, CARE has developed Yemen specific COVID-19 response plan that enables continuation of provision of safe humanitarian aid.

In line with 2021 HIP and YHRP, CARE's response focuses on addressing acute humanitarian needs, particularly among the most vulnerable groups. Drawing on the gender disaggregated needs and gap analysis, CARE will deliver, WASH assistance in 4 target districts of Taiz to cover unmet gaps with regards to access to safe drinking water, hygiene practices and sanitation. CARE will rehabilitate two water schemes in Al Ma'afer to increase access of IDPs living with HCs and in other permanent family accommodation to safe drinking water. Two Water Management Committees (at least 30% women) will be established/trained to work closely with the project team during the implementation and be responsible for afterwards operations and maintenance. In addition, with 90% of the rainwater drainage system in Taiz city being not lined, the sewage system rehabilitation will include replacing leaky & old pipelines with new pipes, removing debris that is clogging the pipeline, cleaning some existing manholes with cover provision and construction of new manholes with cover as per needs. This will ensure sewage is properly collected (without overflowing) and channelled to the designated treatment station. Moreover, the cluster approved Basic Hygiene Kits (BHK) inclusive of aqua tabs will be provided to the most vulnerable HHs in Al Ma'afer as well as explore options to source BHK in-kind from WASH Cluster or UNICEF to distribute in Taiz City. Besides, CARE will construct new, or rehabilitate existing, latrines in Al Ma'afer and the 3 urban districts of Taiz City for the most vulnerable people. Similarly, CARE will continue to work to prevent and control the transmission of






cholera/AWD in Taiz City through improved access to safe water, rehabilitation/construction of latrines, improving sanitation and awareness-raising.

The proposed intervention links directly with the Yemen cholera/AWD response plan, tailored to address the specific needs of IDPs according to their type of accommodation. As such, for IDPs living in public and private buildings and settlements where CARE has already constructed water tanks, tap stands, latrines, and handwashing areas; potable water will be provided through water trucking. CARE will conduct nutrition and hygiene promotion, including information to help reduce the spread of COVID-19, to accompany the water scheme rehabilitation in Al Ma'afer and water trucking in Taiz City. In line with nexus approach, the rehabilitation of schemes and improved behaviour change will have lasting impact on reducing public health issues for better health outcomes by addressing immediate needs with longer term impact. Moreover, CARE will also ensure complementarity with other humanitarian and CARE's own WASH interventions.

Considering the different gender needs and capacities, the Action assures meaningful female participation. Women and girls will be consulted to ensure privacy and protection and that all distribution points are in safe and accessible areas. Women will be heavily involved and be consulted across all interventions under WASH sector. The rehabilitation work will take into consideration their recommendations to meet safety and security standards. Gender balance Hygiene promotion teams will deliver messaging that address specific needs of men, women, boys and girls. Sex and age disaggregated data will be collected to ensure that the key target groups benefit from planned interventions.

OBJECTIVES OF THE SURVEY

The specific objectives of the endline survey were to compare its information against the baseline data to determine the progress and to evaluate the outcome level indicators of the project. the survey will focus on the following outcome indicators:

-  % of target population with adequate WASH services and hygiene practices.
 -  % of population considering that their basic WASH needs are met.
 -  % of population with adequate hygiene practices (according to SPHERE standards on appropriate use and regular maintenance of facilities and on hand washing).
-  % of women and girl members reported an increase in their decision-making skills and sense of empowerment.
-  % of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.

METHODOLOGIES AND SURVEY SITES

A. STUDY METHODOLOGY

This survey mainly used household survey and the questions were geared towards collecting pertinent data on the above-mentioned outcome indicators.

B. SAMPLING METHODOLOGY

The survey undertook a random sampling of beneficiaries within the targeted villages and districts of Al Mudhaffar, Al Qahirah, Salh and Al Ma'afer of Taiz Governorate, to ensure that the sample adequately reflected the diversity of villages. Households were randomly selected using the list of households from the village administration as a sampling frame. The sample size of households was determined based on a 95%

statistical confidence level and with degree of accuracy required at 5%. Either the head of the HH is interviewed or the spouse and every effort that was made to preserve an appropriate gender ratio. Accordingly, a total of **396** households were interviewed in the end line survey in Taiz Governorates.

C. DATA COLLECTION AND ENTRY

The survey was conducted in November 2023 in Taiz Governorate, and the MEAL Officer in Taiz Field Office was responsible for coordinating the survey. Enumerators were recruited by the Field Office based on criteria that would ensure their competence and limit bias to the extent possible, while ensuring that enumerators are fluent in the local language. Gender balance was taken into consideration while recruiting enumerators as it is a key to reach significant proportion of female respondents. A total of 18 enumerators (9 females and 9 males) were selected and enumerators’ training was led by the M&E Officer. Kobo toolbox was used in the collection of data as well as in the quantitative analysis, including for designing the data entry format, and entering raw data. Analyzing the quantitative results was made through Statistical Package for Social Sciences (SPSS) application.

D. ETHICAL CONSIDERTION

The survey took into consideration research-related ethical issues. Survey participants were informed of the objective of the study, their participation is voluntary, they can withdraw at any time with no penalty, no consequences of their participation or non-participation, and their free participation will be used for the purpose of the assessment.

E. DATA CONFIDENTIALITY

Data confidentiality was taken into consideration and only main staff who were involved directly in the project (data analysis and reporting) have access to data.

F. TRAINING OF ENUMERATORS

Enumerators from Taiz attended a three-days practical training session so as to enable them to conduct the baseline survey. The training covered a general introduction of the baseline tools; how to fill out the questionnaire; ethical consideration of data collection, sampling procedures; types and administration of the questions; and how to identify challenges in terms of interviewing respondents as well as difficult questions and ensure internalizing the questions.

RESULTS OF THE SURVEY

SECTION 1. DEMOGRAPHIC CHARACTERISTICS

1.1 Gender of Respondents: 43.18% of interviewees were females whereas males represented 56.82% of the interviewees.

All (3) Districts	Frequency	Percent
Female	171	43.18%
Male	225	56.82%
Total	396	100.00%

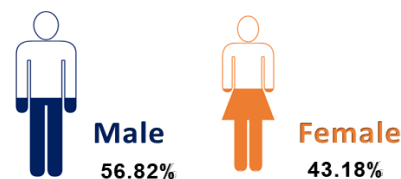


Figure 2 Gender of interviewees

1.2 Geographic Locations of Respondents: With regard to geographic locations of interviewees, were from different districts and villages of Taiz Governorate as the below figure;

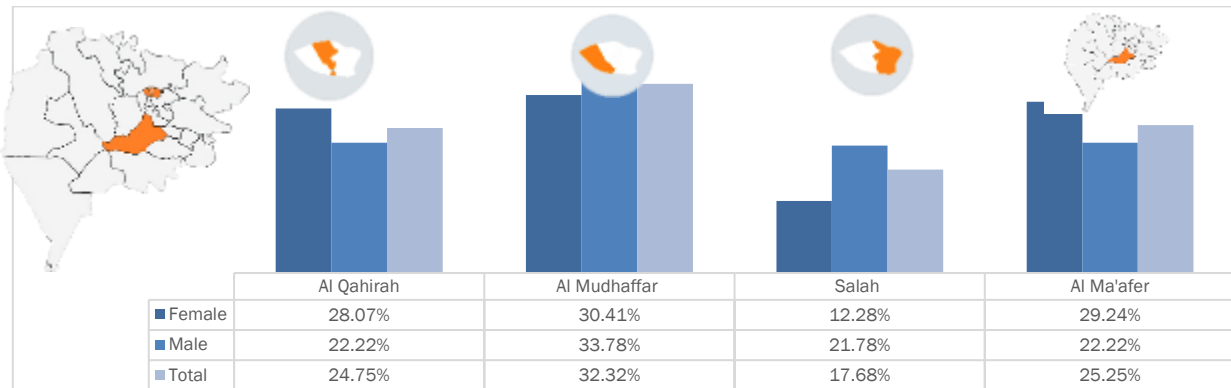


Figure 3 Geographic Locations of Respondents:

1.3 Household Status: Host communities constitute 70.71% of the interviewed respondents (female 71.35%; male 70.22%) whereas; 27.27% (female 28.07%, male 26.67%) are IDPs and 2.02% (female 0.58%, male 3.11%) of interviewees constituted as returnees.

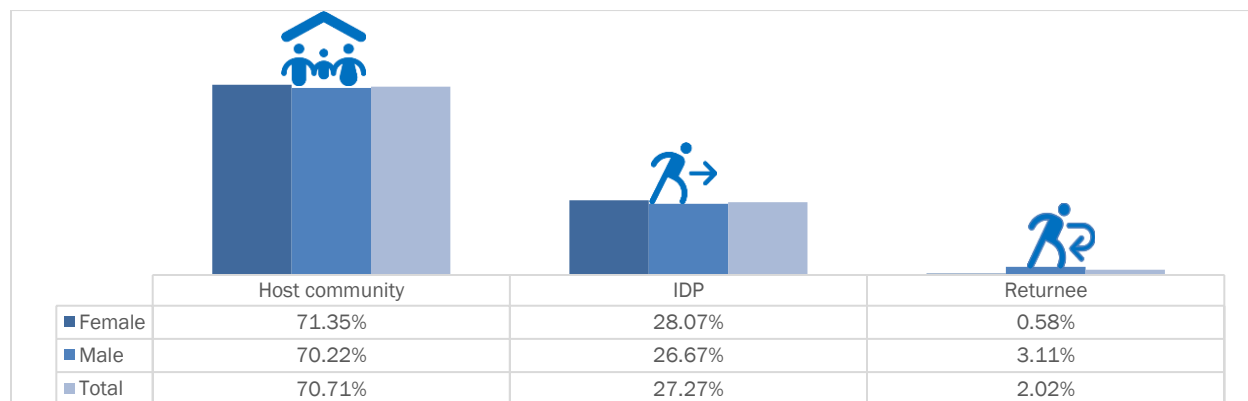


Figure 4 Household Status

1.4 Average Age of the Household: The average of age of respondents was 42.5 (female 38.9, male 45.3).

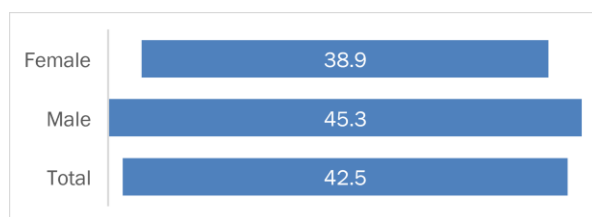


Figure 5 Average Age of the Household

1.5 Average household size: The average HH size of respondents is 6.9 persons (female 6.6, male 6.9).



Figure 6 Average Size of the Household

Vulnerable Household Members

1.6 Hosting IDPs: Overall, 12.63% (female 11.11%; male 13.78%) of household's interviewees were hosting displaced non-household members, returnees or refugees in their houses.

