

# CLOSEOUT AND EVALUATION REPORT ON THE EUROPEAN UNION'S NIGER DELTA SUPPORT PROGRAMME (NDSP)

BY

INITIATIVE FOR COMMUNITY DEVELOPMENT (ICD)



# Executive Summary

The European Union's Niger Delta Support Programme (NDSP) - Component 3 (Water & Sanitation) is aimed at improving access to sustainable water supply, sanitation and hygiene services delivery in urban areas and small towns of five Niger Delta States of Akwa Ibom, Bayelsa, Delta, Edo and Rivers and to mitigate environmental pollution and poor water quality in the region. Initiative for Community Development (ICD) as one of the grantees, implemented the project at Oleh, Emede, Irri, Olomoro and Uzere Communities in Isoko South Local Government Area of Delta State, South-South Nigeria and it ran from October 2017 – December 2019. The EU supported project which is focused on attainment of socioeconomic wellbeing and national targets on water, sanitation & hygiene in Isoko Local Government Area, through gender sensitive social business service delivery model has been successfully completed.

The evaluation is aimed at assessing the overall performance of the project and the current status of the key and relevant performance indicators and their current values as outlined in the proposal. The evaluation assesses the degree of achievements of the objectives and results of the action of the implemented activities. It provides an opportunity to examine the effectiveness and efficiency of the intervention approach. The report summarizes information collected from intervention and evaluation activities, interpreting the data for possible meanings, and concluding how the findings might shape future programming.

The evaluation data were obtained through both desk-based and field research. Participatory qualitative data collection techniques – such as knowledge attitudes and practices surveys, questionnaires, semi-structured interviews with beneficiaries, relevant stakeholders and ICD project staff (Project Coordinator, Programmes Manager, Finance Manager and other support staff), mapping, wealth ranking, focus group discussions in the five communities and primary data were increasingly used.

The evaluation rated the project to have met 80% of its intended results. Stakeholders' participation from inception to the implementation of activities and completion was one of the major factors in the success of the action. The evaluation report demonstrated visibly that; good number of accomplishments has been achieved. The full effect and resulting conditions of this action cannot be measured until after the implementation of some of the pending activities.

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## 1.0 Introduction

As the world speeds up commitment to achieving the Global Sustainable Development Goals, the realization on the importance of water resources to every aspect of life on Earth or the enormity of the water challenges facing human society and increasing human populations is also gaining popular attention. Despite notable progress, improving water resources management, access to improved water supplies and sanitation, and water productivity remains an immense challenge. Every country and community of the world relies on sustainable fresh water of sufficient quantities and quality to provide for societal needs, sustain economic growth, and maintain ecosystems upon which all life depends. Surface and groundwater resources have come under enormous pressure everywhere from withdrawals, diversions, and pollution. The world's population grows, it faces two great challenges with respect to water; that is improving the efficiency of water use in agricultural and industrial production and in growing urban centers and protecting and maintaining water quality.

According to United Nations (UN Water), “today, 2.2 billion people lack access to safely managed drinking water services and 4.2 billion people lack safely managed sanitation services. Unsafe hygiene practices are widespread, compounding the effects on people's health. The impact on child mortality rates is devastating with more than 297, 000 children under five who die annually from diarrhea diseases due to poor sanitation, poor hygiene, or unsafe drinking water”. Water scarcity, poor water quality and inadequate sanitation negatively impact food security, livelihood choices and educational opportunities for poor families across the world (UN). To improve sanitation and access to drinking water, there is need for increased investment in the management of freshwater ecosystems and sanitation facilities on a local level in several developing countries within Sub-Saharan Africa and Asia”.

The benefits of having access to an improved drinking water source can only be fully realized when there is also an access to improved sanitation and adherence to good hygiene practices.

The European Union's Niger Delta Support Programme (NDSP) - Component 3 (Water & Sanitation) was aimed at improving access to sustainable water supply, sanitation and hygiene services delivery in urban areas and small towns of the five Niger Delta States of Akwa Ibom, Bayelsa, Delta, Edo and Rivers and to mitigate environmental pollution and poor water quality in the Niger Delta region. Initiative for Community Development (ICD) is excited to have completed the EU supported project which is focused on attainment of socioeconomic wellbeing and national targets on water, sanitation & hygiene in Isoko South LGA through gender sensitive social business service delivery model. The project took place at Oleh, Emede, Irri, Olomoro and Uzere Communities in Isoko South LGA Delta State, South-South Region Nigeria and it ran from October 2017 – December 2019.

The project had five main objectives which are to institute a social business model in the management of WATSAN Facilities/Services, to provide the targeted population access to improved source of drinking water & improved sanitation facilities, to create micro enterprises, empower women, & create jobs, to stem open defecation, improve hygiene standards and mitigate environmental pollution and to scale up and replicate the WATSAN supply Services in one other community through partnership and fundraising. It was expected that the action will put in place a sustainable and viable service delivery and management system in place, flourishing micro-economy driven by WATSAN Activities, improved wellbeing, social bond and peaceful coexistence of citizenry in the community, reduced disease burden and reduced maternal and infant mortality amongst the population and replication of private sector led WASH service delivery in one other community.

## 2.0 Purpose of the Evaluation

The overall goal of this evaluation exercise was to assess the overall performance of the project and the current status of the key and relevant performance indicators and their current values as outlined in the proposal. The evaluation assesses the degree of achievements of the objectives and results of the action of the implemented activities, as outlined in the proposal. It provides an opportunity to examine the effectiveness and efficiency of the intervention approach. The report summarizes information collected from intervention and evaluation activities, interpreting the data for possible meanings, and concluding how the findings might shape future programming. Quality control elements were used to establish monitoring mechanisms in each target communities, which resulted in the capture of inputs from a diverse sub-set of stakeholders all through the action.

## 2.1 Objective of the Evaluation

The evaluation exercise has four major objectives:

- v Facilitate a process where ICD staff, leaders and beneficiaries (target communities) will get an opportunity to identify the strengths and shortcomings of the project to aid in effective decision making,
- v To measure the current indicator values in the five project communities,
- v To validate data and information reflected in the interim and final narrative reports,
- v To provide recommendation to donor, implementing organization and beneficiaries.

## 3.0 Methodology

The evaluation exercise made use of the different tools set out in the project's logical framework. The process adopted a participatory evaluation where major stakeholders in the project participated in a consultation process through a focal group discussion, granting of interview and supplying of relevant documents to the M&E team. Primary data were collected with the instrument of questionnaire, survey and testimonies. Data were collected from relevant government agencies and the private sector through a request letter to them. Data were also collated from existing literatures, project's baseline report, pictures and video documentary. The M&E team also followed the established sources and means of verifying the key indicators.

### 3.1 Data Collection

Information was provided by the project board management team, key staff, selected beneficiaries and community stakeholders. Questionnaires were randomly examined in all quarters of the five communities (Oleh, Irri, Olomoro, Uzere and Emede). About one thousand two hundred (1200) copies of questionnaires were administered in the five communities but only one thousand, one hundred and five copies of questionnaires (1150) were retrieved. About 360 copies of questionnaires were distributed but only 350 were retrieved in Oleh and 210 (200) each, in the remaining four communities. There were three sets of structured questionnaires for Oleh community, another structured questionnaire for the remaining four communities and Technicians, Plumbers and Stockists. The exercise was facilitated by four ICD staff and two external evaluators. The data collection methods used included group interviews and analyses of various documents/reports associated with the implementation of the project. The group interviews were used to obtain a broad range of information within a limited time and seek clarification from different individuals. Ten group interviews were conducted involving about 90 stakeholders (Plumber/stockists trained by the project, project management board, community leaders, ICD project staff, medicine dealers, Delta State Hospital Management Board, Management of IC-Global, Schools Authority, and Students & Member of the WASH Club etc).

