

Program Evaluation of Emergency and Early
Recovery WASH, Health and Nutrition services for
Internally Displaced People, Host Communities and
South Sudanese Refugees in Central and South
Darfur





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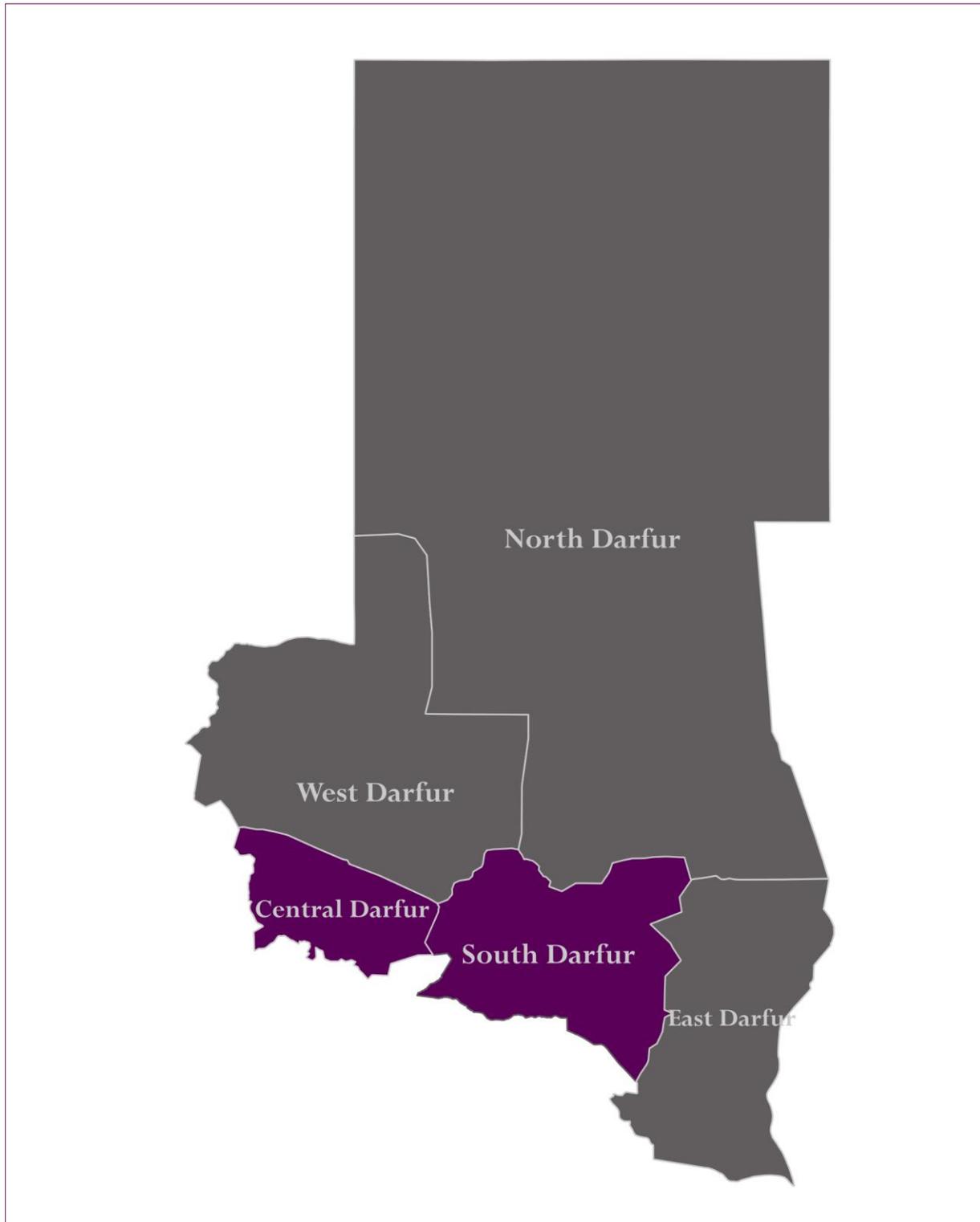
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Acronyms

ACT	Action by Churches Together International
ASD	Agenda for Sustainable Development
Caritas	Caritas Internationalis
DP	Darfur Programme
ECHO	European Union Civil Protection and Humanitarian Aid Operations
FGD	Focus Group Discussion
GoS	Government of Sudan
HAC	Humanitarian Aid Commission
HH	Household
IDP	Internally Displaced Person
IYCF	Infant and Young Child Feeding
INGO	International Non-Governmental Organization
KII	Key Informant Interview
NCA	Norwegian Church Aid
PHC	Primary Health Care
SDG*	Sustainable Development Goal
SDG	Sudanese Pound
SMoH	State Ministry of Health
ToC	Theory of Change
WASH	Water, Sanitation and Hygiene
WMC	Water Management Committee



Map of Project Locations





Recommendations

- Gender aspects and indicators, in particular, should be given due consideration in future programming. This will help in determining more concisely the impacts the program has had on the female population, which is disproportionately affected by conflict.
- For future programming, the close collaboration with relevant stakeholders should be continued and built upon in order to amplify the positive effects this had on the program's objectives.
- Future programs should continue efforts to construct additional water points in target communities in order to increase accessibility of safe water sources and increase HH water consumption.
- Future programs should include regular monitoring of the functionality of water sources, in order to verify that beneficiaries have access to safe water sources.
- Future programs should focus on sustaining the progress made regarding the accessibility of WASH, health and nutrition services while at the same time increasing the quality of such services.
- Due to its long-term impact and high adoption rate, hygiene promotion should continue in future programming. Specific focus should be given to those hygiene practices least well known in the target communities to ensure the largest effect.
- In future programs, the capabilities of the local government and relevant ministries should be assessed at baseline in order to develop an effective and long-term exit strategy in which beneficiaries, communities, and the SMoH are prepared to take on a gradually increasing role in program delivery.



Executive Summary

Since 1972, Norwegian Church Aid has been providing emergency assistance in Sudan. With funding from the European Union Civil Protection and Humanitarian Aid Operations, NCA implemented a program called “*Emergency and Early Recovery Water, Sanitation and Hygiene for Internally Displaced People, Host Communities and South Sudanese Refugees in Central and South Darfur*” between the 1st of May 2017 and the 31st of March 2018. The program implemented Water, Sanitation and Hygiene (WASH) activities in four Internally Displaced Person (IDP) camps in Central and South Darfur states (Hassa Hissa, Hamedia, Khamsadagiega and Bilel) and Health and Nutrition activities in one camp in South Darfur (Bilel). The program aimed to reach a total of 166,928 people (78,457 males and 88,471 females) and achieve the following six key results:

1. IDPs, refugees and host communities have access to clean and adequate water supply;
2. Sanitation facilities and services are established and rehabilitated in schools, health centers, and vulnerable HHs;
3. Beneficiaries in targeted areas are provided with appropriate and effective information on safe hygiene practices and are mobilized to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided;
4. Community WASH management structures are established and equipped to function;
5. South Sudanese refugees, IDPs, and host communities have better access to quality PHC services; and
6. South Sudanese refugees, IDPs, and host communities have better access to nutrition services.