1.7 Hosting Unaccompanied Children: 26.26% of interviewees mentioned that they accompanied/separated children in their houses;

while the majority 73.74% of them mentioned there aren't any.

Disabled living with HHs: 4.29% of interviewees have Disabled person living in their houses

Pregnant Women living with HHs: 34.85% of interviewees mentioned that they have Pregnant Women living in their houses.

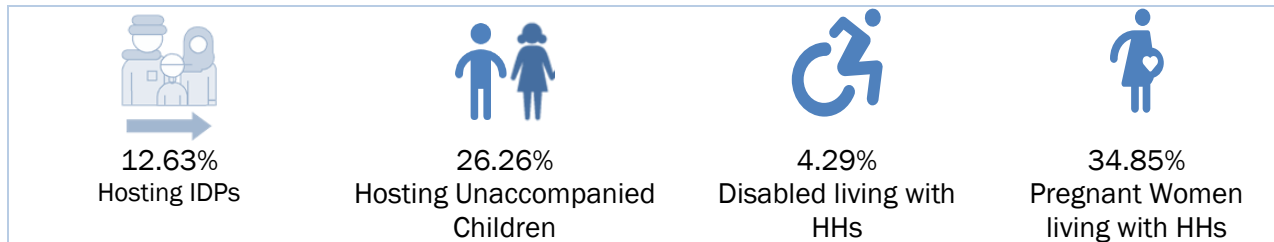


Figure 7 Vulnerable Household Members

SECTION 2: WATER, SANITATION, AND HYGIENE

SOURCE OF WATER

Water is essential to sustain life, and a satisfactory (adequate, safe and accessible) supply must be available to all and improving access to safe drinking-water can result in tangible benefits to health, thus, interviewed respondents were asked to mention the main water source for both home use and drinking.

Source of Water for Home Use

According to **the endline survey**, the majority of survey participants, accounting for 88.36%, rely on protected or safe water systems as their primary source of water for home use. This represents a significant increase compared to **the baseline survey**, where only 68.69% of respondents relied on such systems.

Analyzing the data presented in Table 2, it can be observed that during the endline survey, the following percentages of respondents mentioned specific water sources for their primary water supply (28.05%, 24.96% and 18.93%) of respondents respectively mentioned that they depend on 'Piped Systems in homes, Water trucking from humanitarian agencies, Bought from water trucks (protected sources) as their primary source of water for **Home Use**, whereas; 7.15% and another 7.15% of them from 'Piped Systems in public fountain and Protected hand-dug well' Meanwhile, (3.93%, 2.95%, 2.66% and 2.10%) of interviewees respectively stated that they Bought from water trucks (unprotected), unprotected water harvesting pools, open well/springs/streams and Protected boreholes. While; the remaining; 1.68% and 0.42% of them get water from other sources and Unprotected boreholes.

Table 2: Source of Water for Home Use (Comparison between Baseline Vs. End-line)

SOURCE OF WATER (Home Use)	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Piped Systems in homes	8.43%	10.41%	9.52%	29.87%	26.67%	28.05%
Piped Systems in public fountain	6.13%	0.32%	2.94%	8.12%	6.42%	7.15%
Open Well/spring/River	11.88%	16.72%	14.53%	1.95%	3.21%	2.66%
Protected hand-dug well	9.96%	6.94%	8.30%	9.74%	5.19%	7.15%
Protected boreholes	1.53%	2.21%	1.90%	0.97%	2.96%	2.10%
Unprotected boreholes	0.00%	0.00%	0.00%	0.00%	0.74%	0.42%
Bought from water trucks (protected sources)	17.24%	17.03%	17.13%	17.53%	20.00%	18.93%
Bought from water trucks (unprotected)	4.60%	10.41%	7.79%	1.62%	5.68%	3.93%
Water trucking from humanitarian agencies	20.31%	24.29%	22.49%	28.25%	22.47%	24.96%
Protected water harvesting pools	10.34%	3.15%	6.40%	0.00%	0.00%	0.00%

unprotected water harvesting pools	3.45%	1.26%	2.25%	1.30%	4.20%	2.95%
Other	6.13%	7.26%	6.75%	0.65%	2.47%	1.68%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

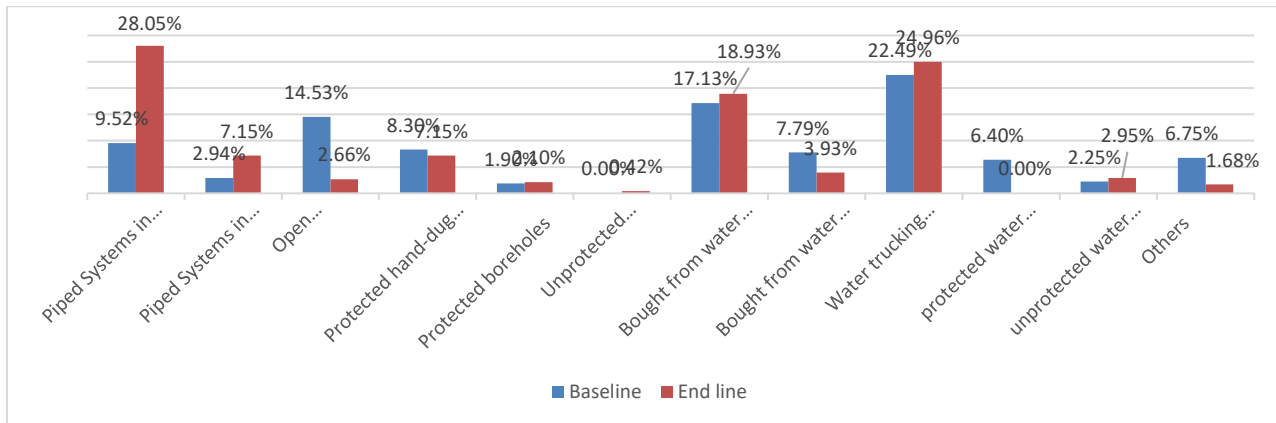


Figure 8 Source of Water for Home Use (compression between baseline Vs. end-line)

Source of Water for Drinking Use

In regards to the source of drinking water, 53.33% of respondents reported water trucking from humanitarian agencies is their source of drinking water; 18.49% of them they depend on 'Piped Systems in homes'. 10.75% of them rely on other sources (such as groceries, neighbours); 4.95% of them reported Bought from water trucks (protected sources). The following table provides a comparison between the baseline and endline percentages of different water sources for drinking use, categorized by gender.

Table 3: Source of Water for drinking Use (Comparison between Baseline Vs. End-line)

SOURCE OF WATER (Home Use)	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Piped Systems in homes	9.21%	10.79%	10.06%	19.58%	17.75%	18.49%
Piped Systems in public fountain	6.28%	0.36%	3.09%	2.65%	0.36%	1.29%
Open Well/spring/River	13.39%	18.71%	16.25%	2.65%	2.17%	2.37%
Protected hand-dug well	1.26%	6.47%	4.06%	2.12%	2.17%	2.15%
Protected boreholes	0.84%	1.44%	1.16%	1.06%	3.99%	2.80%
Unprotected boreholes	0.00%	0.00%	0.00%	0.00%	0.36%	0.22%
Bought from water trucks (protected sources)	1.67%	5.04%	3.48%	3.17%	6.16%	4.95%
Bought from water trucks (unprotected)	0.00%	0.36%	0.19%	0.00%	5.07%	3.01%
Water trucking from humanitarian agencies	38.91%	27.34%	32.69%	56.61%	51.09%	53.33%
Protected water harvesting pools	1.67%	0.72%	1.16%	0.00%	0.00%	0.00%
unprotected water harvesting pools	0.00%	0.72%	0.39%	0.00%	1.09%	0.65%
Other	26.78%	28.06%	27.47%	12.17%	9.78%	10.75%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Overall, the data suggests changes in the sources of water for water use between the baseline and endline, highlighting shifts towards protected sources such as water trucking from humanitarian agencies and piped systems in homes.

Access to Safe Water from Protected Sources for (Home & Drinking Use)

Baseline Study

68.69% of surveyed households rely on protected sources for home use.

83.17% of surveyed households rely on protected sources for drinking Use

End line Study

88.36% of surveyed households rely on protected sources for home use.

93.76% of surveyed households rely on protected sources for drinking Use

Figure 9 Access to Safe Water from protected sources for (Home & Drinking Use)

Overall, the endline survey demonstrates a significant increase in the reliance on protected/safe water systems as the primary source of water for both home use and drinking. The provision of water trucking from humanitarian agencies, piped systems in homes, and purchasing water from protected sources are the most prevalent methods employed by the surveyed individuals.

WATER COLLECTION & TIME TO FETCH WATER

On issues related to water collection, respondents were first asked whom in their household are responsible for collecting water, with the possibility to select multiple answers. Adult women were most commonly responsible as reported by (24.21%), while; (15.99% and 15.01%) of them reported respectively that Men and boys are responsible for water collection, (10.84%) of them said ‘girls’ and 33.95% of them are N/A.