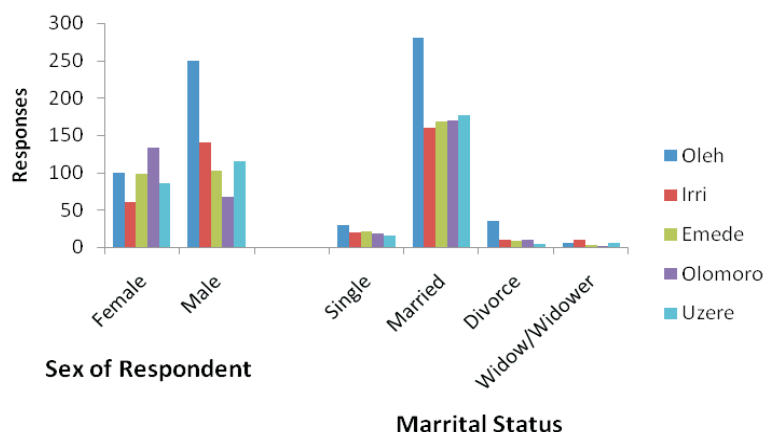
#### 3.1.1 Data Analysis

Data collected and collated were analyzed using simple percentage and charts were created using Microsoft excel.

**Table 1: Breakdown of Questionnaire Distribution**

CODE	Community			Stockist and Plumbers		Pharmacist and Medicine Dealers	
	Male	Female	Total	Male	Female	Male	Female
Oleh	250	100	350	24	04	12	08
Uzere	115	85	200	08	02	03	02
Irri	140	60	200	13	04	06	06
Olomoro	133	67	200	06	03	04	02
Emede	102	98	200	06	00	05	01
Total	740	410	1150	57	13	30	19
Grand total	1150			70		49	

ICD local enumerators at each point of examining the questionnaire explained the objectives of the exercise to the various target groups. The team emphasized that the exercise is essentially a learning process for ICD and partners. It was further explained that the responsibility for filling any gaps that would be identified through the assessment lies with both the project board members and ICD. The above table showed how the three structured questionnaires were distributed among the three categories of stakeholders.

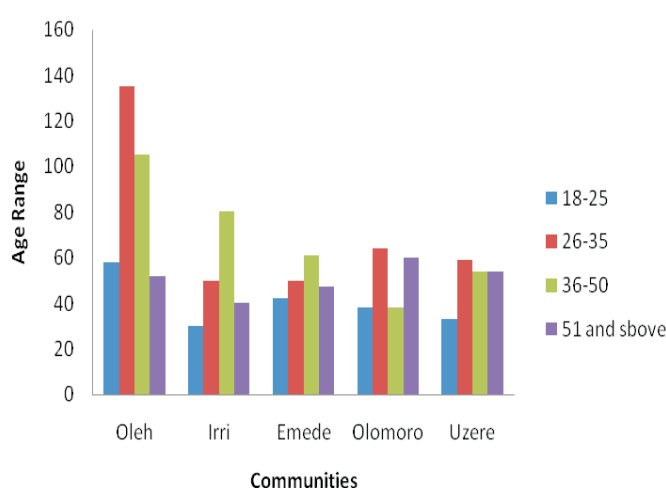


**Figure 1: Profile of Respondent showing sex and marital status**

From figure 1 above, it was observed that in Oleh community, 21% (n=100) and 37% (n=250) of the respondents are the distribution of females and males, while 9%(n=30) of the respondents indicated that there were single, majority of the respondents 80%(n=280) opined that they were married while 10%(n=35) were divorced and only 1%(n=5) of the respondents had lost a spouse. The data also showed that 13% (n=60) and 21%(n=140) were the representative of

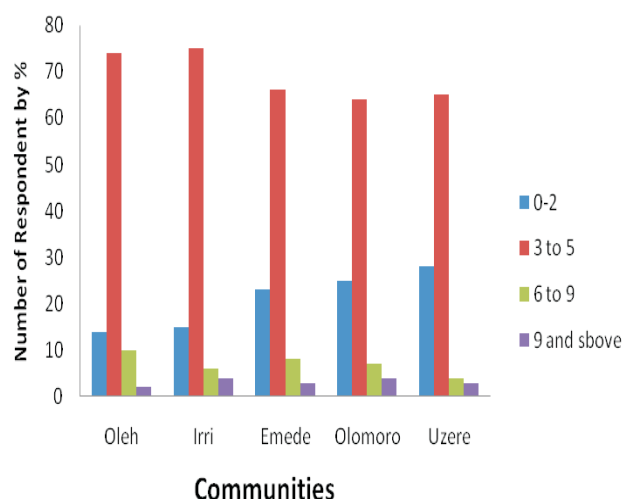
females and males distributed in Irri Community. From the table, it was also indicated that 9% (n=30) of the population of Irri community were unmarried and 80%(n=280) were married. Data collected also showed that 5% (n=10) were divorced and 5% (n=10) were widows/widower. It was observed in Olomoro that 29% (n=133) and 10%(n=67) were females and males respectively.

From the data collected, 9%(n=18) were single, 85%(n=170) indicated that they were married, while 5%(n=10) said they were divorced and only 1%(n=2) indicated that they were widow or widowers. In Emede, 21%(n=98) and 15%(n=102) represented the female and male distribution while 11%(21) and 84%, (n=168,) represented the marital distribution of those single and married. Also, 4% (n=8) and 2%(n=3) represented those who were separated and those who had lost a spouse. In Uzere community it was observed that 18%(n=87) and 17% (n= 90) were females and males respectively.



**Figure 2: Profile of Respondent showing Age Range**

On their age distribution, it was observed from the table above that in Oleh 58 of the respondents were between the ages of 18-25 years, 135 of the respondents were between the ages of 26-35, while 105 of the respondents were between the ages of 36-50 years old and 52 of the respondents indicated they were 50 years and above. While according to their household distribution, majority (n=260, 74%) of the respondents indicated they had 3-5 people in a house hold, this is followed closely by those who are staying up to 0-2 persons in a house hold which amounted to 14%(n=50) while those who are 6-9 persons were 10%(n=35)and in Oleh the persons who are 9 and above in a household were reflected to be 2%(n=5). In Irri community it was documented that 30 of the respondents were between the ages of 18- 25 years, 50 the respondents indicated that they were between 26-35 years while 80 of the respondents were between the ages of 36-50 and 40 of the respondents were 50 and above.



**Figure 3: Profile of Respondent showing number of people in households**

On their household distribution in Irri community, it was observed that 15%(n=30) were not more than two in a household, 75%(n=150) of the respondents were between 3-5 persons living in a household while 6%(n=11) of the respondents indicated that they were 6-9 living in an household. And only 4%(n=9) of the population of Irri opined they were 9 and above staying in a household. In Emede community, it was observed that 42 of the respondents were between ages of 18-25 years, 50 of the respondents were between the ages of 26-35 years, while 36-50 years of the respondents were n=61 and 47 of the respondents were 51 and above. On the household distribution 23%(n=46) were not more than 2 living in a household, 66%(n=131) of the respondents were between 3-5 people living in a household while 8%(n=17) of the respondents were between 6-9 persons and only 3%(n=6) were more than 9 living in a household in Emede community (figure 3).