Forcier Consulting was commissioned to conduct an evaluation of the program through the use of a mix-methods approach. The findings in this study include information gathered from a thorough desk review of secondary literature and available project documents, 186 quantitative HH surveys, 34 on-site observations of schools, health centers and water points, as well as 19 key informant interviews, and 8 focus group discussions in the four target camps. The project was assessed according to the Organization for Economic Co-operation and Development’s Development Assistance Committee (OECD/DAC) evaluation parameters: relevance and quality of design, efficiency of implementation, effectiveness, impact, and sustainability.

As per OECD-DAC criteria, the extent to which the program’s activities were tailored to the priorities and policies of the target groups, recipients, and donor was first assessed. The collected data showed that the program was highly **relevant**. Community members reported that WASH, health, and nutrition services were among the most pressing needs in the community, although some of the respondents also reported education activities as one of the most pressing needs. The activities implemented by NCA were also consistent with the overall goal and the attainment of its objectives. Accordingly, the activities were consistent with its intended impacts. At the national and the international levels, the program was in line with the GoS’s WASH Sector National Strategic Plan as well as the goals enumerated in the 2030 Agenda for Sustainable Development. As intended, the evaluated project reached vulnerable populations in the target villages. While NCA did not define sub-groups of vulnerable groups qualitative interviews do indicate that multiple activities were focused on those most vulnerable, including the elderly, the homeless, the disabled, and children under five, and women.

Next, the timeliness and cost **efficiency** of the intervention (the outputs of the project in relation to its inputs) were evaluated. NCA had an adequate number of staff with the required competency to carry out the programs. However, it was reported that there is a need for additional staff for workshops. NCA also used procurement rules in line with internationally recognized standards (bulk purchasing, local procurement to reduce transportation costs, timing procurement to reduce costs/ensure timely delivery etc.), according to NCA staff. Program delivery options and models, furthermore, ensured efficient use of funds and added value, including management structures; use of different consortia (local / international partners); integration of and synergy between program activities; and, delivery at scale.



In order to ensure a timely and cost-efficient delivery of program activities, NCA collaborated with stakeholders at different levels. The Government of Sudan has been actively engaged in the program to help shape the overall priorities, design, and implementation of the program. The State Ministry of Health (SMoH) and other relevant ministries, have also specifically contributed and engaged in the implementation of program activities. This included providing health employees to the health and nutrition centers, although they were reported to be unqualified. Lastly, community leaders have also served an important role as they support their respective community's WASH committees and women's group during the implementation of activities.

The **effectiveness** of the program, or the extent to which the intervention attained its objectives, was also assessed through this study. Overall, the implemented activities were found to be effective, as they contributed towards the achievement of most outputs set for the project. The program provided additional water points, repaired defective water sources, constructed latrines, rehabilitated a health center (in Bilel), executed hygiene promotion campaigns, and successfully mobilized communities in the four target camps. Before NCA's intervention, the WASH situation in each of the four camps was described as being poor by beneficiaries and stakeholders. As a result of the implementation of the evaluated program, improvements in WASH were reported. In particular, access to safe water sources had greatly improved, but there still remain HHs who do not have access to safe water sources and a large proportion of HHs does not meet the SPHERE standard of 15 liters of water per person per day.

Respondents also were outspoken about the improvements in health and nutrition services in the last 12 months, but it was clear that beneficiaries were not yet satisfied with the quality of the provided services. Particular reasons for dissatisfaction were the short working hours, the unavailability of an ambulance after closing and the fact that most staff are not locally hired (most from Nyala city). While the above suggests that the services are not yet of desired quality, it should be kept in mind that overcrowding in camps and the general absence of services greatly contributes to dissatisfaction. Therefore, it may be concluded that the program significantly contributed to the improvement of WASH and nutrition services available. However, it is vital that programming continues to ensure accessibility remains at this level or increases even further, but more important, to ensure that the quality of WASH, health, and nutrition services is improved.

The program's **impact** was assessed in order to gauge the long-term results the activities had on target communities and beneficiaries. Clearly, access to WASH, health, and nutrition services have improved in the target communities and have positively impacted the beneficiaries. In addition, the awareness campaigns and other activities aiming to improve hygiene practices had resulted in behavioral change in the target camps. This impact is likely to remain over time as hygiene practices are often transferred from generation to generation. Based on the high adoption rate among those who had received hygiene messages, the assumption can be made that the risk for disease outbreaks in the target camp is lower now than it would have been if the program had not been implemented. If this assumption holds true, this has a significant impact on the target population and children in particular. Children, who are more susceptible for disease, have a higher chance to perform well in school and develop to their full potential if they are less often sick during their childhood.

Lastly, the study evaluated the likelihood that the implemented activities and the impact they have had on the supported communities were **sustainable**. Throughout all four camps, beneficiaries, community leaders, and WASH structures expressed the willingness to continue their efforts after the program ends. An overwhelming majority of respondents from each of the target camps is also willing to contribute time and money to WASH services. However, most respondents also claimed they are unable to actually contribute money and this indicates that their real investment after the program ends is unclear. As such, it is recommended to at least continue minimal involvement in all of the camps to ensure that the above mentioned groups continue their activities and feel supported in their efforts to do so.

Given that the program has completed its project cycle, the recommendations below are provided to guide in NCA's future programming designs:



-
- Future programs should attempt to specifically define the subset of the most vulnerable people present amongst the IDP/refugee populations to ensure that those groups are specifically reached during program implementation.
 - Gender aspects and indicators, in particular, should be given due consideration in future programming. This will help in determining more concisely the impacts the program has had on the female population, which is disproportionately affected by conflict.
 - For future programming, the close collaboration with relevant stakeholders should be continued and build upon in order to amplify the positive effects this had on the program's objectives.
 - Future programs should continue efforts to construct additional water points in target communities in order to increase accessibility of safe water sources and increase HH's water consumption
 - Future programs should include regular monitoring of the functionality of water sources, in order to verify that beneficiaries have access to safe water sources. In addition, future programming could opt to train community members to repair water points.
 - Future programs should focus on sustaining the progress made regarding the accessibility of WASH, health and nutrition services while at the same time increasing the quality of such services.
 - Due to its long-term impact and high adoption rate, hygiene promotion should continue in future programming. Specific focus should be given to those hygiene practices least well known in the target communities to ensure the largest effect.
 - In future programs, the capabilities of the local government and relevant ministries should be assessed at baseline in order to develop an effective and long-term exit strategy in which beneficiaries, communities, and the SMOH are prepared to take on a gradually increasing role in program delivery.