Table 4: Water Collection Responsibilities (Comparison between Baseline Vs. End-line)

Water Collection Responsibilities	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Women	52.20%	30.25%	40.41%	27.43%	22.20%	24.21%
Men	24.39%	44.12%	34.99%	13.14%	17.76%	15.99%
Boys	15.12%	18.49%	16.93%	14.29%	15.45%	15.01%
Girls	8.29%	7.14%	7.67%	12.57%	9.77%	10.84%
N/A	0.00%	0.00%	0.00%	32.57%	34.81%	33.95%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

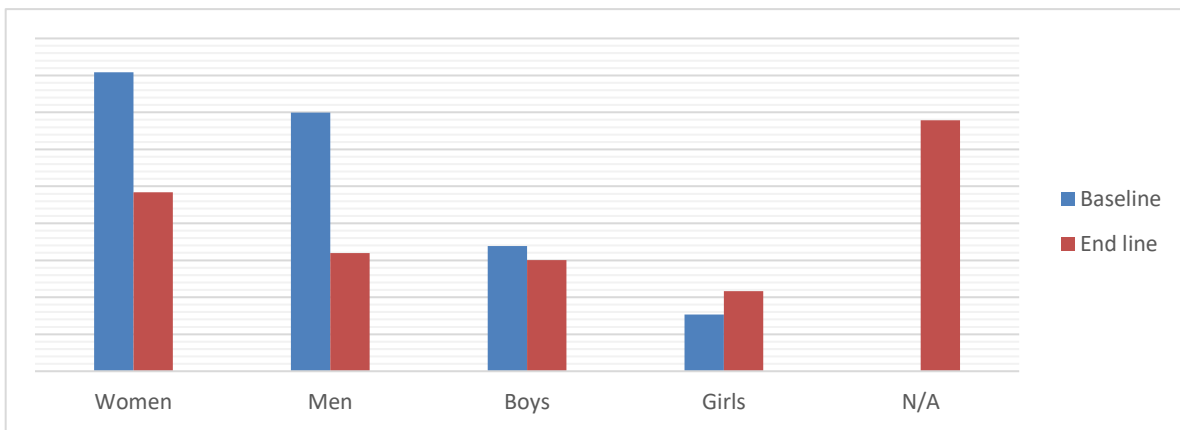


Figure 10 Water Collection Responsibilities (Comparison between Baseline Vs. End-line)

The endline survey also incorporated questions related to the time it takes to fetch water from water points and waiting time while collecting water. Accordingly, 41.69% and 35.77% of interviewees respectively replied that it takes ‘less than 30 minutes’ and ‘30-60 minutes’ to fetch water from the nearest water source, while 13.80% and 8.73% of respondents respectively stated that it takes ‘1-2 hours’ and ‘more than 2 hours’ to fetch water from the nearest water source. **The End line study indicated that About 41.69% of the affected communities takes less than 30 minutes to fetch water from the primary source.**

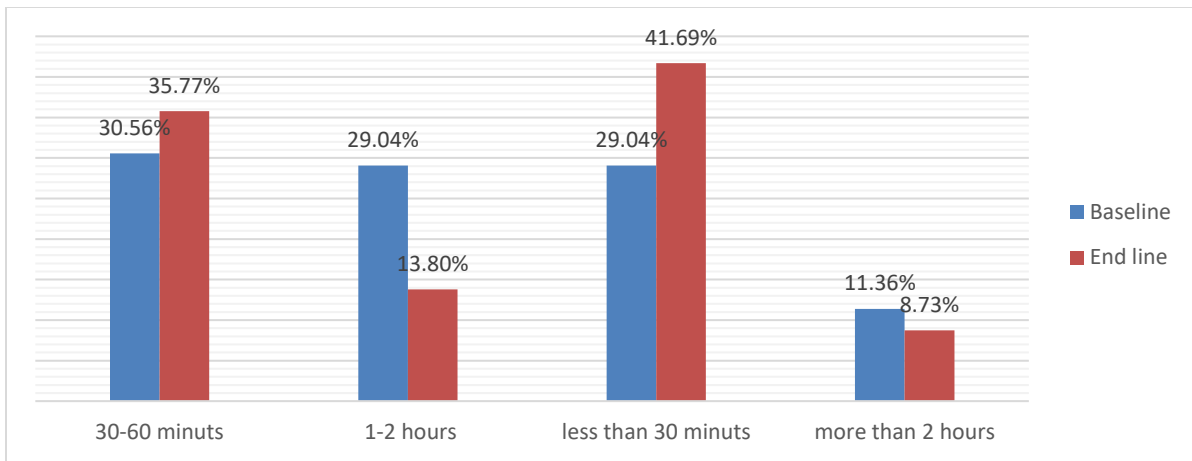


Figure 11 Queuing/waiting time (Comparison between Baseline Vs. End-line)

Queuing/waiting time

Baseline Study



29.04% of surveyed households takes less than 30 minutes to fetch water from source.

70.96% of surveyed households takes more than 30 minutes to fetch water from source

End line Study



41.69% of surveyed households takes less than 30 minutes to fetch water from source.

58.31% of surveyed households takes more than 30 minutes to fetch water from source



Overall, households spent less time to fetch water during the endline comparing to the baseline survey. During baseline, 29.04% of interviewees mentioned to travel less than 30 minutes to fetch water whereas during the end line 41.69% of respondents stated to travel less than 30 minutes for the same purpose.

TREATMENT OF DRINKING WATER

Unsafe water is among the main sources of life-threatening, waterborne diseases. This indicator therefore assesses the prevalence of households using effective methods for treating drinking water. In concerning to this point, Household’s participants in **the endline** study were asked “do they treat the drinking water and what do they use to treat water?”

The result of the **end-line survey revealed** that 71.64% of the surveyed HHs practice water treatment techniques prior to drinking whereas 28.36% of them replied that they do not treat water before drinking. Comparing to the result of the baseline survey, there is a significant improvement in practicing water treatment techniques

Baseline Study



Only 28,16% of surveyed households do treatment for water before drinking.

71.84% of surveyed HHs did not practice any water treatment techniques.

End-line Study



71.64% of surveyed households do treatment for water before drinking.

28.36% of surveyed HHs did not practice any water treatment techniques.

Those respondents who practice water treatment techniques were further asked about the techniques that they are using. Accordingly, 55.22% of interviewees respectively indicated that they use ‘chlorine or other chemical reagents’ to treat water whereas 14.93% of them practice ‘boiling’. Furthermore, 1.00% and 0.50% of respondents replied that they use ‘Ceramic filter and other methods to treat water.

Table 5: Water Treatment Practices Techniques (comparison between baseline Vs. end-line)

Common Water Treatment Practice technique	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Not treated	63.68%	79.62%	71.84%	27.01%	29.39%	28.36%
Chlorine/other chemical reagents	22.39%	13.27%	17.72%	54.60%	55.70%	55.22%
Boiling	9.95%	3.32%	6.55%	17.82%	12.72%	14.93%
Cloth filter	1.00%	2.84%	1.94%	0.00%	0.00%	0.00%
Ceramic filter	2.99%	0.95%	1.94%	0.00%	0.88%	0.50%
Other	0.00%	0.00%	0.00%	0.57%	1.32%	1.00%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

The end-line survey result revealed that there is a significant improvement in the proportion of households treating drinking water whereby **71.64%** of households practice water treatment techniques such as boiling, chlorine/other chemical reagents, and filtering of the water using cloth.



HYGIENE AND SANITATION

This section provides an overview of hygiene practices such as critical moments of hand washing and availability of hygiene items and sanitation practices such as use of latrines and solid waste management.



SANITATION

Use of Latrine: According to the results of **the endline survey**, 96.21% of survey participants indicated that they use family toilets connected to sewage network for defecation whereas; 2.02% mentioned to use Family toilets not connected to sewage network. The remaining 1.77% use public toilets with slab for defecation. **During the baseline survey**, 9.34% of interviewees used to practice open defecation and 19.19% use family toilets without slab.

Table 6: Use of Latrine (comparison between baseline Vs. end-line)

Use of Latrine	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Family toilets connected to sewage network	70.00%	69.42%	69.70%	98.83%	94.22%	96.21%
Family toilets not connected to sewage network	19.47%	18.93%	19.19%	0.58%	3.11%	2.02%
Open defecation area	7.37%	11.17%	9.34%	0.00%	0.00%	0.00%
Other (In the neighbor's house & corner of the room is bathroom)	3.16%	0.49%	1.77%	0.00%	0.00%	0.00%
Public toilets with slab	0.00%	0.00%	0.00%	0.58%	2.67%	1.77%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

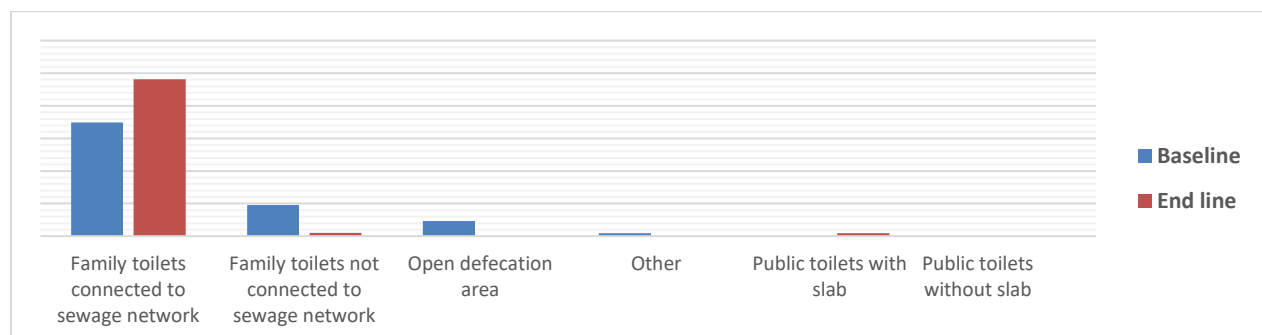


Figure 12 Use of Latrine (Comparison between Baseline Vs. End-line)

GENDER SENSITIVE LATRINES

Survey participants of the **end-line study** were asked whether there are different/separate latrines for men and women.

Baseline Study	End-line Study
<p>During the baseline survey, 86.36% of interviewees responded that there are no separate latrines for men and women, while; only 8.25% of them reported that there are separate latrines for men and women and 9.34% N/A they did not have latrines. Regarding availability of handwashing facilities; 84.85% of them stated that the latrines do not have handwashing facilities. 5.81% of them confirmed that the latrines do have handwashing facilities. And 9.34% were N/A they did not have latrines.</p>	<p>During the end-line; 78.54% of them reiterated that there are no separate latrines for men and women. While; 21.46% of them reported that there are separate latrines for men and women. In line with this, 55.56% of respondents stated that the latrines do not have handwashing facilities, whereas; 44.44% of them confirmed that the latrines do have handwashing facilities.</p>

Table 7: Availability of Separated Latrines for men & women (comparison between baseline Vs. end-line)

Separated Latrines for men & women	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Yes	0.00%	8.25%	4.29%	26.32%	17.78%	21.46%
No	92.63%	80.58%	86.36%	73.68%	82.22%	78.54%
N/A they did not have latrines	7.37%	11.17%	9.34%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Table 8: Availability of Handwashing Facilities at the latrines (comparison between baseline Vs. end-line)

Availability of Handwashing	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Yes	2.63%	8.74%	5.81%	43.86%	44.89%	44.44%
No	90.00%	80.10%	84.85%	56.14%	55.11%	55.56%
N/A they did not have latrines	7.37%	11.17%	9.34%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

in summary, the end-line study showed a positive change in the availability of separate latrines for men and women, with a higher percentage of participants reporting their existence. Additionally, there was an improvement in the presence of handwashing facilities in the latrines, indicating progress in promoting hygiene practices.