From figure 2 above, in Olomoro community, majority of the respondents, 64 were between 26-35 years old, 38 of the respondents were between 18- 25 years old and 36-50 years old and 60 of the respondents were 50 and above. On their household distribution, 25%(n=50) indicated that they were not more than two staying, 64%(n=128) of the respondents indicated they were 3-5 staying in their household. Feedbacks from the five communities showed that majority of the respondents have between 3-5 persons living in their households. While 7%(n=14) of the respondents indicated that they were 6-9 persons staying in an household and only 4%(8) of the respondents indicated that they were 9 and above.

In Uzere community, 33 of the respondents were between the ages of 18-25 years old, 59 of the respondents were between the ages of 26-35 years, while 54 of the respondents were between the ages of 36-50 years and 50 and above were also 54 persons. On their house hold distribution, 28%(n=56) of the respondents were not more than 2 living in a household, 65%(n=131) indicated that they were between 3-5 persons living in a household, while 04%(n=8) of the respondents were 6-9 staying in a household and Only 3%(n=5) were 9 and above in their household.

## 4.0 Key Evaluation Questions and Findings

### 4.1 Relevance: Did we implement the project in the right way?

The uniqueness of the project was because of the approach it adopted which is the social business model, partnership approach and socio inclusion. The social business model, even though it has not been 100% achieved, it promised on the sustainable way of the project to be self sustaining. In general, respondents felt that although the action's objectives were relevant to the project, but they expressed their dissatisfaction over the slow response of this action to replicating the project in other communities and taking water to homes. There were general satisfactions on the partnership approach and socio inclusion models because government, PLWD, women, youths and community leadership presence were visible in the project and they all collaborated to achieve a common goal. The project management board was nominated by the above stated actors to represent them and act on their behalf in decision making processes in the project.

### 4.2. Achievement of wider effects (Impact): Did the project achieve the planned results?

To a large extent, the evaluation finds out that, what was planned was achieved. At the time of developing this report, all planned activities were carried out according to plan and within budget. An analysis of result findings from the field and attendance reports shows that, the planned activities (capacity building, WASH promotions and micro credits programme and partnership to finance replication) were 100%

completed except for water reticulation and putting meters in people's homes. The participatory approach to the activities included the setting up of the Management Board that is aimed at increased stakeholders engagement and a company (Hydrolink Utility Company Ltd) that would be responsible for project scale-up were perceived to be one of the key success factors in the action as it supported wider buy-in and engagement at all levels as well as a better understanding of some of the key problems affecting the success of this intervention such as engaging community members at grassroots level. Many respondents highlighted that participants at the trainings were extensively engaged leading to the strengthening of their capacities.

#### **4.3. Achievements of Purpose (Effectiveness)**

As a result of the implemented activities, some of the following results were accomplished:

- i. Increased access to water at Oleh,
- ii. Increased women and PLWD's participation in decision making
- iii. Increased employment opportunities in the WASH sector,
- iv. Reduced diseases and child/maternal mortality rates in the five targeted communities,
- v. Increased in the number of WASH business in the project locations,
- vi. Increased collaboration for the scale up of the project.

#### **4.4. Resources Management and Organizational Capacity**

##### **4.4.1 Human Resources**

The project strengthened the capacity of 10 staff that played specialized roles. Focal group discussions held to review the impact of the project on staff capacity, showed that every staff that participated in the project added to their knowledge in their specific assignments in the project. The program manager affirmed that the EU project sharpened his “problem solving skills” and abilities to respond to different cases at the same time. Other technical staff expressed satisfaction in the delivery of the project. One of the critical aspects of the human resources for the project was the establishment of the 12 Technical Boards. The technical board is saddled with the responsibility to oversee the day-to-day management of the project activities when ICD exits from the project sites and ensure that the Project is replicated and scaled up in other communities. This was the reason why Hydrolink Utility Company Ltd, was registered and the 30 plumbers and stockists were trained and supported with microcredit schemes. These structures automatically keep the project running even when ICD had exited. The project management board is the highest decision-making board at this time that the project has been completed and one of the fascinating thing about the leadership composition is the fact that women and people living with disability are well represented and their interest are captured in WASH decision making.



**Plate 1: Group photograph with Plumbers, Stockists and ICD evaluation team**

#### 4.4.2 Financial Resources

The management of ICD confirmed that the EU financial guidelines was highly technical and put the organization in a much comfortable position to spend adequately and transparently. ICD WASH policy was strengthened through the grant because the project looked at the various components (Sensitization and capacity building, stakeholders' engagement, economic models for WASH funding and water and sanitation facilities provision) of the organization's WASH policy.



**Plate 2: ICD Staff during an evaluation exercise**

The project has greatly strengthened the capacity of ICD finance staff in Financial Management with the trainings and well explained financial guidelines provided by the EU team. On the other hand, the financial guidelines are completely satisfactory and helped a lot in making the work of the finance officer easier to carry out within a reasonable period. Based on the availability of funds, ICD Management provided finance on time to meet with all the project's financial Obligations. The initial (1st Milestone) payment by EU was provided on time but the second payment was delayed. ICD was able to provide funds for the project during the period of this delay by sourcing for soft loans from sister companies/organization. The need to replicate the project to other communities motivated ICD into establishing contact with the Delta Ministry of Water Resources (DSMWR) and the Niger Delta Development Commission, NDDC.

#### 4.5. Likely continuation of achieved results (Sustainability)

There is evidence that the approach adopted by ICD in the EU NDSP was potentially conducive for longer-term sustainability due to the high-levels of buy-in and engagement it encouraged from the beginning, especially in terms of its capacity to mobilize government and other key affected stakeholders to support the process. To increase the sustainability of the project, it was crucial to encourage buy-in and focus on developing capacity, skills and understanding of different stakeholders using trainings and workshop approaches by the project management board to manage collected charges more efficient. Finally, ICD would have to speed up the process of securing the funds that have been committed by NDDC and the Delta State Ministry of Water Resources for the scale up of the project in other communities.

#### 4.6 What value and for whom did this action add, in the context of peace building initiatives?

The basic objective of the project is to assist in the attainment of national targets on WASH in Isoko South, improvement of the socio-economic wellbeing and peaceful coexistence of the targeted population in Isoko South LGA. Discussions with respondents suggest that the main value added by the action is its capacity to raise awareness on WASH amongst a broad range of stakeholders at across the relevant sector. To a large extent this was guaranteed by the participatory approach which engaged

traditional rulers/community leaders, government officials and CSOs during the activities. Rather than simply value peoples access to improved WASH practices, the NDSP action provided stakeholders and beneficiaries with the capacity to understand the fundamentals in the areas of dialogue, mediation, facilitation of local coalition building and monitored the implementation of the project at all levels and demand accountability from all stakeholders.

In addition, 70% of respondents emphasized their appreciation for this action's focus on the relevance of women involved in community WASH decision making. Nevertheless, it was felt that, the overall project's approach and methodologies contributed to consolidating staff capacity to better understand how to implement community-based WASH programmes as discussed above. In terms of the project's capacity, progress was made towards capacity building and awareness.

#### **4.7 Did the action answer real needs in the intervention areas?**

The challenge of achieving a total improved WASH systems remains a reality in all the project communities taking part in the project and whilst top level figures may show significant overall progress towards the achievement of the project, lack of governments' continuous funding for WASH programmes across the state remains a challenge also, because when the community are unable to manage the facilities they would all collapse.

Nevertheless, respondents felt that the issues the action sought to reinforce with needs on the ground and that the collaborative nature allowed community members and other stakeholders to gain a clear view of the importance of the WASH programmes to their communities. During focus group discussions: Feedback on what is needed during implementation of future activities, all participants in the target communities cited the following issues to be addressed: Community led training of trainers, more funding support from ICD, government and the community to sustain the initiative.