Introduction

Started by Norwegian churches in 1947, Norwegian Church Aid (NCA) is one of the Nordic countries' largest aid organizations today. As an ecumenical diaconal organization for global justice, NCA provides emergency assistance in disasters, works for long-term development in local communities, addresses the root causes of poverty and advocates for just decisions by public authorities, business and religious leaders. NCA works across 31 countries across the world in a variety of sectors, including Water, Sanitation and Hygiene (WASH), economic empowerment, resource governance, gender-based violence and reproductive health, peace building, and climate resilience.

In 1972, NCA began providing emergency assistance in Sudan in collaboration with local partners, governmental ministries and the Humanitarian Aid Commission (HAC). It has since been a key player among the International Non-Governmental Organization (INGO) community by bringing together a wide array of expertise in the country. In 2004 NCA launched the Darfur Program (DP), a multi-sector program that addresses the humanitarian needs brought about by conflict, insecurity, and population displacements throughout Darfur. The program is supported by Action by Churches Together International (ACT) and Caritas Internationalis (Caritas). Since its launch as a joint ACT/Caritas program in July 2004, the program has provided support to over 300,000 beneficiaries across a wide range of sectors including health, nutrition, WASH, education, agriculture, protection, peace-building, psychosocial support, and livelihoods.

With funding from the European Union Civil Protection and Humanitarian Aid Operations (ECHO), NCA has implemented WASH activities in four Internally Displaced Person (IDP) camps in Central and South Darfur states (Hassa Hissa, Hamedia, Khamsadagiega and Bilel camps) and Health and Nutrition activities in the South Darfur (Bilel camp) between 1st of May 2017 until the 31st of March 2018. The program titled *“Emergency and Early Recovery Water, Sanitation and Hygiene for Internally Displaced People, Host Communities and South Sudanese Refugees in Central and South Darfur”* aims to provide access to clean and adequate water supply, establish sanitation facilities and services, increase awareness on hygienic practices, establish community WASH management structures, and improve access to quality Primary Health Care (PHC) and nutrition services to 164,550 IDPs, refugees, and host community members.

Forcier Consulting was commissioned to conduct an evaluation of the program based on its key indicators as per the OECD-DAC evaluation criteria. To effectively address the study's objectives, Forcier utilized a mix-methodology approach, including a thorough desk review of secondary literature and available project documents, 186 quantitative Household (HH) surveys, 34 on-site observations of schools, health centers and water points, as well as 19 Key Informant Interviews (KIIs), and 8 Focus Group Discussions (FGDs). More specifically, the study aims to:

- Provide an overview of the evaluation and assessment findings as it relates to the project's objectives with regards to the needs of refugees, IDPs and host communities in the project locations;
- Examine the project design and approach to critically assess its relevance, effectiveness, efficiency, impact, and ownership and sustainability; and
- Develop recommendations based on the evaluation and assessment findings, including lessons learned and good practices.

This report provides an overview of the key findings.



2. Context

The humanitarian crisis in Sudan is complex and caused by multiple interrelated factors. Two of these factors will be discussed below. First, the influx of South Sudanese refugees and new and protracted displacement poses serious economic and demographic challenges for Sudan. About 350,000 South Sudanese refugees fled to Sudan since the outbreak of the South Sudanese Civil War in 2013.¹ Moreover, internal confrontations between the government armed forces and rebel groups, and inter-tribal fighting have led to the forced internal displacement of an additional 2.3 million people, who are currently living as Internally Displaced Persons (IDPs), mainly in Darfur, Blue Nile and South Kordofan.²

A second factor contributing to the humanitarian crisis in Sudan is climate change. Droughts extending over two or three years have become more frequent, causing land degradation and desertification. This means that there is less land available for agricultural production and water is becoming scarcer. This subsequently leads to intensified competition over resources and the proliferation of local-level conflicts between pastoralists and farmers. Closely related to this, El Niño is contributing to a trend of longer, hotter dry spells in the Sahel region in general. Variations in rainfall distribution have resulted in localized droughts that cause shocks to vulnerable populations, including food shortages and elevated malnourishment rates. Lastly, increased seasonal rainfall, again caused by El Niño, results in heavy flooding in the northern areas of the country. The consequences of flooding include poor harvests, loss of livestock, limited access to basic service facilities, like schools and health centers, and internal displacement.

In 2017, the total number of people in need of humanitarian assistance in Sudan was estimated to be 4.8 million.³ This number represents approximately 19% of the total population of Sudan. Due to its geographical location and its ethnically diverse population, Darfur's region is particularly affected by the aforementioned factors and OCHA's 2017 Darfur Humanitarian Overview⁴ estimates that about 3 million people in Darfur are in immediate need of humanitarian assistance. This is in part because about 128,000 South Sudanese refugees found refuge in Darfur, while the region also hosts the majority (2.1 million) of all IDPs in the country. The arrival of refugees and IDPs has put an extra burden on the already limited services; and, sharing the already scarcely available resources has become a challenge. Droughts and floods have, furthermore, affected Darfur in particular and disputes over natural resources are one of the many issues that lay at the heart of the ongoing conflicts in the region.⁵

In both South and Central Darfur, in particular, data from 2015 shows that there is only a 40% coverage of basic and safely managed drinking water facilities. Equally concerning, is the 16% and 40% coverage of basic and safely managed sanitation facilities in Central and South Darfur, respectively.⁶ With regards to hygiene, only 24% of the population of Central Darfur and 18% of the population of South Darfur has access to a basic hand washing facility.⁷

¹ OCHA, *Sudan Humanitarian Bulletin*, Issue 8, 2017.

² OCHA, *Sudan Humanitarian Needs Overview, 2017*.

³ Ibid.

⁴ OCHA, *Darfur Humanitarian Overview*, July 2017.

⁵ OCHA, *Sudan Humanitarian Needs Overview, 2017*.

⁶ WHO UNICEF (2017). Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Estimates on the use of water, sanitation and hygiene in Sudan. Available at: <https://washdata.org/data#!/sdn>.

⁷ Ibid.



3. Project Description

With the aim of reaching a total of 166,928 people (78,457 males and 88,471 females), the *Emergency and Early Recovery Water, Sanitation and Hygiene for Internally Displaced People, Host Communities and South Sudanese Refugees in Central and South Darfur* program aims to achieve six key results:

1. IDPs, refugees and host communities have access to clean and adequate water supply;
2. Sanitation facilities and services are established and rehabilitated in schools, health centers and vulnerable HHs;
3. Beneficiaries in targeted areas are provided with appropriate and effective information on safe hygiene practices and are mobilized to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided;
4. Community WASH management structures are established and equipped to function;
5. South Sudanese refugees, IDPs and host communities have better access to quality PHC services; and
6. South Sudanese refugees, IDPs and host communities have better access to nutrition services.