HYGIENE PRACTICES

Knowledge/practice of Critical Moments of Hand Washing

To assess levels of knowledge on handwashing during critical moments, the survey incorporated questions related to household's knowledge/ practice of critical moments of handwashing, which are (1) before eating, (2) after using toilet, (3) before preparation of food, (4) before feeding children, and (5) after cleaning child's bottom.

Knowledge of handwashing during critical moments: the end-line study indicated that ; 78.28% of interviewees know ‘Three times or More’ of critical moments, while; 17.42% of them know ‘two critical moments’ and 4.29% of respondents know ‘only one critical moment’ of handwashing.

Table 9:: Knowledge of handwashing during critical moments (comparison between baseline Vs. end-line)

Knowledge of handwashing during critical moments	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
One time	1.49%	7.08%	4.13%	1.75%	6.22%	4.29%
2 time	24.95%	53.33%	38.35%	14.62%	19.56%	17.42%
Three times or More	73.56%	39.58%	57.52%	83.63%	74.22%	78.28%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Practice of handwashing during critical moments; Further analysis indicated that 57.52% practice handwashing during three times and more’ while; (29.55%) of them practice handwashing ‘two critical moments’ and 5.05% of interviewees practice handwashing one critical moment.

Table 10: Practice of handwashing during critical moments (comparison between baseline Vs. end-line)

Practice of handwashing during critical moments	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
One time	8.95%	18.45%	13.89%	2.92%	6.67%	5.05%
2 time	32.11%	62.62%	47.98%	29.24%	29.78%	29.55%
Three times	58.95%	18.93%	38.13%	73.56%	39.58%	57.52%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Use Soaps for handwashing

With regard of using soap for handwashing, **the end-line study** result indicated that **86.36%** of interviewees indicated to use soap, while; 13.38% of them reported that they use only water for handwashing and 0.25% of them indicated that they use ash for handwashing. **During the baseline survey**, 59.65% of interviewees indicated to use soap, 39.91% of them use only water and 0.44% used ash for handwashing.

Table 11: Use Soaps for handwashing (comparison between baseline Vs. end-line)

Use Soaps for handwashing	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Soap	53.04%	66.37%	59.65%	89.47%	84.00%	86.36%
Only water	46.09%	33.63%	39.91%	10.53%	15.56%	13.38%
Ash	0.87%	0.00%	0.44%	0.00%	0.44%	0.25%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Pool of Stagnant Water or Open Sewage Pits

In concern to health and environment surrounding the respondents, the survey tool investigated whether any pools of stagnant water or Open Sewage Pits existed near to their habitation/house. Overall, 84.34% of the survey respondents stated there are no pools of stagnant water near to their habitation/house, whereas, 15.66% of them reported that there are pools of stagnant water near to their habitation/house. On the other hand, 71.39% of them mentioned that there no open sewages pits or pools near to their houses. While, 28.61% of the HHs respondents confirmed that there are open sewages pits or pools near to their houses.

Table 12: Availability of open sewages pits or pools near to their houses (comparison between baseline Vs. end-line)

Availability of open sewages pits or pools near to their houses	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Yes	44.74%	47.09%	45.96%	38.01%	21.43%	28.61%
No	55.26%	52.91%	54.04%	61.99%	78.57%	71.39%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Sources of Waste water of the sewage:

With regard to biggest sources of waste water of the sewage in the HHs respondents’ neighbourhoods were black water from toilet reported by 43.69% (female 50.88%, male 38.22%) don’t know, 25.76% (female 21.05%, male 29.33%) of them stated surface water/drainage is the sources of waste water of the sewage in their neighbourhoods, while, 24.24% (female 22.81%, male 25.33%) mentioned Black water from toilet and 6.31% (female 5.26%, male 7.11%) said ‘Grey water from domestic use’

In line with this the survey tool incorporated question related to the reasons and causes of the non-functional sewage system at the participants neighbourhood. The findings revealed that 32.99% of the interviewed HHs (female 44.74%, male 25.49%) don’t know; in addition, 22.05% (female 19.74%, male 23.53%) of them replied that poor planning of the infrastructure system, also, 18.80% (female 12.72%, male 22.69%) of them reported due to older sewage system, 18.63% (female 14.04%, male 21.57%) of them reported due to Rain/flood. And; 7.52% (female 8.77%, male 6.72%) of them reported that destruction due the current conflict.

Cleanliness of Neighborhood

58.08% (female 52.63%, male 62.22%) of them reported they rated the cleanliness of their neighbourhood as partially clean; 30.30% (female 32.75%, male 28.44%) of them reported that the neighborhood is clean. And the rest 11.62% (female 14.62%, male 9.33%) of them stated dirty.

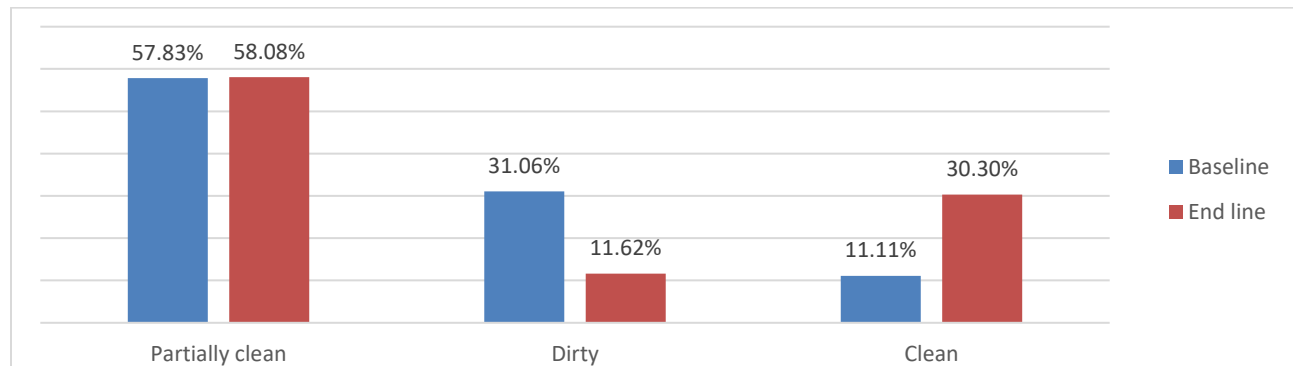


Figure 13 Cleanliness of Neighborhood (Comparison between Baseline Vs. End-line)

Children Diarrhea

The Endline survey incorporated this question to measure how frequently does diarrhea occurred among children. As the result, 69.70% of survey participants mentioned that diarrhea affects children rarely; 23.74% said monthly; 6.57% of them replayed weekly

Table 13: Children Diarrhea (comparison between baseline Vs. end-line)

Children Diarrhea	Baseline%	End-line%
-------------------	-----------	-----------

	Female	Male	Total	Female	Male	Total
Rarely	40.00%	29.13%	34.34%	68.42%	70.67%	69.70%
Monthly	16.32%	27.18%	21.97%	25.15%	22.67%	23.74%
N/A	22.11%	13.59%	17.68%	0.00%	0.00%	0.00%
Weekly	10.00%	23.30%	16.92%	6.43%	6.67%	6.57%
Twice a month	11.58%	6.80%	9.09%	0.00%	0.00%	0.00%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Visiting Household by Health Workers [HW], or Hygiene Promotion Workers [HPW]

67.17% of them reported that the CHV have visited their house to provide health hand hygiene promotion messages. While; 32.83% of them reported they have not been visited by health workers or hygiene promotion volunteers.

Table 14: Visiting Household by Health Workers (comparison between baseline Vs. end-line)

Visiting Household by Health Workers	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Yes	42.11%	36.89%	39.39%	66.67%	67.56%	67.17%
No	57.89%	63.11%	60.61%	33.33%	32.44%	32.83%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

For the messages were disseminated though CHV/ HP volunteers, 22.44% (female 21.70%, male 23.04%) of interviewees mentioned prevention of cholera/AWD; 20.70% (female 19.27%, male 21.87%) COVID19. 19.78% (female 20.08%, male 19.53%) handwashing, 14.93% (female 16.02%, male 14.02%) safe water, 11.54% (female 11.97%, male 11.19%) latrine use, 10.53% (female 10.75%, male 10.35%) and; 0.09% reported with other massages.

Hygiene Items

The households were asked about the hygiene items available at their homes. Accordingly, 28.92% (female 28.48%, male 29.27%) of them have Soap for washing clothes, 27.21% (female 27.88%, male 26.67%) have soap for bathing, 25.86% (female 24.04%, male 27.32%) of them have dish/basin for washing clothes and 18.02% (female 19.60%, male 16.75%) of them have sanitary goods for women.

WASTE MANAGEMENT

Disposing Solid Waste: 33.59% of participants practice burning Solid Waste, 33.33% of them put them in garbage container, 25.51% of them dispose of their solid waste to open areas in far places, 4.04% disposing solid waste in open areas around the house; 3.54% at community pit.

Table 15: Disposing Solid Waste (comparison between baseline Vs. end-line)

Disposing Solid Waste	Baseline%			End-line%		
	Female	Male	Total	Female	Male	Total
Open areas in far places	42.86%	45.36%	44.13%	22.81%	27.56%	25.51%
Burning	30.29%	17.49%	23.74%	42.11%	27.11%	33.59%
Open areas around the house	13.14%	28.42%	20.95%	1.17%	6.22%	4.04%
Community pit	12.00%	7.65%	9.78%	1.17%	5.33%	3.54%

Individual pit	1.71%	1.09%	1.40%	0.00%	0.00%	0.00%
Other [garbage container	0.00%	0.00%	0.00%	32.75%	33.78%	33.33%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Availability of Garbage container: 54.04% of them mentioned there are garbage containers in their areas, while; 45.96% of interviewed households stated that there wasn't any garbage container in their area. For the frequently of garbage container were removed, 30.30% of participants reported daily, 10.35% said from 1-2 times per week, 8.08% of them reported from 3-4 times per week, 5.56% said from 5-6 times per week and 45.71% N/A



SECTION 3: PROTECTION

Female participants were asked about the main protection key concerns and on how extend much on the points below