#### **4.8 Are the actions objectives still relevant given achievements so far?**

There is an increased change to knowledge as well as changes to attitudes, people's perception and practice. Whilst the NDSP action has succeeded in capacity to understand the fundamentals in the areas of capacity building, facilitation of local coalition building and monitored the implementation of the project and building trust between community, government and ICD, the continuous functioning of the WASH system and the reticulation of water to homes and scale up are still essential. Overall, key respondents prayed that the action should continue, and they have pledged their commitment to see it happen.

### **5.0 Findings by Objective and Associated Indicators**

This session assessed the progress made in the project by the objectives and the key performance indicators.

#### **5.1 To assist in the attainment of national targets on WASH in Isoko South, improvement of the socio-economic wellbeing and peaceful coexistence of the targeted population in Isoko South LGA**

The project promoted an increased access to safe, sufficient and reliable drinking water supply and improved sanitation and hygiene in Oleh and the other four communities. About 100% of the respondent at Oleh said, they collect their water from a reliable drinking water source (Annex 2). In 2018 it was confirmed that only 23% (n=81) persons collected water from the public Tap Island Hubs located in Oleh but in 2019 the rate of water collection from the public Tap Island Hubs was increased to 57% (n=200). About 23% of the respondent said they don't collect water from Island Hubs while the remaining 20% said they collect water from the source but not all the time. The remaining 150 respondents were either collecting their water from personal borehole, paid sources or relying on bottled/sachet water. Majority of the respondents (89%) now use improved water closet system with hand washing facility while the remaining 11% said to be using improved water closet system without hand washing facility.

On the knowledge of disease burden arising from poor hygiene, 99% (n=346) from Oleh community were aware of the relationship between poor sanitation and increase in disease burden. This response is also in correlation with the responses with the respondents from Irri community which was

98% (n=198) as elicited in their responses. In Emede community 96% (n=191) were aware of the relationship between poor sanitation and disease burden. Also, 95% (n=189) and 99% (n=198) of Olomoro and Uzere respectively also had a high level of awareness. This showed that 43% (n=150) of the respondent at Oleh confirmed that they carried out regular hand washing, 24% (n=85) said they keep their surrounding clean and 23% (n=115) carried out regular bathing exercise. These practices were also a common trend seen at Irri, Uzere, Olomoro, and Emede. The increase in their level of awareness is reflected in their sanitation and hygiene practices in terms of embracing quality sanitation facilities. There was zero practice of open defecation and the usage of pit latrine across the project communities (Annex 3).

The evaluation was able to establish that increase awareness of basic sanitation and hygiene increases its practice and the practice increase the demand for sanitation and hygiene facilities. This increasing demand has also led to increase in WASH related Economic activities. As showed in Annex 4, Oleh remained the most economically viable town among the five project communities. In 2018, there were about 30 stockists in Oleh making it the community with the highest number of stockists among the remaining communities (Irri with 15, Olomoro with 7, Emede with 8 and Uzere with 10 stockists each). By 2019 at Oleh, the number of stockists had increased by 2% (from 30 in 2018 to 45 stockists in 2019). This increase in the number of stockists was also visible in the remaining target communities in the project. The project promised a 78% increase in the investment in the WASH sector which was recorded with this survey.

The number of persons to be employed in the WASH sector by 2020 was much of a concern and by 2019 there was already a 26% increase in the WASH sector in the project communities. This increase is an indication that the WASH sector economy is booming, and it is engaging more people and by 2020, the target set in the project would have been achieved by 60%.

The project has started the process of financing & rehabilitation of WATSAN Facilities in One other community. Evidence showed that during the commissioning of the project, the Commissioner of the Delta State Ministry of Water Resources, made a commitment including a sum of 200 million Naira in the ministry's 2020 budget and also the Niger Delta Development Commission has included the sum of 500 million Naira for the scale up and rehabilitation of the project. As at the time of conducting the evaluation, records showed that ICD management was making effort to put machineries in place to access the funds in due time.

#### **5.1.1 To institute a social business model in the management of WATSAN Facilities/Services.**

The project Governing Board which was constituted by the five target communities had the representation of 33% of women and only 8% of PLWD. The fewer number of the PLWD in the project board was due to the fact that the different communities and sectors were at liberty to recommend a member each for the board and this was done without putting the representation of PLWD into consideration except for the PLWD Network that nominated one of their member to be part of the board.. At the different capacity building workshops, including the WASH promotion programs, women and girls made up 63% of participants, while men/boys were 37% this was part of the efforts made in the project to compensate for other spaces in the project where women were fewer than men.



**Plate 3: ICD Staff with a Project Board Member and PLWD during an evaluation exercise**

A private company known as Hydrolink Utility Company Ltd which made up of 5 board (60% men and 40% women) members was registered in November 7, 2019 with Corporate Affairs Commission (CAC). With this, the company now have the full mandate to carry out with the operation & management of WATSAN services.

### **5.1.2 To provide the targeted population access to improved source of drinking water & improved sanitation facilities.**

The result of the baseline survey conducted is closely related to the result of the evaluation on the willingness of the beneficiaries to connect water to their homes. Apart from the fact that the target of reticulating water to people's homes with the instrumentality of the micro-credit programme has not met the people's willingness to key into the process was also a factor that hindered the success of this key indicator. On the number of people whose homes are connected to the Oleh public water schemes were 09% (n=30), 10%(n=35) in 2018 and 2019 respectively. This show a 1% increase in the number of households connected to homes. This result is unconnected to the project because, in line with the results of the baseline evaluation showed that 22% (n=499) of the entire households in Oleh are connected to the Oleh water scheme. The households connected to the water schemes are not metered and the project has not also reticulated water to more homes except for the existing ones. The homes connected to the Oleh water schemes are the ones within the REB areas. The study observed that, 99% (n=345) respondents were aware of the water supply project in Oleh funded by EU. The respondents in Oleh community indicated that only 57% (n=200) wants to be connected to public water scheme. The respondents in Oleh community who don't want water in their homes indicated the following reasons: 12% (n=10) of the respondents said it was cheaper to get water from the Tap island, while 18%( n=28) indicated they already have access to water and only 70%(n=40) indicated that the distance was a major concern.

Based on the above factors, the enumerators took out time to educate respondents on the importance of connecting waters from the public tap island into their homes. The people thought the project only stopped at supplying water at the Oleh public tap water island. This understanding was due to the low level of awareness among the people to the utilization of the Oleh public water. One other reason that kept discouraging the people from utilizing this opportunity was the fact that, they thought the cost of connecting water from the public tap island is equivalent to the cost of sinking their personal boreholes. The ICD team informed the people that to own their personal borehole come with the responsibility of constantly buying fuel to power the borehole, the cost of maintenance and plumbing. The project was designed in a way that people connecting water from the public water island pay lesser than a borehole owner and those that paid for daily water charges. This is the major reason why Hydrolink Utility Company Ltd, was established and the 30 plumbers and stockists were trained and provided with microloans. They are to ensure that each household connected to the public water scheme are metered and charges are collected from them monthly. The charges and money realized from this process would need to be channel into connecting more people to the Oleh water scheme and scale up the project to other communities in the future. ICD management is also speeding up efforts to access more funding to scale up the project. The M&E team further engaged with the 30 stockists and plumbers as well as the project management board to draw plans towards ensuring that households are connected to the Oleh water scheme.



**Plate 4: ICD Evaluators in an interactive session with some of the beneficiaries of the project**



**Plate 5: Group photograph between Stockists, Plumbers, IC-GLOBAL & ICD Evaluation Group**

The result of the survey showed that 99% of the respondents are aware of the Oleh water supply project funded by EU. In 2018 only 23% (n=81) of the respondent said they collected water from the tap island clusters in Oleh community while 48% (n=169) collected their water from other sources and 29% (n=100) said they collected their water from the tap island clusters as well as other sources. The rate at which people collects water from the tap island clusters has increased by 51% in 2019, with 57% (n=200) and 20% (n=70) of the respondents respectively said they collect their water occasionally from the tap island clusters and 23% said they do not collect water from the source. Pictorial evidence and head count of people (150 people daily in each cluster) that collects water from the water from tap island clusters in Oleh community agrees with the responses received from the respondents.