Figure 1. Theory of Change of WASH (left) and health (right) programming⁸

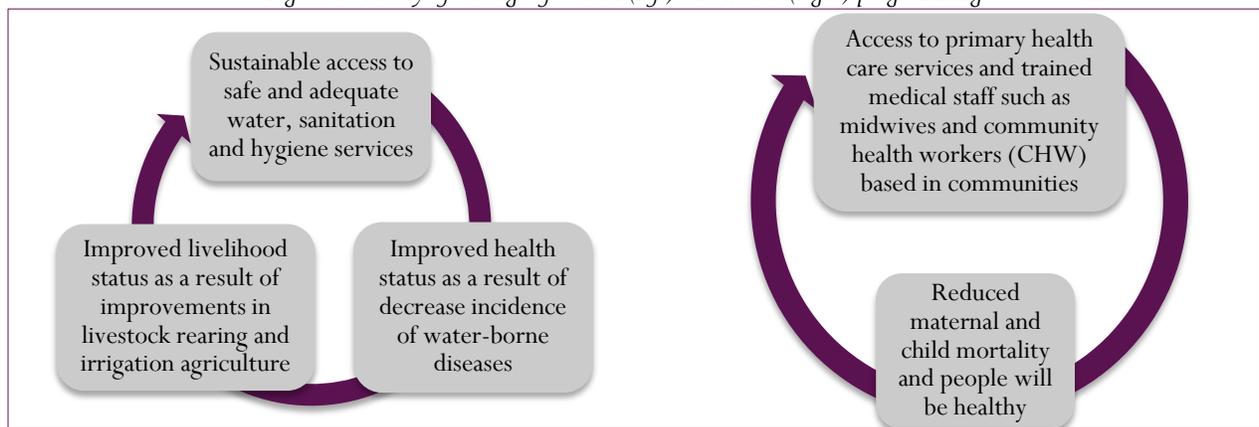
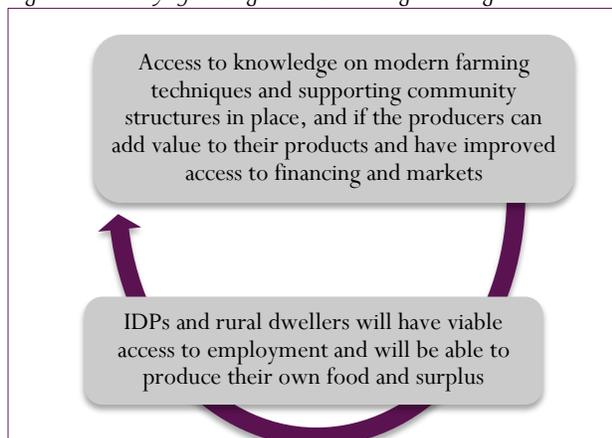


Figure 2. Theory of Change Economic Programming⁹



The overall goal for the WASH program has been defined as follows: communities have sustainable access to safe and adequate water, sanitation and hygiene services for improved health and water-dependent livelihoods. Accordingly, three key Theories of Change (ToCs) to achieve the aforementioned goal have been outlined by NCA in their 2016-2020 strategy (See: Figure 1 and 2), including a ToC for WASH programming, a ToC for health programming, and a ToC for economic programming.

⁸ Norwegian Church Aid (2015). *Norwegian Church Aid Sudan Strategy 2016-2020*. Available at: <https://www.kirkensnodhjelp.no/contentassets/6bb63d724adf49e2ad68b607d648ab51/sudan-country-strategy-2016-2020.pdf>

⁹ Ibid.



4. Findings

4.1 Relevance

This section analyses the degree to which the program was tailored to the priorities and policies of the target group, beneficiaries, and donor. Specific attention will be given to the following questions: to what extent are the objectives of the project still valid, are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives, and are the activities and outputs of the project consistent with the intended impacts and effects?

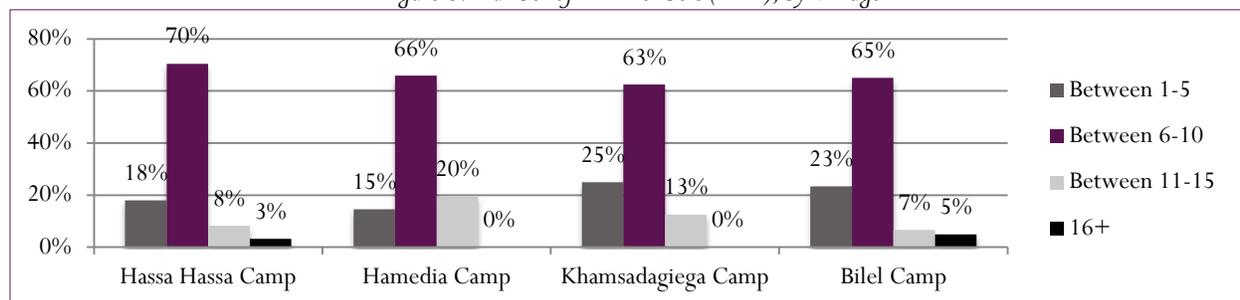
At an international humanitarian level, the project was found to be in line with the 2030 United Nations Agenda for Sustainable Development (ASD), to which the Government of Sudan (GoS) has expressed its commitment. More specifically, the activities implemented by NCA directly contribute to the achievement of the third and sixth Sustainable Development Goal (SDG): “ensure healthy lives and promote well-being for all at all ages” and “ensure availability and sustainable management of water and sanitation for all.” Lastly, by targeting both IDP and host communities, the project also addressed the tenth development goal: “reduce inequality within and among countries.” Moreover, given the overall need for humanitarian assistance in Sudan, there are a few organizations that are currently working in this region according to NCA project staff. In addition, NCA project staff reported that there has not been a duplication of efforts because regular meetings occur between the organizations working in the area. During these meetings, the organizations share information about their programming and make agreements about the implementation of activities.

At the national level, the project was found to be in line with the GoS’s WASH Sector National Strategic Plan, which aims to work towards ensuring “sustainable, adequate and equitable water and sanitation services to the entire population of Sudan.” In addition, the program is in line with the National Health Sector Strategic Plan, who’s stated objective is to achieve “improved health status of the population of Sudan, especially the poor, underserved, disadvantaged and vulnerable populations.”

Qualitative interviews confirm that water, health, and nutrition services are among the most pressing needs in the targeted camps. Due to conflict, such services have deteriorated and the deterioration of these services is impacting HHs on a day-to-day basis. Furthermore, some of the beneficiaries in Hassa Hassa and Bilel also reported education as one of the most pressing needs in their communities. Based on this and the above, the program is assessed to be highly relevant.

The population sample (n=185) included in this study consisted of respondents from each of the four target camps. In the camps of Central Darfur (Hassa Hassa, Hamedia, Khamsadagiega), 100% of the respondents identified themselves as IDPs. In Bilel camp located in South Darfur, 93% of the respondents identified as IDPs and 7% identified as migrants. The sample consisted of 66% of the female respondents and 34% male respondents. In each of the four camps, 66% of HHs comprised of 6 to 10 members on average (see the figure below).