The decision to Overcoming Barriers

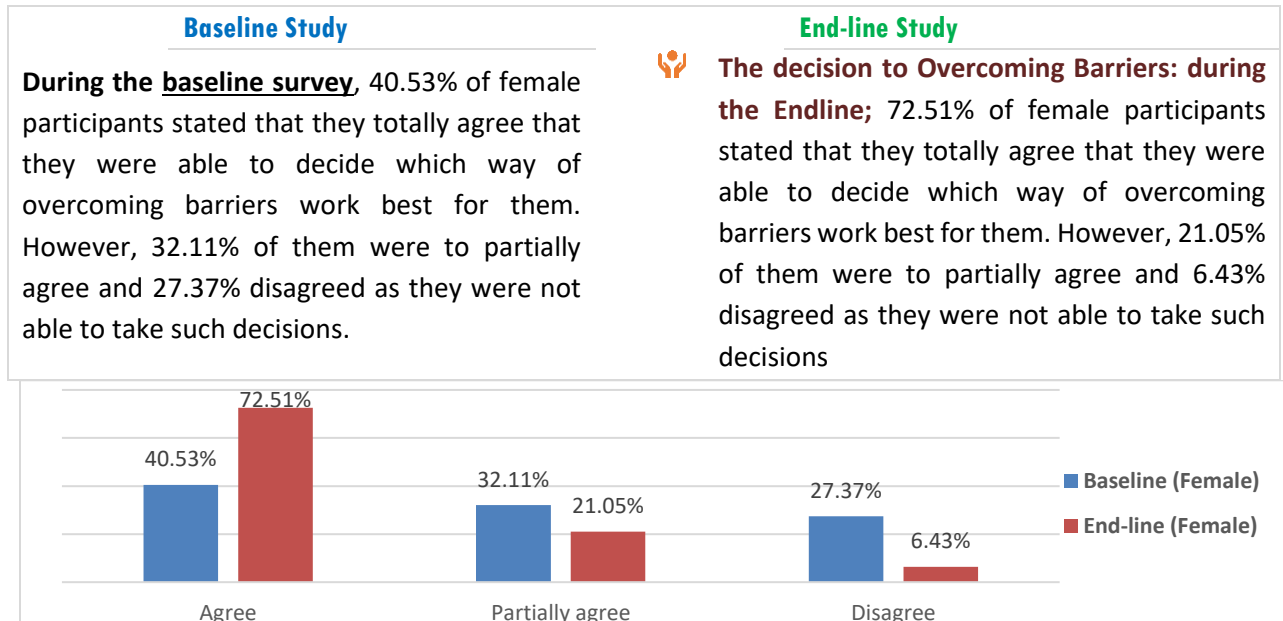
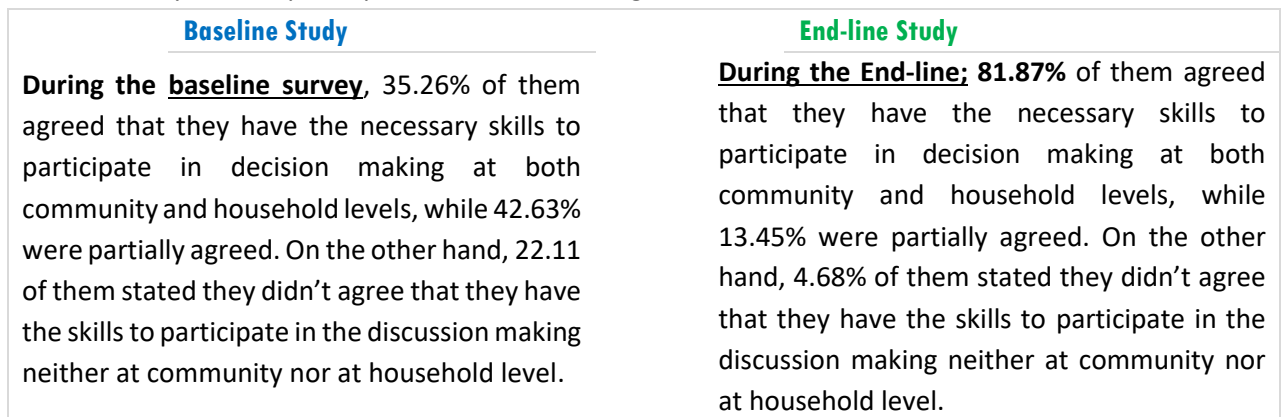


Figure 14 The decision to Overcoming Barriers (Comparison between Baseline Vs. End-line)

Necessary skills to participate in decision-making: Women participants were asked if they have the necessary skills to participate in decision making.



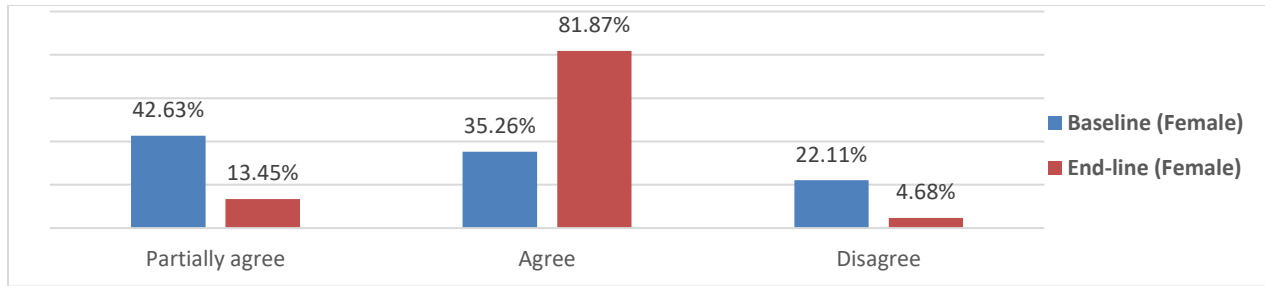
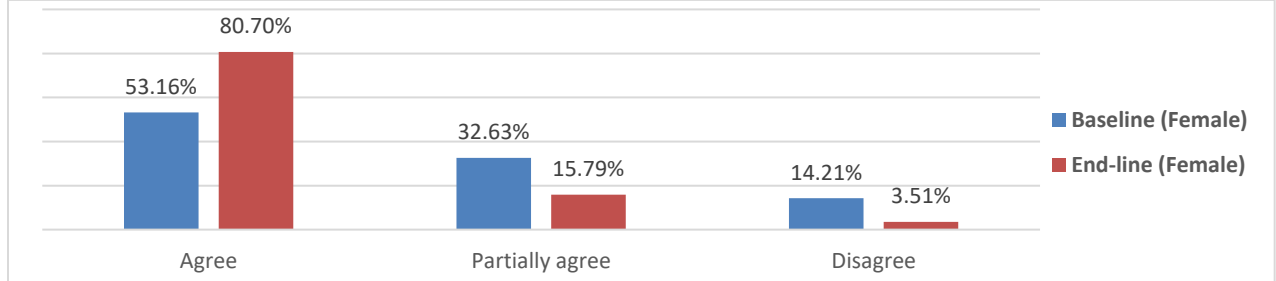


Figure 15 Necessary skills to participate in decision-making (Comparison between Baseline Vs. End-line)

Participating in decision making at household level:

Baseline Study	End-line Study
<p>During the baseline survey, 53.16% of women interviewees stated that they are totally agreed that they are actively participating in household decision making such as use of household income, 32.63% were partially agreed and 14.21% of them disagreed.</p>	<p>During the End-line; 80.70% of women interviewees stated that they are totally agreed that they are actively participating in household decision making such as use of household income, 15.79% were partially agreed and 3.51% of them disagreed.</p>

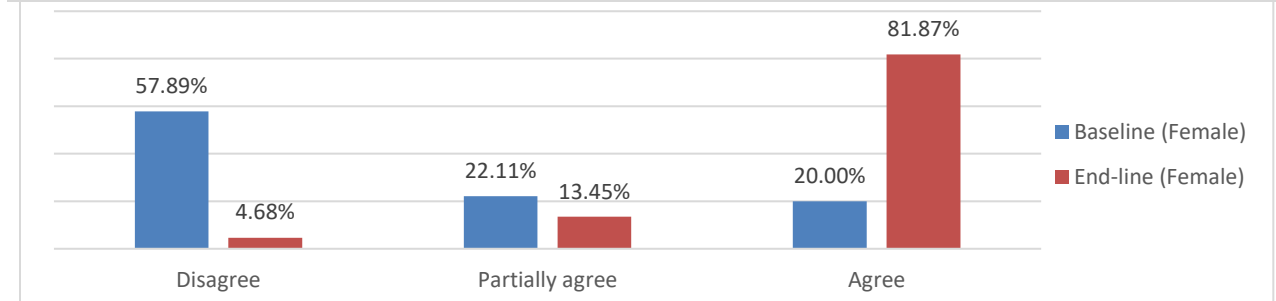


Response	Baseline (Female)	End-line (Female)
Agree	53.16%	80.70%
Partially agree	32.63%	15.79%
Disagree	14.21%	3.51%

Figure 16 Participating in decision making at household level (Comparison between Baseline Vs. End-line)

Participating in decision making at community level:

Baseline Study	End-line Study
<p>During the baseline survey, 57.89% of women reported that they are actively participating in decision making at community level in issues that affect their life, 22.11 % on the other hand stated that they partially agree, while 20 % motioned that they are disagree as they are not able to participate in the community decision making.</p>	<p>During the End-line; For the decisions related to community issues, 81.87% of women reported that they are actively participating in decision making at community level in issues that affect their life, 13.45% on the other hand stated that they partially agree, while 4.68% motioned that they are disagree as they are not able to participate in the community decision making.</p>



Response	Baseline (Female)	End-line (Female)
Disagree	20.00%	4.68%
Partially agree	22.11%	13.45%
Agree	57.89%	81.87%

Figure 17 Participating in decision making at community level (Comparison between Baseline Vs. End-line)

Others to make the decisions:

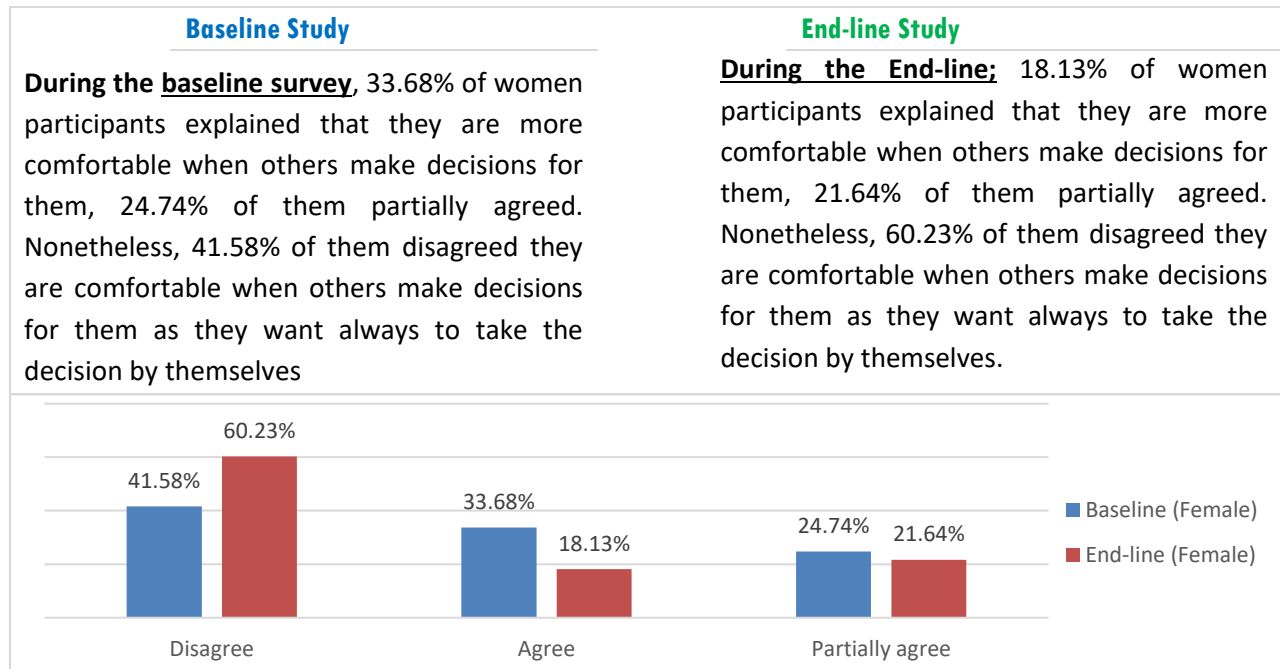


Figure 18 Others to make the decisions: (Comparison between Baseline Vs. End-line)

Ability to choose the right people to help in danger: The interviewees were inquired if they were able to choose the right people to help in danger?

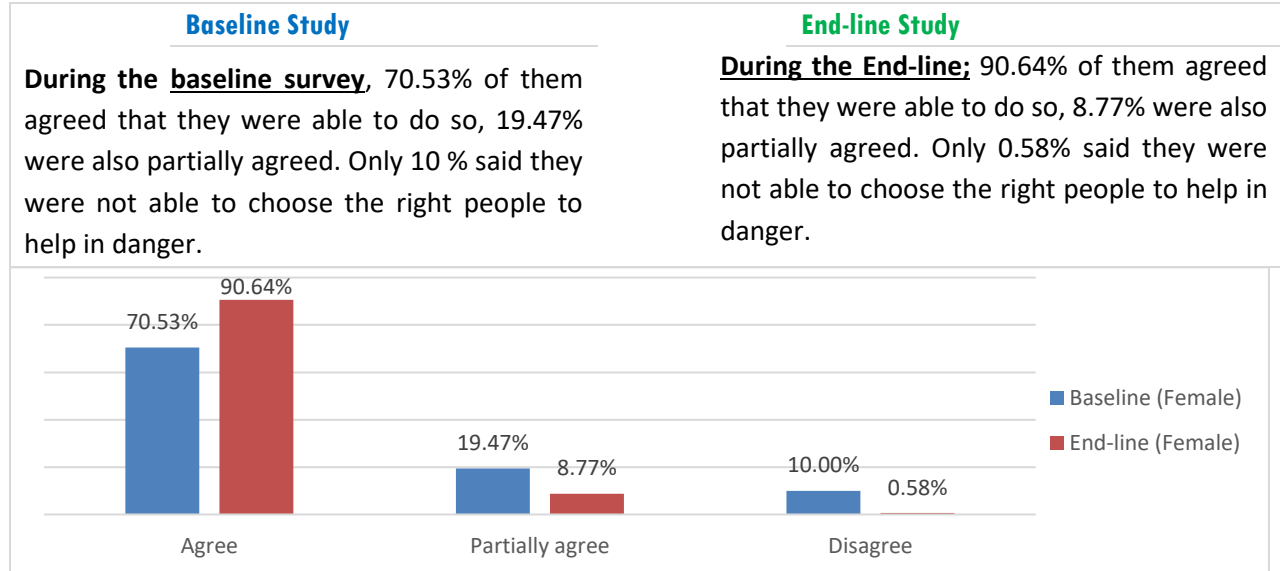
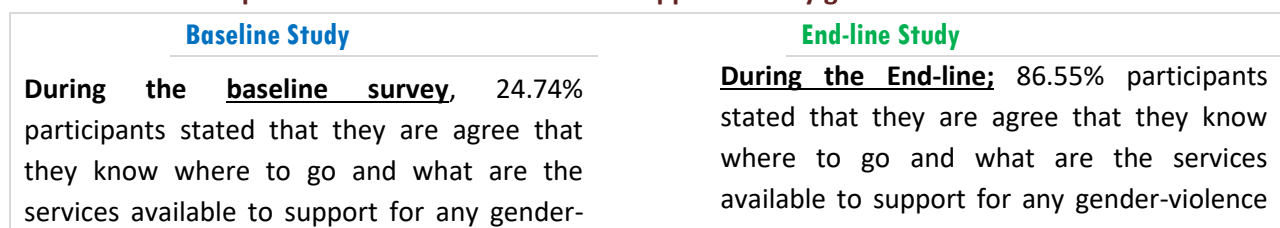


Figure 19 Ability to choose the right people to help in danger (Comparison between Baseline Vs. End-line)

Awareness of places and services available to support for any gender-violence issues:



violence issues, 20% of them partially agreed. Whilst, 55.26% disagreed that they are aware where to go or what are the services available to support.

issues, 9.94% of them partially agreed. Whilst, 3.51% disagreed that they are aware where to go or what are the services available to support.

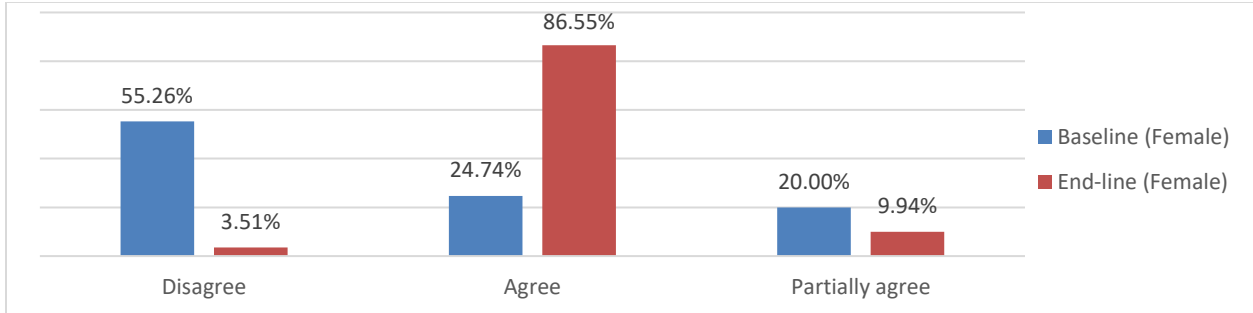


Figure 20 Awareness of places and services available to support for any gender-violence issues (Baseline Vs. End-line)

Capability of helping other women and girls:

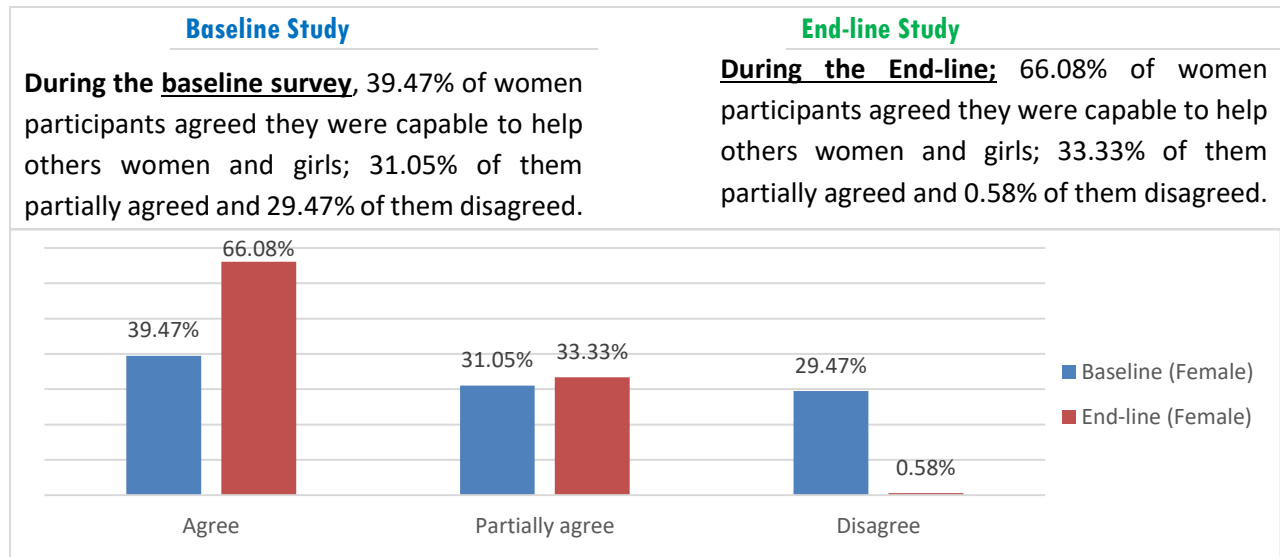
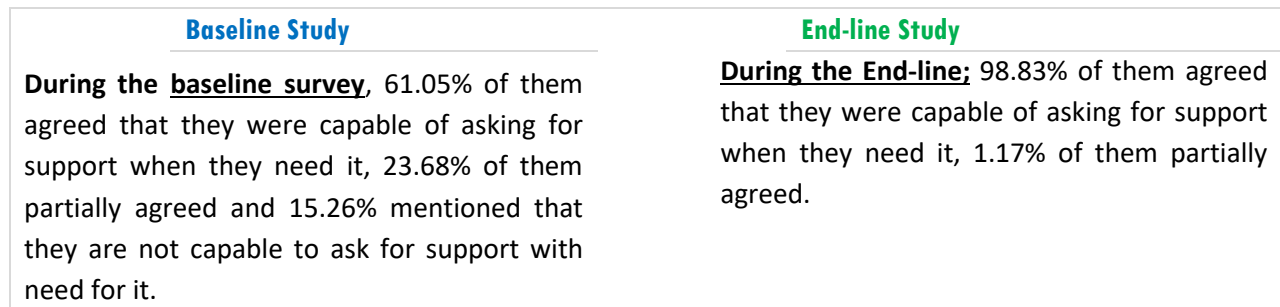


Figure 21 Capability of helping other women and girls (Baseline Vs. End-line)

Capability of asking for support when needed:



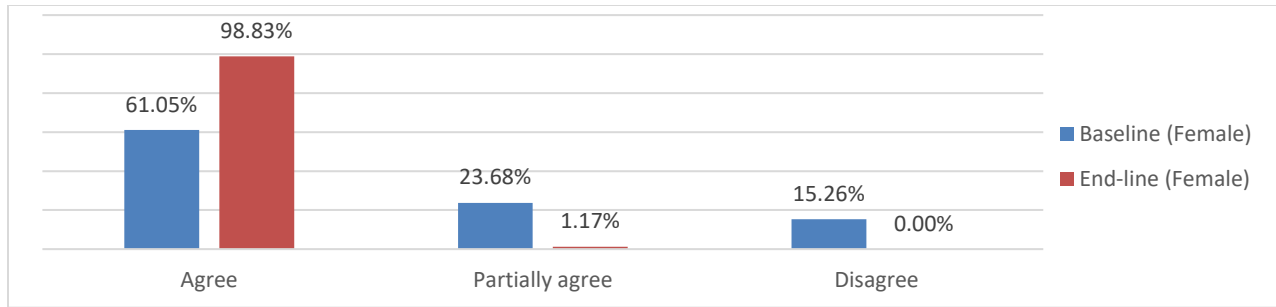


Figure 22 Capability of asking for support when needed (Baseline Vs. End-line)

Capability of expressing what is important to them and to community:

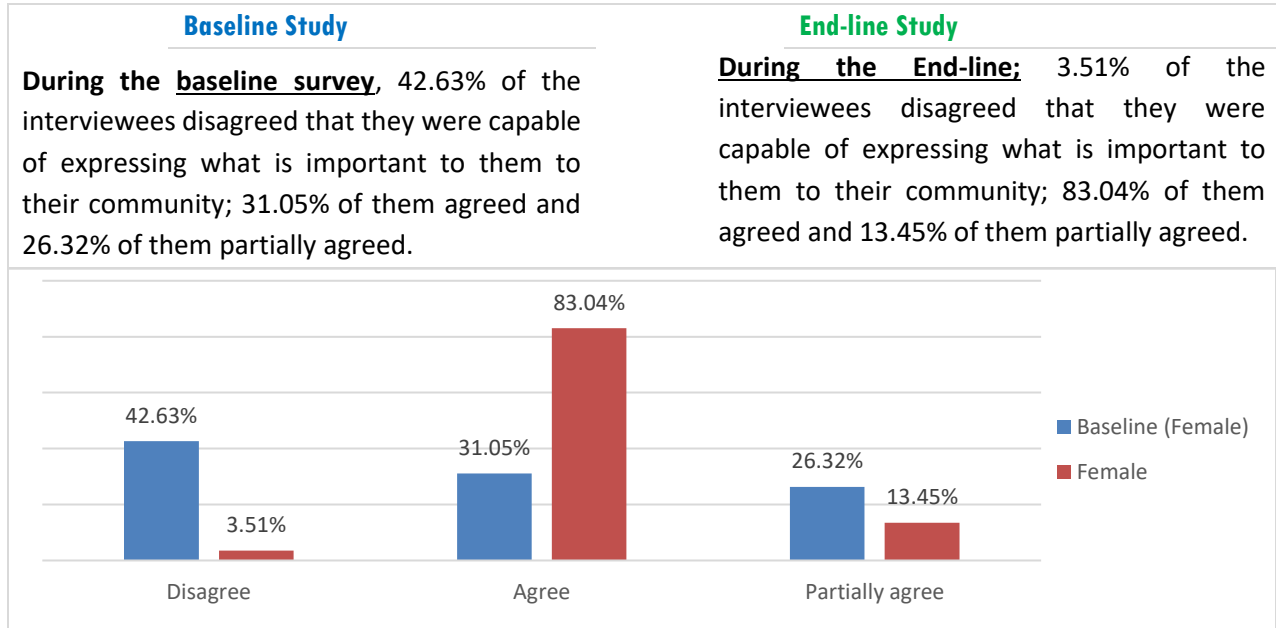


Figure 23 Capability of expressing what is important to them and to community (Baseline Vs. End-line)

In summary, the end-line study findings show that the project had a **positive impact on the empowerment of women in various aspects** of their lives. **Women reported increased skills, confidence, participation, awareness, and agency in decision-making at the household and community levels.** Women also reported improved access to and knowledge of support services for gender-based violence, as well as increased ability to seek and offer help when needed. The findings indicate that the project contributed to enhancing the voice and choice of women and girls in their communities.

OUTCOME INDICATORS TABLE

	Outcome Indicators	Unit	Baseline value	Endline value	Remark
1	% of target population with adequate WASH services and hygiene practices.	Percentage	61.35%	76.30%	
1.1	% of population considering that their basic WASH needs are met.	Percentage	70.30%	73.83%	
1.2	% of population with adequate hygiene practices.	Percentage	52.39%	78.76%	

2	% of women and girl members reported an increase in their decision-making skills and sense of empowerment	Percentage	56%	81%	
---	---	------------	-----	-----	--

II. MAJOR CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The results of the end-line survey depicted that the project has proven to be effective in meeting its objective of improving access to comprehensive WASH and Protection services for the Rural and urban communities affected by the ongoing conflict and disaster and strengthening their resilience.

The endline survey shows that the surveyed individuals have improved access to safe and protected water sources for home use and drinking, mainly through water trucking, piped systems, and purchasing water. The survey also reveals positive progress in sanitation and hygiene practices, such as increased use of family toilets, handwashing with soap, and reduced children's diarrhea. The survey also highlights the need for better waste management and garbage disposal systems.

The end-line study findings show that the project had a positive impact on the empowerment of women in various aspects of their lives. Women reported increased skills, confidence, participation, awareness, and agency in decision-making at the household and community levels. Women also reported improved access to and knowledge of support services for gender-based violence, as well as increased ability to seek and offer help when needed. The findings indicate that the project contributed to enhancing the voice and choice of women and girls in their communities.

WASH Conclusion

- **The endline survey indicates a significant increase** in the reliance on protected or safe water systems for home use compared to the baseline survey. During the endline survey, 88.36% of respondents reported using protected water systems, whereas only 68.69% relied on such systems during the baseline survey. The primary sources of water for home use mentioned by respondents during the endline survey were piped systems in homes (28.05%), water trucking from humanitarian agencies (24.96%), and buying water from protected sources (18.93%).
- **For drinking water, the majority (53.33%)** of respondents reported relying on water trucking from humanitarian agencies. Piped systems in homes accounted for 18.49% of the respondents' source of drinking water. Other sources, such as groceries or neighbors, were mentioned by 10.75% of respondents. The comparison between the baseline and endline surveys showed some changes in the sources of drinking water, with an increase in reliance on water trucking from humanitarian agencies and a decrease in reliance on other sources.

Overall, the end-line data highlights a positive shift towards protected sources of water, such as water trucking from humanitarian agencies and piped systems in homes, for both home use and drinking. This increase in access to safe and protected water sources is crucial for improving health outcomes.

- **In terms of water collection responsibilities**, adult women were reported as the most common individuals responsible for water collection in households, with 24.21% of respondents indicating their responsibility. Men and boys were responsible for water collection according to 15.99% and 15.01% of respondents, respectively. Girls were responsible in 10.84% of cases. It is worth noting that a significant portion (33.95%) of respondents selected "N/A" as the response, indicating that water collection responsibilities may vary or are not clearly defined in their households.
- **Regarding the time it takes to fetch water** from the nearest water source, the endline survey showed that 41.69% of respondents reported taking less than 30 minutes, while 35.77% reported taking between 30 and 60 minutes. A smaller percentage of respondents (13.80% and 8.73%) stated that it takes 1-2 hours and more than 2 hours, respectively, to fetch water from the nearest water source.

Overall, the endline survey demonstrates a significant increase in the reliance on protected/safe water systems as the primary source of water for both home use and drinking. The provision of water trucking from humanitarian agencies, piped systems in homes, and purchasing water from protected sources are the most prevalent methods employed by the surveyed individuals.

Sanitation

- **The endline survey shows significant improvements** in sanitation practices compared to the baseline survey. During the endline survey, 96.21% of respondents reported using family toilets connected to a sewage network for defecation, indicating a substantial increase from the baseline survey where only 69.70% used such facilities. The percentage of respondents practicing open defecation decreased from 9.34% in the baseline survey to 0% in the endline survey.
- **Regarding the availability of separate latrines for men and women**, there was an increase in the endline survey. In the baseline survey, only 8.25% of respondents reported having separate latrines for men and women, while in the endline survey, this percentage increased to 21.46%. However, the majority (78.54%) still reported the absence of separate latrines for men and women.
- **In terms of handwashing facilities in latrines**, there was also improvement. In the baseline survey, only 5.81% of respondents stated that latrines had handwashing facilities, while in the endline survey, this percentage increased to 44.44%.

Overall, the data indicates positive progress in sanitation practices, with increased use of family toilets connected to sewage networks.

Hygiene

Based on the data analysis of the endline provided a summary of the findings regarding hygiene practices:

- **Knowledge of Handwashing during Critical Moments:** In the endline survey, 44.95% of respondents knew "More than Three or times" of critical handwashing moments. 33.33% knew "three times," 17.42% knew "two critical moments," and 4.29% knew "only one critical moment" of handwashing.

There was an improvement compared to the baseline survey, where fewer respondents had knowledge of multiple critical handwashing moments.

- **Practice of Handwashing during Critical Moments:** In the endline survey, 44.19% of respondents reported practicing handwashing during "three times" of critical moments. 29.55% practiced handwashing "two critical moments," 21.21% practiced "More than Three or times," and 5.05% practiced handwashing "one critical moment." **The endline survey showed a slight increase** in the practice of handwashing during critical moments compared to the baseline survey.
- **Use of Soap for Handwashing:** In the endline survey, 86.36% of respondents reported using soap for handwashing. 13.38% used only water, and a small percentage (0.25%) used ash for handwashing. **There was a significant improvement** in soap usage compared to the baseline survey, where only 59.65% used soap.
- **Pools of Stagnant Water or Open Sewage Pits:** 84.34% of respondents reported no pools of stagnant water near their habitation/house. 15.66% reported the presence of pools of stagnant water. 71.39% reported no open sewage pits or pools near their houses, while 28.61% confirmed their existence. **These results indicate a positive change** in the presence of stagnant water and open sewage pits compared to the baseline survey.
- **Sources of Waste Water:** The biggest sources of wastewater in the respondents' neighborhoods were reported as black water from toilets (43.69%), surface water/drainage (25.76%), black water from toilets (24.24%), and grey water from domestic use (6.31%).
- **Cleanliness of Neighborhood:** 58.08% of respondents rated the cleanliness of their neighborhood as partially clean, while 30.30% considered it clean. 11.62% described their neighborhood as dirty.