Members of the communities have enjoyed uninterrupted water supply from March 2019 to the date of conducting the evaluation. As at the time of conducting the evaluation, the people have enjoyed approximately 292 days of uninterrupted water supply.

### **5.1.3 To create micro enterprises, empower women, & create jobs**

Available records showed that there are 30 Nos. WATSAN Facilities Service Providers (Plumbers, Artisans and Stockist) in the five project communities. The records are available, and a focal group discussion was held with them.

Micro-economic activities have increased by 30%. In 2018, Oleh recorded the highest micro-economic activities in the WASH sector with a record of 35 (44%), followed by Emede having a record of 15 (19%), Irri having a record of 13 (16%), Olomoro 10 (13%) and Uzere having a record of 07 (08%) trainees now owning their shops. The year 2019 recorded an increase in Micro-economic activities in the WASH sector with Oleh recording the highest activities with a record of 70 (47%), followed by Irri having a record of 23 (16%), Olomoro, and Uzere having a record of 23 (15%) and Emede having a record of 16 (11%) respectively, now owning their shops. Across the five communities, 65 stockists and plumbers confirmed that, demand for services increased while only 14 said otherwise.

The 60 million Naira income target in the WASH sector by 2020 in the project localities has been exceeded. By 2018 the WASH sector was already realizing a total sum of N80, 000,000 and by 2019 is shut up to a whopping sum of N136, 000,000 which showed that the estimated income generated in the WASH sector in a period of two years got increased by 26%. The evidence of this achievement was further reported during a focal group discussion with the stockists and plumbers trained in the course of the project. According to Mr. Ezo Felix, who benefited from the project in terms of capacity development affirmed that “the fallout of the entire project has made them (the plumber community) more productive and they are now making more profits”. The team of plumbers, technicians and stockists, also affirmed that since the commencement of the EU project, the demand for their services has also increased. This position was affirmed with the result of the survey carried out in the five communities which established that 89% of the investors in the WASH sector affirmed that there was an increase in the demand for their services while only 11% expressed a contrary opinion.

The total number of women beneficiaries from the WASH Economy, increased from 64 (32%) women in 2018 to 134 (68%) in 2019. Results of data analysis showed that there is 36% increase in number of women beneficiaries from the WASH Economy across the five communities.

### **5.1.4 To stem open defecation, improve hygiene standards and mitigate environmental pollution**

The indicator which stated 40% increase in sale and installation of improved sanitation facilities by population in Oleh was 100% accomplished. Though, it was difficult to establish the change in percentage in sale and installation of improved sanitation facilities by the population in Oleh. This was only possible with the feedback by stockists, but with plumbers and technicians, this change was not quantifiable. The stockists recorded 26% increase in the increase in sale of improved sanitation facilities. The water project installed a total number of seven solar submersible water pumps to drive water supply system. It was observed that four pumps were installed at the Oleh Water Board, and the three locations had one pumps each. This indicator showed 100%

The greatest benefit of practicing hygiene is the reduction in disease transmission and improved health condition. Good hygiene practices are among the essentials of the survival and development of

children. Without hygiene, the lives of millions of people especially children and the vulnerable populations would be at risk of suffering from water, sanitation, and hygiene-related diseases which are one of the leading causes of death among children, despite being preventable. The activities leading to this outcome were 100% completed and they were impactful. The difference in infant and maternal mortalities in 2018 and 2019 is just 3 casualties; this showed that infants and maternal mortalities have reduced by 14%. This change may be due to natural factor and may not have been all connected to the project. This trend also showed in data for water related disease burden which give that account that children were more affected by the incidences of diarrhea and adults were more prone to cholera. The cases of water related illnesses documented in 2018 were higher than the figures obtained for 2019 and showed 22% reduction rate. These changes in data of water related diseases was as a result of the water project at Oleh and the WASH promotion that also took place in the five project communities. This result is in consonance with the findings earlier documented that there is an increase in good hygiene practices and awareness amongst the population in project communities.

The result of the evaluation showed that there is a total reduction in targeted population out-of-pocket expenditure on medicaments. The estimated money spent by the respondent in the five-project community in 2018 was 8,815, 000 naira and in 2019 it was reduced by 4,649,555 naira which represents 30% decrease in out-of- pocket expenditure on medicaments.

This objective promised 50% increase in number of Schools & Health Facilities in Oleh with water supply/improved sanitation facilities by 2020. Based on increased in the awareness in WASH activity in the project areas, people's ability to embraced improved sanitation facilities have also increased the demands for these facilities. All the schools and health facilities assessed have satisfactorily improved sanitation facilities but not all have improved water supply.

The project achieved 100% increase in the number of active WASH Clubs in schools in targeted project communities. A total of 10-school WASH clubs was selected for the promotion of Water, Sanitation and Hygiene campaign in the five project communities. The feedback from the field established that these 10 schools remained active in WASH activities as well as other schools with WASH clubs in the project areas.

The activities of WASHCOMS in the 5 project communities have achieved 100% success because they gained skills form the project and they are using that skills to sensitize community members, monitoring of the project and to ensure that gains of the project are sustained in the community. One of the key areas where the WASHCOMS are making progress is the aspects of mainstreaming conflicts resolution into WASH activities in their communities. During a focal group discussion with the committees, they confirmed that the training on capacity building and conflict mainstreaming has enhanced their technical ability to resolving conflicts. The 2020 target of achieving 25% reduction in intra communal crises and leadership tussle in Oleh and 14% reduction in intra and inter communal crises in the project area by 2020 has been 100% accomplished. This is because documented evidences showed that since the inception of the project there had not been crises in the project communities including Oleh.

#### **5.1.5 To scale up and replicate the project in one other community through partnerships and fundraising.**

There is no record of households in Oleh community paying for WATSAN facilities/services utilized by them because the aspect of water reticulation to homes was not achieved. The project proposed reticulating water to homes using the instrumentality of micro-credit. Though the micro-credit scheme activity was completed but the intended use of the loan has not been fully achieved.

Our interaction with IC-Global who is a co-applicant in the project showed that some monies have been disbursed to beneficiaries and feedback on loan repayment confirmed that process is slow as at the time of conducting the evaluation. Though, an assurance of readiness to complete the task by 2020 was given. The investment methods were still being deliberated and agreed by the beneficiaries and the financial institution. A larger percentage of the beneficiaries demonstrated that the purpose of the loan would be met as well as the deadline of repaying the loan by 2020.

The action for signing operational and maintenance agreement of WASH facilities/services between ICD & the Community was 100% accomplished. There was evidence that the project

management team engaged the leadership of Oleh community and signed a Four (4) years operation maintenance agreement so as to allow ICD to establish and register Hydrolink Nigeria Ltd to manage the WATSAN facilities in the community commercially.

There is a 100% success in securing a partner to finance the project replication. As previously explained, ICD has gotten the commitment of the Delta State Ministry of Water Resources and the Niger Delta Development Commission to support the replication and scale up with the sums of 200 million Naira and 500 million Naira respectively. As at the time of conducting this evaluation, request letters have been sent by ICD to these government agencies.

The project had no record of water extension this was because, the numerous leakages experienced which were replaced, hence affected the potential to extend the pipelines. But notwithstanding, more than ten streets close to the Oleh water board are still accessing water from the facilities within their vicinity.