Figure 3. Number of HH Members (in %), by Village

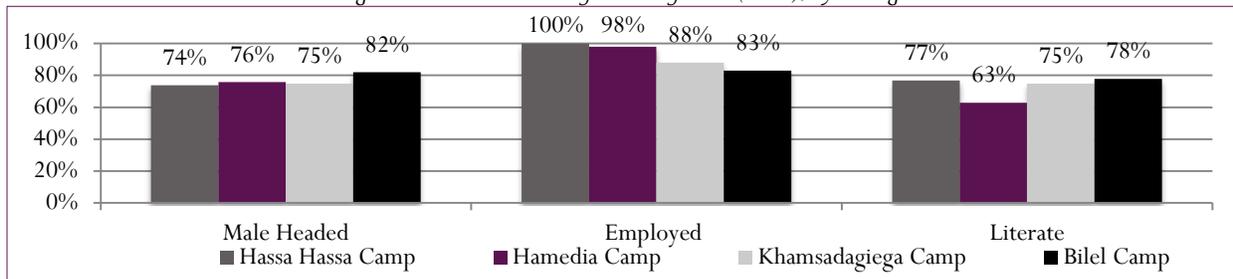




In the four camps, the two main livelihood sources in the six months prior to data collection are agricultural products and casual labor. In Bilel camp, moreover, 20% of the HHs earn additional income from the resale of food aid and 7% from the sale of livestock. Approximately 40% of HHs residing in Bilel camp reported that they receive financial support from vouchers or food aid. This, however, was not the case for those residing in the target camps of Central Darfur. The financial hardships faced by those residing in Bilel camp were all the more evident in terms of their ability to gather 300 Sudanese Pounds (SDG) in two weeks in case of an emergency. While less than 10% of HHs residing in each of the three camps of Central Darfur reported that they were not all likely to gather this amount of money, 38% of those in Bilel reported that it was not likely that they would be able to gather 300 SDG in two weeks if they were faced with an emergency.

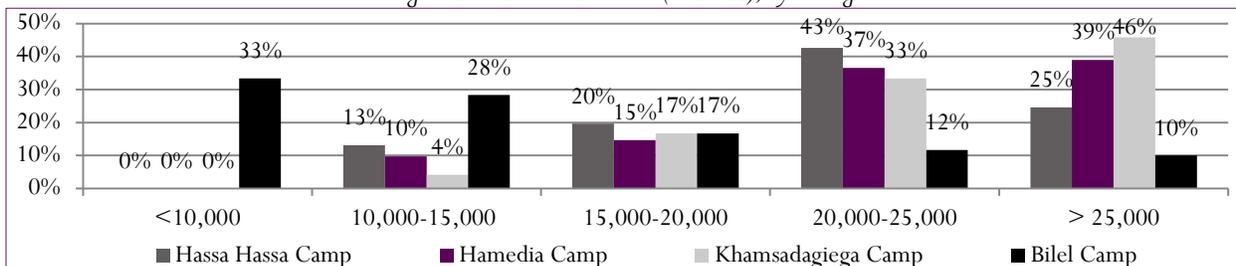
The heads of HH were predominately male-headed, employed, and literate (See: Figure 3). Data for each target village has been disaggregated to help illustrate existing variations below. In Hassa Hassa camp, 43% (n=34) of respondents were the head of HH. While 100% of these heads of HH were employed, only 57% (n=34) of the other respondents were. In Hamedia camp, 24% (n=10) of respondents were the head of HH. While, again, 100% of these heads of HH were employed, only 48% (n=34) of the other respondents were. In Khamsadagiega, all of the heads of HH are employed, but only 21% of the respondents to this survey who were not the head of HH. In Bilel, 90% of the heads of HH are employed, while only 36% of the respondents to this survey were employed. The figure below provides an overview of the characteristics of the heads of HH in each of the camps.

Figure 4. Characteristics of Heads of HHs (in %), by Village



In the camps of Central Darfur, the average income of respondents during the 30 days prior to data collection was 2,002 SDG. In the month before data collection, 65% (n=125) of respondents in Central Darfur reported that their HHs made between 1,500 and 2,499 SDG¹⁰. In comparison, the HHs of respondents from Bilel reportedly earned 2,421 SDG in the month on average prior to data collection. Variance in reported incomes was higher in Bilel, with some respondents reportedly making over 3,000 Sudanese Pounds. The largest group of HHs, 32% (n=60), made between 1,000 and 1,500 SDG. This difference with the HHs in Central Darfur is also evident in the average annual income HHs made. While most of the respondents residing in the camps of Central Darfur had an annual income of between 20,000 and 25,000 Sudanese Pounds, in Bilel approximately 62% of the respondents' HHs earned less than 15,000 Sudanese Pounds. The figures below provide an overview of the average reported income of each of the HHs on an annual basis.

Figure 5. Last Year's Income (in SDGs), by Village



¹⁰ 31% between 1500 and 1999 and 34% between 2000 and 2499.



Figure 6. HH Income in SDGs Earned Last Year in Central Darfur Target Camps (%)

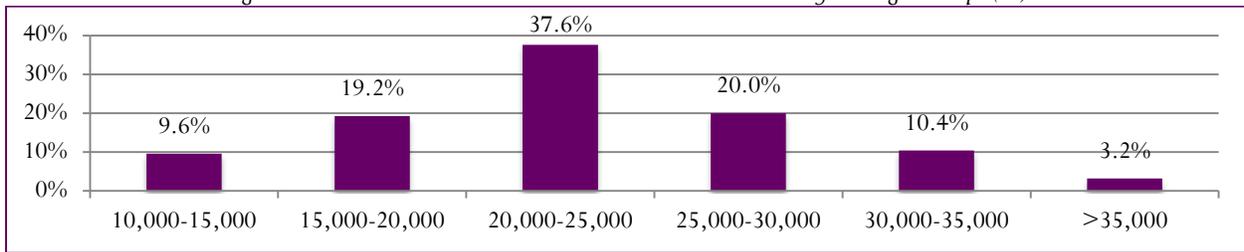


Figure 7. HH Income in SDGs Earned Last Year in Bilel (%)

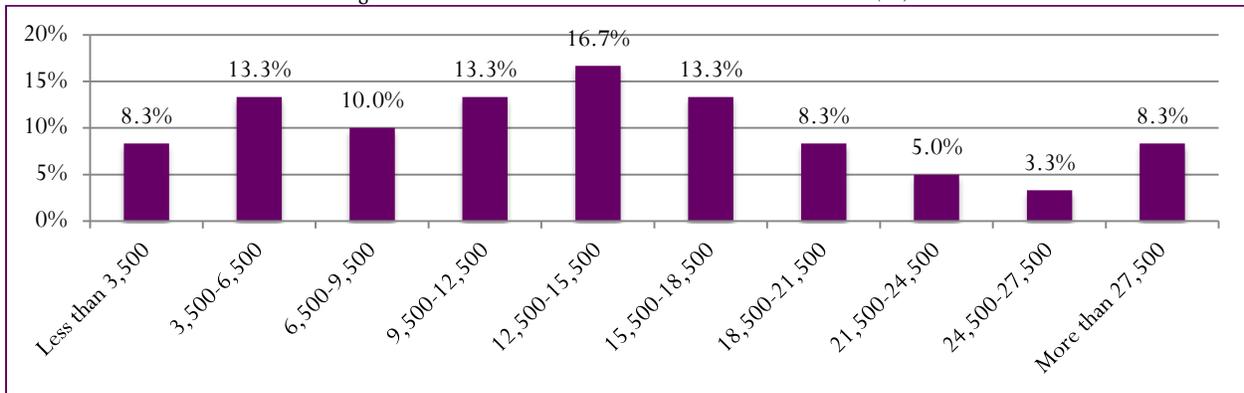


Figure 8. Sudanese Pounds per HH Member Last Year by village (%)