Overall, the findings suggest improvements in knowledge and practice of handwashing during critical moments, increased use of soap for handwashing, and a decrease in the presence of stagnant water and open sewage pits in the respondents' surroundings.

- **Children Diarrhea:** During **Baseline**: 34.34% of respondents reported that diarrhea affects children rarely. However, by the **Endline**: The percentage increased to 69.70% for rarely, 23.74% for monthly, and 6.57% for weekly diarrhea. **The endline survey showed a significant improvement compared to the baseline, indicating a decrease in the frequency of children's diarrhea.**
- **Visiting Household by Health Workers:** **During the Baseline**: 39.39% of respondents reported that health workers or hygiene promotion volunteers visited their houses. **Endline**: The percentage increased to 67.17% for house visits by health workers. **The endline survey showed an improvement in the frequency of house visits by health workers compared to the baseline.**
- **Messages Disseminated by CHV/HP Volunteers:** The top messages disseminated by CHV/HP volunteers were prevention of cholera/AWD (22.44%), COVID-19 (20.70%), handwashing (19.78%), safe water (14.93%), and latrine use (11.54%). Other messages accounted for 0.09% of the responses.

- **Waste Management - Disposing Solid Waste: during the Baseline**; The most common method was disposing of solid waste in open areas in far places (44.13%). While **by the Endline**: The percentage decreased to 25.51% for open areas in far places, while burning solid waste increased to 33.59%. Disposing solid waste in open areas around the house reduced to 4.04% **in the endline survey**.

Overall, the findings indicate positive changes in terms of reduced frequency of children's diarrhea, increased house visits by health workers, and improved availability of hygiene items. However, waste management practices and the availability of garbage containers still require attention and improvement.

Protection Conclusion

The decision to Overcoming Barriers:

- **Baseline:** 40.53% totally agreed, 32.11% partially agreed, and 27.37% disagreed.
- **End-line:** 72.51% totally agreed, 21.05% partially agreed, and 6.43% disagreed.
- There was a significant increase in the percentage of women who felt able to decide on ways to overcome barriers.

Necessary skills to participate in decision-making:

- **Baseline:** 35.26% agreed, 42.63% partially agreed, and 22.11% disagreed.
- **End-line:** 81.87% agreed, 13.45% partially agreed, and 4.68% disagreed.
- There was a notable improvement in the percentage of women who believed they had the necessary skills for decision-making.

Participating in decision making at household level:

- **Baseline:** 53.16% totally agreed, 32.63% partially agreed, and 14.21% disagreed.
- **End-line:** 80.70% totally agreed, 15.79% partially agreed, and 3.51% disagreed.
- There was an increase in the percentage of women actively participating in household decision-making.

Participating in decision making at community level:

- **Baseline:** 57.89% actively participated, 22.11% partially agreed, and 20% disagreed.
- **End-line:** 81.87% actively participated, 13.45% partially agreed, and 4.68% disagreed.
- There was an increase in the percentage of women participating in community-level decision-making regarding issues that affect their lives.

Others to make the decisions:

- **Baseline:** 33.68% more comfortable with others making decisions, 24.74% partially agreed, and 41.58% disagreed.
- **End-line:** 18.13% more comfortable with others making decisions, 21.64% partially agreed, and 60.23% disagreed.
- A higher percentage of women expressed a desire to make decisions for themselves, indicating increased agency and autonomy.

Ability to choose the right people to help in danger:

- **Baseline:** 70.53% agreed, 19.47% partially agreed, and 10% disagreed.
- **End-line:** 90.64% agreed, 8.77% partially agreed, and 0.58% disagreed.
- There was an improvement in the percentage of women who felt confident in choosing the right people to help them in dangerous situations.

Awareness of places and services available to support for any gender-violence issues:

- **Baseline:** 24.74% agreed, 20% partially agreed, and 55.26% disagreed.
- **End-line:** 86.55% agreed, 9.94% partially agreed, and 3.51% disagreed.
- There was a significant increase in the percentage of women who were aware of available support services for gender-based violence.

Capability of helping other women and girls:

- **Baseline:** 39.47% agreed, 31.05% partially agreed, and 29.47% disagreed.
- **End-line:** 66.08% agreed, 33.33% partially agreed, and 0.58% disagreed.
- There was an increase in the percentage of women who believed they were capable of helping other women and girls.

Capability of asking for support when needed:

- **Baseline:** 61.05% agreed, 23.68% partially agreed, and 15.26% disagreed.
- **End-line:** 98.83% agreed, and 1.17% partially agreed.
- There was a significant improvement in the percentage of women who felt capable of asking for support when they needed it.

Capability of expressing what is important to them and to community:

- **Baseline:** 42.63% disagreed, 31.05% agreed, and 26.32% partially agreed.
- **End-line:** 3.51% disagreed, 83.04% agreed, and 13.45% partially agreed.
- There was a notable increase in the percentage of women who felt capable of expressing what is important to them and their community.

Recommendations

WASH Recommendations

Based on the findings of the endline study in the WASH (Water, Sanitation, and Hygiene) sector below are few recommendations for future programming;

- **Continue providing and promoting access to protected water systems:** Maintain and expand the provision of piped systems in homes, water trucking from humanitarian agencies, and other protected sources.
- **Continue Strengthen water governance:** Enhance coordination between stakeholders, such as humanitarian agencies, local authorities, and community members, to ensure sustainable water management and equitable distribution.
- **Continue expand access to family toilets connected to sewage networks:** Provide support and resources to increase the availability and affordability of family toilets connected to proper sewage systems.
- **Promote separate latrines for men and women:** Advocate for the construction of separate latrines to ensure privacy, dignity, and gender-specific needs are met.

- **Ensure handwashing facilities in latrines:** Encourage the provision of handwashing facilities in all latrines to promote good hygiene practices and prevent the spread of diseases.
- **Enhance knowledge and awareness:** Conduct hygiene education campaigns to increase knowledge about critical handwashing moments and promote good hygiene practices.
- **Promote consistent handwashing:** Encourage individuals to practice handwashing during all critical moments, emphasizing the importance of washing hands with soap.
- **Continue improve availability of soap:** Ensure soap is readily available and affordable to all individuals, especially in areas with limited resources.
- **Mitigate water-related hazards:** Address the presence of stagnant water and open sewage pits through proper waste management and drainage systems.
- **Engage communities:** Involve community members in decision-making processes, planning, and implementation of WASH initiatives to increase ownership and sustainability.
- **Foster behavior change:** Conduct behavior change communication campaigns to promote the adoption of good hygiene practices and sustainable water and sanitation behaviors.
- **Foster collaboration between stakeholders:** Facilitate partnerships between humanitarian agencies, local authorities, community-based organizations, and other relevant stakeholders to leverage resources and expertise for effective WASH interventions.

Implementing these recommendations will contribute to further improvements **for future programming** in water access, sanitation facilities, and hygiene practices, leading to better health outcomes and overall well-being for the communities involved.

Protection Recommendations

The endline findings show that the program has been effective in empowering women to overcome barriers, acquire skills, and participate in decision-making at both household and community levels. The program has also increased women's agency and autonomy, as well as their ability to choose the right people to help them in danger. Based on these results, **some recommendations for future programming are:**

- **To continue the management of one WGSS** in Taiz City for an additional 12 months, starting in December 2022 (after the current project), offering a comprehensive package of protection and response services to women and children, including survivor-centered, safe and confidential case management, referral support and follow-ups; psychosocial support activities; skills trainings, and community outreach activities.
- **The continue of the management of one WGSS** in Taiz City will ensure that the most vulnerable women, men, boys and girls, especially those living in far-away areas from the WGSS, will be reached by protection services. This could be done through an outreach activity (at least once a week) by CARE's Case Management and Protection teams, consisting of the Case Officer, Psychologist, Lawyer and Protection Officer, to remote areas to provide orientation to the community on available services and safe referrals, including counseling (legal and psychosocial) of vulnerable women and children, as needed.

By implementing these recommendations, there is a greater likelihood of empowering women, ensuring their active participation in decision-making processes, and promoting gender equality within communities.

III. Annexes

Survey Questionnaire



HH Survey questionnaire_WASH-

Photos

WASH Interventions



Supply and installation of solar pumping system by capacity 69 KW for Al Nashamah Water scheme, Al Nashamah area - Al Sawaa sub-district - Al Ma'afer district, Taiz'z Gov.



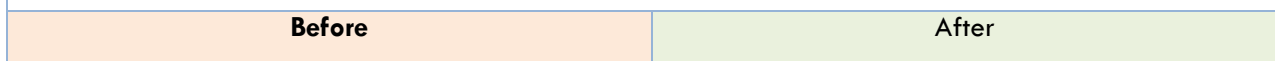
Rehabilitation of Al-Mashawala water scheme, Al-Mashawala sub-district, Al Ma'afer district, Taiz'z Gov

Rehabilitation of Al Jabzia'a Water scheme - Al Jabzia'a sub-district - Al Ma'afer district, Taiz'z Gov.

Replacement of damaged main sewer pipelines and manholes - Near Aqaba School - Sallh district, Taiz'z Gov.



Implementation of sewage network - Near Taiz Hospital- Alhaseb area- Al Mudhafar district, Taiz'z Gov.

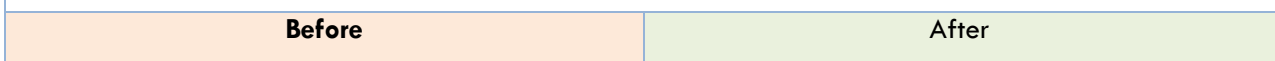




Replacement of damaged sewage network and manholes - Al Hadad area - Al Jumhori Al Sharqi sub-district - Al Qaherah district, Taiz'z Gov.



Rehabilitation and replacement of the sewage line and manholes, in front of the Yemeni Swedish Hospital, Fourth point area, Al Qahirah district, Taizz governorate





Rehabilitation and replacement of the sewage networks and manholes, Next to the LWSC building , Hawd Al Eshraf sub-district, Al Qahirah district, Taizz governorate

Family latrines construction and rehabilitation - Al Mudhaffar district



Rehabilitation and replacement of the sewage networks and manholes, Next to the LWSC building , Hawd Al Eshraf sub-district, Al Qahirah district, Taizz governorate



Provide support for solid waste collection and disposal activity

Water Trucking activity_ Taiz City



Protection Activities



WGSS



WGSS

WGSS



THE END.