Results of data collected from respondent showed that there is about 30% increase in the savings on Households expenditure on WASH services in Oleh community. The study showed that 67% (n=236) of the people of Oleh indicated that the water supply project from EU have helped save money in their household. Another notable finding is the amount saved from assessing the water supply project in the last one year. From this study, it reveals that 27 % (n=94) has saved less than N10,000 while 31% (n=109) indicated that they have saved between N11,000 to N 25,000 and 42% (n=142) indicated that they have saved N26,000 and above.

The study also observed that 72% (n=252) respondents from Oleh community indicated that their water collection time has reduced since the commencement of the water project. The remaining 28% (n=98) of the respondent were older persons and PLWD. This assertion was based on the fact that, these categories of persons hoped that the water project would have been reticulated to their homes. The proposed delivery of WASH services in the replication community has not been accomplished but relevant action by ICD showed that by 2020 this activity would have been accomplished.

## **6.1 Efficiency**

### **To what extent did the management, decision-making and relationships structures of the project, support the successful implementation of the action?**

The management of ICD including the programme manager were involved in the implementation of activities from the inception of the action such as the, provision of improved WASH facilities, WASH promotions, meetings with the project management team, and trainings in the five project communities. The project management team that were created and the 30 Plumbers and Stockist acquired knowledge to enable them to engage other stakeholders. The Project Team (ICD staff and project management board) met at the end of each activity to evaluate its success and report back to the Chief Executive Officer of ICD to aid in decision making.

### **How well did the Action predict and react to risks?**

A baseline survey and facility integrity assessment were conducted before inception and the action team were aware of the relative challenges with some of the facilities and the level of the people buy-in as at the time of implementation. Because of the paucity of funds, the project invested more resources in providing WASH facilities at Oleh with the intension of scaling it up to the other communities. Efforts were made to secure a partnership funding for this purpose. To reduce inter communal conflicts; beneficiaries were trained on conflict management which helped them to acquire skills to resolve unintended conflicts that may have threatened the project from meeting its desired impacts.

## **6.2. Effectiveness**

### **How did the action ensure accountability to beneficiaries?**

Beneficiaries were involved in the project from the onset and were also involved in community-level stakeholder meetings. Information about the action in general as well as ongoing progress and key research findings were shared with beneficiary groups at regular intervals. During the evaluation, opportunity was given to the beneficiaries to discuss their expectations and contribute to how activities

where implemented. They made suggestions and highlighted areas that needed improvement. Some of the areas highlighted include getting the leadership of the project communities to invest in the maintenance of the project when ICD has exited. They also want to see top government officials and house of Assembly members representing them to make the project their responsibility.

### **6.3. Sustainability: Ensuring ownership and lasting change**

**To what extent will activities be sustained by local beneficiaries/partners after the program activities comes to an end?**

There are structures already put in place to ensure sustainability of the project such as the project management board and the Hydrolink Utility Company Ltd, the micro-loan programmes if well utilized would help to reticulate water to homes and beneficiaries would be metered and funds generated would be used to replicate the project in other communities and maintain the existing facilities. ICD has secured the commitment of the Delta State Ministry of Water Resources and Niger Delta Development Commission to fund the replication of the project in other communities. A four (4) operation maintenance agreement has been signed with the Oleh community as measure of community ownership of the project.

In order to sustain this though, feedback of respondents during a focal group discussion showed that it was crucial to continue encouraging buy-in and focus on developing capacity, skills and understanding of different stakeholders to continue using methods taught during the training and approaches in subsequent activities. At the community level, beneficiaries suggested the need to build-in specific activities targeted at community members in order to enhance collaboration and longer-term sustainability.

## **7.0 Conclusions and lessons learned**

### **7.1 Conclusions**

The EU NDSP component 3 has led to a community driven WASH programme. Looking at the key achievements in the project, ICD recorded some fundamental lessons and she has been able to see the need to utilize those lessons in future endeavors. The focal area in this project was important because it helped address about seven of the seventeen global sustainable development goals. Record of total reduction in poor water and sanitation related diseases and maternal mortality, increase WASH economic activity in the project areas and increased access to improved water and sanitation facilities at Oleh imparted on more than 40% of the key performance indicators.

In order to consolidate on the gains of the project, much effort is needed in the areas of replication of water to people's homes. The baseline report laid emphasis on people's willingness to pay for improved water and sanitation facilities but the reality on ground was that this assertion can only be made possible with high level of awareness creation as majority of the respondent feared that it might be too expensive to get water to their homes. This impression was corrected based on the result of the consumption cost/rate calculation that was done during the baseline. There is high hope that the project would be sustained and replicated with the registration of the Hydrolink Utility Company Ltd, micro-credit programme and the promised support from the Delta State Ministry of Water Resources and Niger Delta Development Commission is another strong hope that the project would be replicated and scale up.

### **7.2 Lessons learned**

The section below provides more detail on some of the key lessons learned during the project evaluation:

#### **7.2.1 The action achieved meaningful result:**

About 90% of the beneficiaries understands the purpose and the role of each actor in the project. Training held molded the attitude of the people. The 30 Stockists and Plumbers are improving the way they do their business and 88.5% of them confirmed that the demand for their services have increased. They expressed interest in the use of the social business model and participatory approaches used in the implementation. The workshops and trainings were highly interactive and the facilitators engaged participants on their most pressing concerns. Effective collaborations were built among the various actors and they are

involved in the communication for the scale up of the project.

### 7.2.2 The Formation of the Project Management Board (PMB) and Hydrolink Utility Company has proved to be useful:

The PMB board gave policy direction and approval of all strategic plans, budgets and the appointment of external auditors and had responsibility for oversight and project review. The board and the company have inherited the project and are responding to the needs of the community. Because of the wide array of stakeholders involved, different ideas and inputs for the best approach to replicate and sustain the project has been put in place. This PMB has been able to reach the grassroots and speak the language of the community making it easy to collaborate and communicate effectively.

### 7.2.3 Relative increase in women involvement in local decision making.

The NDSP has highlighted the importance of women leaders getting involved in local decision making at the community level. Due to traditional and religious beliefs, women are more often side-lined when it comes to making decisions and having their voice heard. The training has helped women to understand the lead role they have to play both at their homes and at the local level. The respondents evaluated, said they now understand the role they have to play in speaking to their husbands and children and have started implementing what they have heard at women meetings in the community. One of the reasons why women were more active in the project was because the burden of accessing and utilizing improved water and sanitation services lies heavily on them.

## 8. Recommendations

1. The evaluation team therefore make the following recommendations
2. The project management board (PMB) deepens the focus on issues already identified during the implementation phase of the action.
3. PMB should ensure regular consultations with community stakeholders to maintain the focus of action objectives.
4. ICD should use the scale up plans to strengthen this project,
5. ICD should continue to engage stakeholders in other communities through training, awareness-raising and other activities to ensure improved WASH services.
6. Government should ensure there is adequate funding for WASH services

## Annexes

### Annex 1: Respondent Profile showing the sex, marital status, age range and number of people in the household of respondents

Table 2: Respondent Profile												
Community	Sex				Marital Status							
	Female		Male		Single		Married		Divorce		Widow/ Widower	
	F	%	F	%	F	%	F	%	F	%	F	%
Oleh	100	21	250	37	30	09	280	80	35	10	05	1
Irri	60	13	140	21	20	10	160	80	10	05	10	05
Olomoro	133	29	67	10	18	09	170	85	10	05	02	01
Emede	98	21	102	15	21	11	168	84	08	04	03	02
Uzere	85	18	115	17	15	08	177	89	04	02	05	03
	476		674		104		955		67		16	