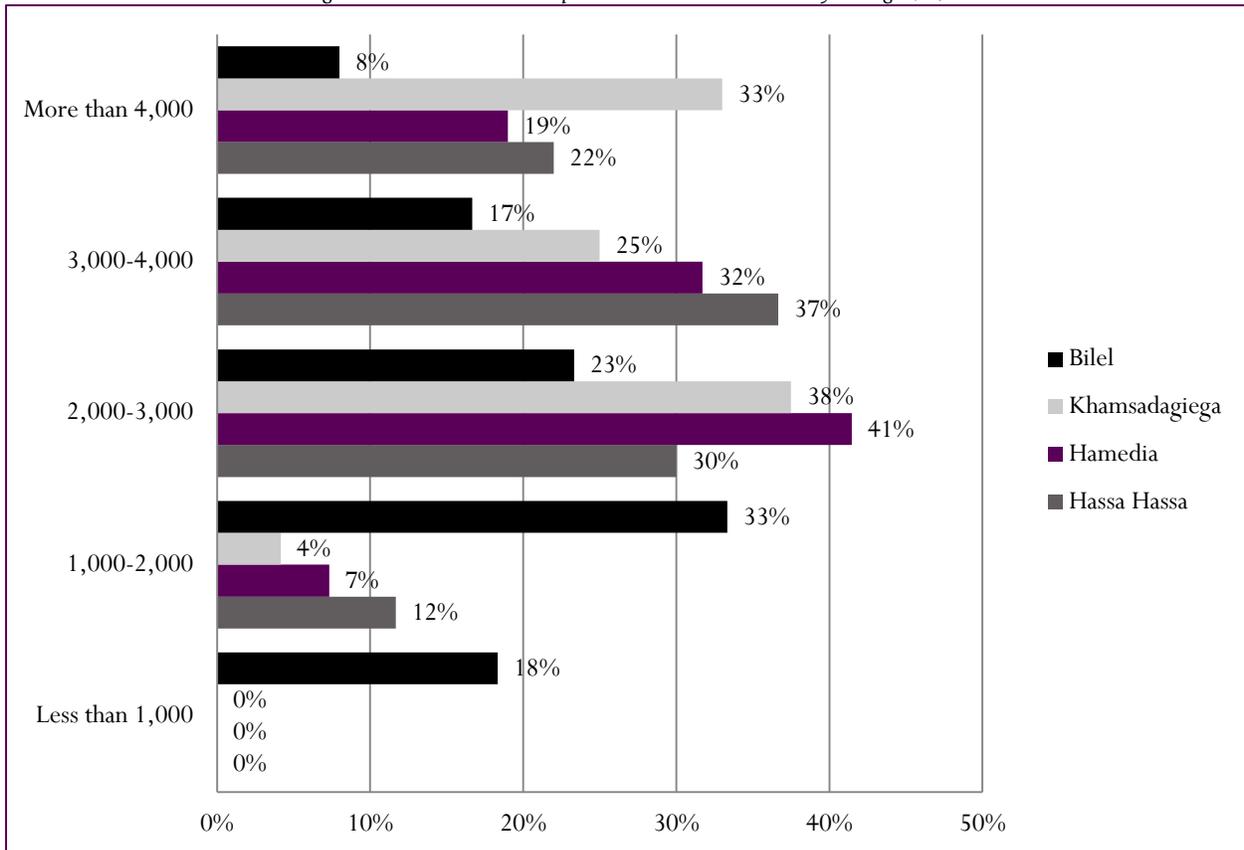
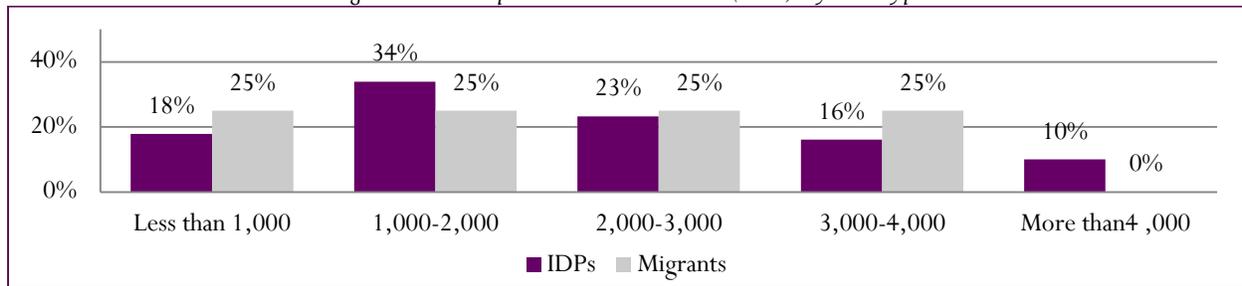




Figure 9. Income per HH Member in Bilel (in %). by HH Type



As intended, the program has successfully reached IDPs residing in each of the four target camps. While NCA indicated that their program sought to target the most vulnerable populations within the target camps, NCA did not specifically define the most vulnerable sub-groups of Refugees and IDPs, community members reported that children under 5, the elderly, the disabled, the homeless, orphans, widows, pregnant and/or lactating women are considered the most vulnerable amongst the camps' population. Data indicates that those considered most vulnerable by community members were nonetheless positively impacted by NCA's programming efforts. For example, the women's groups, health workers, and volunteers provided community members with information about Infant and Young Child Feeding (IYCF) practices. The messages recalled by respondents in the FGDs include cleaning of breasts before breastfeeding, position of the child, supplementary feeding, and exclusive breastfeeding.

In addition, with help from NCA, the Water Management Committees (WMCs) were able to provide transportation services to and from the health centre for the elderly and disabled. In the refugee camp in Bilel, moreover, there were a total of 37 homeless people before NCA's intervention. As a result of the implemented program and with the help of the community leader, 27 previously homeless people currently have shelter with families in their community. Therefore, it may be concluded that the program was successful in reaching the most

Figure 10. Two Young Girls Fetching Water from Local Hand Pump

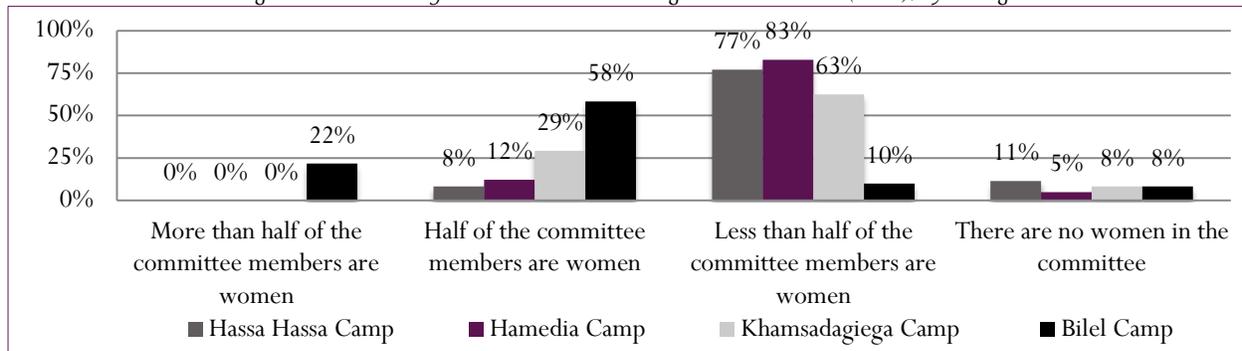


vulnerable groups in the targeted communities and positively impacted them. To enhance this effect in future programming, it may be recommendable to specifically define which of the beneficiaries are considered vulnerable during project design.

With the recognition that women and girls are disproportionately affected by conflict, it is vital to assess the extent to which gender has been considered in the program's design and implementation. While NCA did not specify indicators related to gender, qualitative interviews revealed that activities related to women's groups, women's associations (in Hamedia Camp), and WASH committees comprising of at least some female members had a positive effect on the target communities. The figure below indicates that additional efforts are needed to ensure equal participation of women in WMCs.



Figure 11. Number of Women in Water Management Committee (in %), by Village



In future programming, it would be recommendable to include specific gender indicators in WASH and health programming. Women often play a vital role in HHs' access to WASH, health and nutrition services. For example, data highlighted that women and girls bear the burden of collecting water throughout each of the four camps. Moreover, women are often responsible to ensure children access health and nutrition services, and especially pregnant and lactating women have a higher need for such services. As such, it is recommended that future program designs take into consideration that women are disproportionately involved in accessing WASH, health and nutrition services. Preferably, specific indicators should be developed to measure the involvement of women in program activities, outputs, and outcomes.

4.2 Efficiency

This section aims to assess the whether the project was achieved within the set budget and timeframe. Questions that were answered include: were activities cost-efficient, were objectives achieved on time and was the project implemented in the most efficient way compared to alternatives?

Qualitative interviews did not reveal any information with regards to delays or significant cost-overruns, indicating that there were no major issues in this regard. Furthermore, qualitative interviews with NCA staff, NCA DP and partners revealed that an adequate number of staff with the required competency to carry out the program activities were available. However, it was reported that there is a need for additional staff for workshops, something which should be assessed for future workshops. To ensure the cost-efficiency of the program, NCA staff reported that procurement processes during the program were in line with internationally recognized standards. Specific standards that were mentioned by NCA staff include bulk purchasing, local procurement to reduce transportation costs, timing procurement to reduce costs/ensure timely delivery, etc.

NCA staff also reported that program delivery options and models ensured efficient use of funds and added value. Important in this regard is use of different consortia (local/international partners), integration of and synergy between program activities, and collaboration with the government and other stakeholder. Indeed, the GoS has been actively engaged in the program to help shape the overall priorities, design, and implementation of the program. The State Ministry of Health (SMoH) and other relevant ministries, moreover, have specifically contributed and engaged in the implementation of program activities. This included providing health employees to the health and nutrition centers, although they are reported to be unqualified. Community Leaders, lastly, have also served an important role as they support their respective community's WASH committees and women's groups. Based on information from qualitative interviews, the inclusion of these stakeholders amplified the positive effects of the program activities as these stakeholders contributed to the effective implementation of program activities.



4.3 Effectiveness

This section analyses the extent to which the objectives of the project have been achieved. Focus will be on the following questions: to what extent were the objectives achieved/are likely to be achieved and what were the major factors influencing the achievement or non-achievement of the objectives? For this section, the values for the project indicators will be analyzed.

Before NCA's intervention, the WASH, health, and nutrition situation in each of the four camps was described as very poor by beneficiaries and stakeholders interviewed. Due to the implementation of the evaluated program, considerable improvements in WASH, health, and nutrition services were reported in each of the four target camps. Integration of the WASH services in the health and nutrition sector was also observed. For example, latrines, drinking water, and soap are available in health centers, posters with hygiene, health, and nutrition related information are present in health centers, and volunteers provide awareness in the reception areas of the health facilities.

Figure 12. Hand Pump in Bilel Camp



For many, the creation of additional water points and the restoration of non-functioning hand pumps and tap stands during NCA's intervention has resulted in increased access to safe water sources. Currently, the primary sources of water for HHs are hand pumps and tap stands. Although 99% of respondents in Central Darfur's target camps reported that they receive sufficient water from the water point for all HH members, 94% of the HHs did not meet the SPHERE standard of 15 liters per day for each HH member. In stark comparison, the 57% of respondents in Bilel reported water consumption per person of more than 15 liters a day. More than half of Bilel's IDP and Migrant populations receive more than 15 liters per HH member. While the situation in Bilel thus appears better, qualitative interviews reveal that those residing in the refugee camp in Bilel still do not receive sufficient water because there are only 5 water points including 3 water distribution points and 2 hand pumps serving a total of 4,620 people, as reported by the Community Leader and a WASH Officer. Even though the number of water points appear to be sufficient for the number of users, the Researcher observed that there are not always functioning optimally. This should

be compared to 30 water distribution points and 17 hand pumps available in the IDP and host community of Bilel.

Figure 13. Water Consumption per HH Member per Day in Central Darfur (in %)