Age Range	Community									
	Oleh		Irri		Emede		Olomoro		Uzere	
	F	%	F	%	F	%	F	%	F	%
<b>18-25</b>	58	16	30	15	42	21	38	19	33	16
<b>26-35</b>	135	39	50	25	50	25	64	32	59	30
<b>36-50</b>	105	30	80	40	61	31	38	19	54	27
<b>51 and above</b>	52	15	40	20	47	23	60	30	54	27
<b>Total</b>	<b>350</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>
<b>Number of people in the household</b>	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>	<b>F</b>	<b>%</b>
<b>0-2</b>	50	14	30	15	46	23	50	25	56	28
<b>3-5</b>	260	74	150	75	131	66	128	64	131	65
<b>6-9</b>	35	10	11	06	17	08	14	7	8	04
<b>9 &amp; above</b>	5	02	09	04	06	03	08	4	5	03
<b>Total</b>	<b>350</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>

**Annex 2: Sources of water supply between 2018 and 2019 and the people's perception on the EU water project at Oleh**

**Table 3: Sources of water supply between 2018 and 2019 at Oleh**

SOURCES OF WATER SUPPLY	2018			2019		
	X	F	%	X	F	%
Do you collect your water from the public Tap Island Hubs located in Oleh	<b>YES</b>	81	23	<b>YES</b>	260	74
	<b>NO</b>	169	48	<b>NO</b>	40	11
	<b>SOME TIMES</b>	100	29	<b>SOME TIMES</b>	50	14
	<b>TOTAL</b>	350	100	<b>TOTAL</b>	350	99
Is your home connected to public water source?	<b>YES</b>	30	09	<b>YES</b>	35	10
	<b>NO</b>	315	90	<b>NO</b>	315	90
	<b>SOME TIMES</b>	05	01	<b>SOME TIMES</b>	00	00
	<b>TOTAL</b>	350	100	<b>TOTAL</b>	350	100
Do you collect your water from personal borehole	<b>YES</b>	100	29	<b>YES</b>	155	44
	<b>NO</b>	250	71	<b>NO</b>	195	56
	<b>SOME TIMES</b>	00	00	<b>SOME TIMES</b>	00	00
	<b>TOTAL</b>	350	100	<b>TOTAL</b>	350	100

Do you collect your water from paid borehole	<b>YES</b>	200	57	<b>YES</b>	58	17
	<b>NO</b>	100	29	<b>NO</b>	210	60
	<b>SOME TIMES</b>	50	14	<b>SOME TIMES</b>	82	33
	<b>TOTAL</b>	350	100	<b>TOTAL</b>	350	100
Do you rely on bottled/sachet water	<b>YES</b>	49	14	<b>YES</b>	38	11
	<b>NO</b>	99	28	<b>NO</b>	92	26
	<b>SOME TIMES</b>	201	58	<b>SOME TIMES</b>	220	63
	<b>TOTAL</b>	350	100	<b>TOTAL</b>	350	100
What other sources do you collect water from such as Rain Water, surface water etc	<b>YES</b>	00	00	<b>YES</b>	00	00
	<b>NO</b>	00	00	<b>NO</b>	00	00
	<b>SOME TIMES</b>	00	00	<b>SOME TIMES</b>	00	00
	<b>TOTAL</b>	00	00	<b>TOTAL</b>	00	00
<b>Question</b>				<b>Response</b>	<b>F</b>	<b>%</b>
Are you aware of the Oleh water supply project funded by EU?				Yes	345	99
				No	05	01
				<b>Total</b>	<b>350</b>	<b>100</b>
If your home is not connected to the Oleh public water network system, do you want your home to be connected to the public water scheme?				Yes	200	57
				No	88	25
				Not decided	62	18
				<b>Total</b>	<b>350</b>	<b>100</b>
If no why don't you want your home to be connected to the Oleh public water network system?				It is cheaper to collect water from the Tap Island Hub	40	11
				We have access to water supply	98	28
				The Distance	212	61
				<b>Total</b>	<b>350</b>	<b>100</b>
Has the Oleh water supply project funded by EU increased your household's access to portable water supply?				Yes	311	89
				No	39	11
				<b>Total</b>	<b>350</b>	<b>100</b>
Has your water collection time reduced since this project started?				Yes	252	72
				No	98	28
				<b>Total</b>	<b>350</b>	<b>100</b>
Does your family collect water from paid source in the last one year?				Yes	102	29
				No	248	71
				<b>Total</b>	<b>350</b>	<b>100</b>

Has the Oleh water supply project funded by EU helped your family saved money from accessing portable water supply?	Yes	236	67
	No	114	33
	<b>Total</b>	<b>350</b>	<b>100</b>
What is the average amount of money saved from accessing the Oleh water supply project for the last one year?	Less than N10,000	94	27
	N11, 000 to N25, 000	109	31
	N26,000 and above	147	42
	<b>Total</b>	<b>350</b>	<b>100</b>

### Annex 3: Showing the five target communities' level of Sanitation & Hygiene Practices and Awareness

Table 4: Sanitation & Hygiene Practices and Awareness											
Question	Response	Oleh		Irri		Emede		Olomoro		Uzere	
		F	%	F	%	F	%	F	%	F	%
Are you aware that poor sanitation and hygiene increase disease burden?	Yes	346	99	196	98	191	96	189	95	198	99
	No	04	01	04	02	09	05	11	06	02	1
	<b>Total</b>	<b>350</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>
If yes how did you get to know?	Taught in school	30	09	50	25	15	08	60	30	40	20
	General awareness	206	59	65	33	70	35	54	27	74	37
	Personal habit	34	10	46	23	66	33	45	23	42	21
	TV/Radio	50	14	30	15	29	15	15	08	33	17
	Fliers, bulletin etc	30	09	09	4.5	20	10	26	13	11	06
	<b>Total</b>	<b>350</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>
How are you carrying out good hygiene practices?	Regular hand washing,	150	43	83	42	102	51	165	83	96	48
	Keeping surrounding clean	85	24	46	23	76	38	15	08	35	18
	Regular Bathing	115	33	71	36	22	11	20	10	69	35
	<b>Total</b>	<b>350</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>
Does your Family own a Toilet/Latrine and Hand Washing Facility?	Yes	335	96	189	95	196	98	190	95	193	96
	No	15	4	11	06	04	2	10	5	07	4
	<b>Total</b>	<b>350</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>	<b>200</b>	<b>100</b>
If No, how does your family dispose her excreta?	Open Defecation	00	0	00	00	00	00	00	00	00	00
	Neighbours toilet	10	66	08	73	04	100	10	100	05	71
	No comment	05	44	03	27	00	00	00	00	02	29
	<b>Total</b>	<b>15</b>	<b>100</b>	<b>11</b>	<b>100</b>	<b>04</b>	<b>100</b>	<b>10</b>	<b>100</b>	<b>07</b>	<b>100</b>

If yes which type of Toilet/Latrine does your family owned?	Improved water closet system with hand washing facility	300	89	170	90	171	87	135	71	130	67
	Improved water closet system without hand washing facility	35	11	19	10	25	13	55	29	73	33
	Pit Latrine	00	0	00	00	00	00	00	00	00	00
	Total	335	100	189	100	196	100	190	100	193	100

#### Annex 4: Reported Cases of Water Related Diseases

Table 5: Water Related Diseases											
Community	Water Related Illness	Total Number of Cases		Cases reported among children and adult							
				2018				2019			
		2018	2019	Ch	%	Ad	%	Ch	%	Ad	%
Oleh	18% reduction Diarhea	315	180	245	78	70	22	134	74	46	26
Irri		210	110	169	80	41	20	78	71	32	29
Olomoro		246	197	197	80	49	20	135	69	62	31
Emede		121	91	89	74	32	36	66	73	25	27
Uzere		221	190	158	71	63	29	129	68	61	32
	Total	1113	768	858		255		542		226	
Oleh	Cholera	56	32	13	23	43	77	10	31	22	69
Irri		45	30	14	31	31	69	07	23	23	77
Olomoro		38	20	11	29	27	71	05	25	15	75
Emede		26	15	06	23	20	77	03	20	12	80
Uzere		46	29	13	28	33	72	08	27	21	73
	Total	211	126	57		154		33		93	

Note: Ch – Children, Ad – Adult

#### Annex 4: Cases of Infant and Maternal Mortality and Cost for Treatment

Table 6: Infant and Maternal Mortality and Cost for Treatment												
Community	Mortality/ Death cases								Amount of money spent for treatment			
	2018				2019				2018		2019	
	Ch	%	W	%	Ch	%	W	%	N	%	N	%
Oleh	02	33	00	67	00		00		4,300,000		1,755,000	
Irri	02	67	00	33	02		01		1,800,000		790,000	
Olomoro	01	00	02	100	00		01		1,650,000		699,000	
Emede	01	75	01	25	00		02		1,540,000		640,555	
Uzere	02	75	01	25	02		01		1,325,000		765,000	
Total	08		04		04	100	05	100	8,815,000		4,649,555	
	Ch + W = 12				Ch + W = 09							

Note: Ch – Children, W – Women

## Some Pictures of the Project Sites



## Annex 4: Activities in the WASH sector at OLEH

**Table 7: WASH SERVICES AT OLEH**

Services	Number of stockist in the community				Number of Employee, including trainees:				Number of trainees now owning their shops				What is the estimated income generated yearly			
Community	2018		2019		2018		2019		2018		2019		2018		2019	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
<b>Oleh</b>	30	43	45	41	97	51	150	47	35	44	70	47	30,000,000	38	51,000,000	38
<b>Irri</b>	15	22	21	19	30	16	50	16	13	16	23	16	19,000,000	24	28,000,000	20
<b>Olomoro</b>	07	10	11	10	22	11	38	11	10	13	16	11	11,000,000	13	19,000,000	14
<b>Emede</b>	08	11	14	13	23	12	34	10	15	19	16	11	8,000,000	10	13,000,000	10
<b>Uzere</b>	10	14	18	17	20	10	50	16	07	08	23	15	12,000,000	15	25,000,000	18
<b>Total</b>	<b>70</b>	<b>100</b>	<b>109</b>	<b>100</b>	<b>192</b>	<b>100</b>	<b>322</b>	<b>100</b>	<b>80</b>	<b>100</b>	<b>148</b>	<b>100</b>	<b>80,000,000</b>	<b>100</b>	<b>136,000,000</b>	<b>100</b>

Community	Number of Female beneficiaries				Has demand for services increased?			
	2018		2019		Yes		No	
	F	%	F	%	F	%	F	%
Oleh	30	33	60	67	28	93	02	07
Irri	10	33	20	67	17	94	01	06
Olomoro	08	31	18	69	06	67	03	33
Emede	09	35	17	65	06	100	00	00
Uzere	07	27	19	73	08	80	02	20
Total	64	100	134	100	65		14	

## Annex 5: Questionnaire for Community

Consent Clarifications:

I ..... is working with ICD to assess the project performance, collect & validate data and information relevant to the project and to provide recommendation to donor, implementing organization and beneficiaries.

### SECTION ONE: Respondent Profile

Name of Community:.....

Sex: Female [ ] Male [ ]

Marital Status: Single [ ], Married [ ], Divorce [ ], Widow/Widower [ ]

Age Range: 10–15 years [ ], 16-25 years [ ], 26–40 years [ ], 41 years and above [ ]

Number of people in the household: 1-2 [ ], 3-5 [ ], 6 and above [ ]

### SECTION TWO: Sources of water supply between 2018 and 2019

SOURCES OF WATER SUPPLY	2018			2019		
	YES	NO	SOME TIMES	YES	NO	SOME TIMES
Do you collect your water from the public Tap Island Hubs located in Oleh						
Is your home connected to public water source?						
Do you collect your water from personal borehole						
Do you collect your water from paid borehole						
Do you rely on bottled/sachet water						
What other sources do you collect water from such as Rain Water, surface water etc						

Are you aware of the Oleh water supply project funded by EU?: Yes [ ], No [ ],

Is your home connected to Oleh public water network system?: Yes [ ], No [ ],

If no do you want your home to be connected to the Oleh public water network system?: Yes [ ], No [ ], Not decided [ ],

If no why don't you want your home to be connected to the Oleh public water network system?: It is cheaper to collect water from the Tap Island Hub [ ], We have access to water supply [ ]

Has the Oleh water supply project funded by EU increase your households access to portable water supply?: Yes [ ], No [ ],

Has your water collection time reduced since this project started?: Yes [ ], No [ ],

If no why: My house is far from the Tap Island [ ], I prefer other sources of water [ ],

Does your family collect water from paid source in the last one year? Yes [ ], No [ ],

Has the Oleh water supply project funded by EU helped your family saved money from accessing portable water supply?: Yes [ ], No [ ],

What is the average amount of money saved from accessing the Oleh water supply project for the last one year?: Less than N10,000 [ ], N11, 000 to N25, 000 [ ], N26,000 and above [ ]

### **SECTION THREE: Sanitation & Hygiene Practices and Awareness**

Are you aware that poor sanitation and hygiene increase disease burden? Yes [ ], No [ ],

If yes how did you get to know: Thought in School [ ], through sensitization [ ], Personal Belief [ ],

How are you carrying out good hygiene practices?: Through Hand washing [ ], Keeping your surrounding clean [ ], Bathing regularly [ ]

Does your Family own a Toilet/Latrine and Hand Washing Facility? Yes [ ], No [ ],

If No, how does your family dispose her excreta?: Through Open Defecation [ ], No comment [ ],

If yes which type of Toilet/Latrine does your family owned?: Improved water closet system with hand washing facility [ ], Improved water closet system without hand washing facility [ ], Pit Latrine [ ]

### **SECTION FOUR: Water Related Diseases and Infant Mortality**

Water Related Illness	Age Group Affected/Number		Number of cases in your household		Amount of money spent for treatment		Mortality/ Death cases			
							Children		Adult	
	Children	Adult	2018	2019	2018	2019	2018	2019	2018	2019
Diarhea										
Typhoid										
Malaria										
Fever										

### **Annex 6: Questionnaire for Plumber and Stockist**

Consent Clarifications:

I ..... is working with ICD to assess the project performance, collect & validate data and information relevant to the project and to provide recommendation to donor, implementing organization and beneficiaries.

### **SECTION ONE: Respondent Profile**

**Name of Community:**.....

**Sex:** Female [ ] Male [ ]

**Marital Status:** Single [ ], Married [ ], Divorce [ ], Widow/Widower [ ]

**Age Range:** 10 – 15 years [   ], 16 - 25 years [   ], 26 – 40 years [   ], 41 years and above [   ]

**Number of people in the household:** 1-2 [   ], 3-5 [   ], 6 and above [   ]

## **SECTION TWO: WASH SERVICES**

<b>Services</b>	<b>Response/Year</b>	
	<b>2018</b>	<b>2019</b>
Number of shop owned		
Number of Employee, including trainees: (Male) Female		
Number of Employee, including trainees: (Female)		
How many of your employees now owned their shops		
What is the estimated income generated yearly		
Has demand for services increased?		
How many shops do you plan to own in 2020?		
How many of your employees would open their shops in 2020?		



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