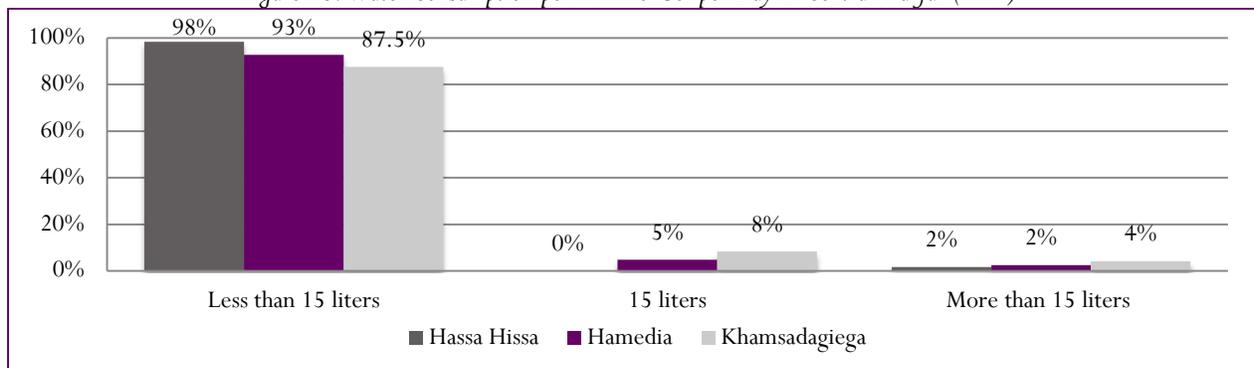
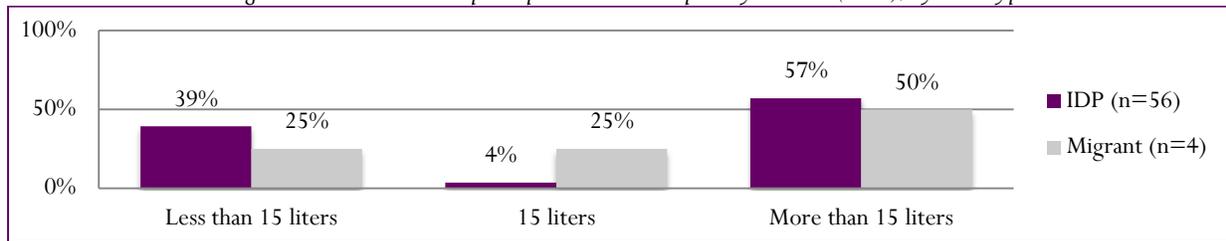




Figure 14. Water Consumption per HH Member per day in Bilel (in %), by HH Type



Hassa Hassa's community leader shared that, due to displacement, water points have become overcrowded. The creation of additional water points in the four camps assisted in the alleviation of crowding and waiting times. As reported by NCA project staff, there are 54, 70, 17, and 33 water distribution points in Hamedia, Hassa Hassa, Khamsadagiega, Bilel camps, respectively. It should be borne to mind that the not all water distribution points may be functional. Additionally, while the water points in Bilel are only for human use, those in Central Darfur are shared with livestock in separate areas. Though, the water distribution points in Bilel camp are also used by surrounding villages and not only by residents of the camp. This significantly increases the usage of these water points and may also explain reports of overcrowding.

In terms of access to the water points, most of them are located in relative proximity to the community members. In the target camps, the shortest distance traveled to the main water point is 0.5 kilometers while the longest distance is 1 kilometer. Half of all respondents travel to their main water point more than three times a day and 35% travel two to three times a day. The average waiting time experienced at water points is less than 30 minutes as reported by 88% of respondents. In Bilel's camp, beneficiaries reported that the waiting times at water points in the refugee camp to be 30 minutes, 20 minutes in the IDP camp, and 10 minutes in the host community. Therefore, access to the water points in each of the camps, should generally be considered as being in line with the SPHERE Standards.

The number of available water points accounts for the variation in waiting times experienced by those living in different camps. During FGDs, two beneficiaries in Khamsadagiega highlighted that some may wait almost an hour due to non-functioning or defective water points. In such instances, WMCs help to repair the water points albeit may not be able do so promptly. These WMCs have equipment for the maintenance of hand pumps, but may still need additional training. It can thus be inferred that the additional water points throughout the camps have helped ease waiting times at water points experienced, although the water source may experience occasional defects. Overall, the WMCs were well known by the majority of respondents in each of the four camps. Of the respondents who are aware of the existence of a WMC, 53% were not at all satisfied with the WMC and 44% were somewhat satisfied. Respondents in Bilel camp were least satisfied with the management of WMC (78%). This suggests that, while additional efforts to improve the management of WMCs are needed in future programming, the program effectively improved access to water.

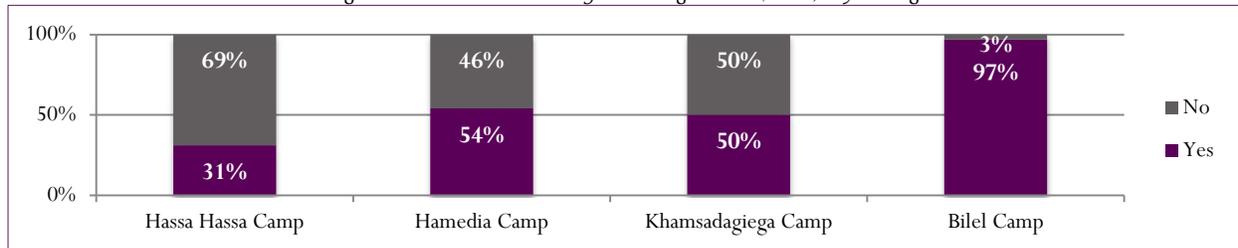
The cleanliness of water was also assessed. To test this, the researcher filled a bottle of water at each of the water points that were observed. After one minute, the researcher smelled the water and looked whether there was silt on the bottom of the water bottle. At the water points that were observed, the water did not have a bad smell and silt was not detected on the bottom of the water bottle after one minute.

Although, water is treated at the central point, 97% of HHs in Bilel treat their drinking water (see the figure below). Among those who do not treat their drinking water in Hassa Hassa, Hamedia, and Khamsadeiga, 58% believed the water to be clean. Amongst those who treat their water in Bilel camp, the most prevalent reason for doing so was that it was contaminated with dirt (47%), with germs, bacteria, and viruses (21%), and in order to prevent sickness (21%). The most prevalent reason for treating water for respondents in Central Darfur's camps was to prevent sickness (92%). Of those who reported that they treat their drinking water in Bilel, the most common ways of treating water was by adding chlorine or water tablets (90%) or filtering it with a piece of cloth (64%). Although those residing in the camps of Central Darfur did not report treating their water as often as those in Bilel, adding



chlorine or water tablets and filtering with a piece of cloth were also the most common ways of treating water. Beneficiaries shared that the knowledge they gained about water treatment from WMCs was one of the positive contributions that the program has made in their communities.

Figure 15. HH Treatment of Drinking Water (in %), by Village



The construction of latrines was one of the key objectives in NCA's provision of sanitation and hygiene services. The latrines built are made out of solid brick structures with locks on the doors. In the target camps of Central Darfur, beneficiaries were provided with materials by NCA to build latrines in their communities. In April, the women's group in Bilel built 5 latrines inside the community for its vulnerable members.

Figure 16. Latrines in Bilel Camp



In each of the four target camps, the majority of HHs (between 98% and 100%) have access to a functional latrine. All of the HHs (100%) from the three camps in Central Darfur shared they have access to a private latrine within the house. The SPHERE standard states that less than 20 people should make use of the same latrine. This is indeed the case for 100% of the respondents in Central Darfur and 86% in Bilel. In addition, 12% of the respondents shared that their families have access to a communal latrine and the remaining 2% use an emergency latrine. Only 5% of HHs in Bilel had to share their latrine with more than 20 people, thus not meeting the SPHERE standard.

Furthermore, 99% HH have children that have access to a latrine in school. In the camps of Central Darfur, NCA has constructed a total of 31 school latrines and rehabilitated 27 school latrines (Hamedia camp: 19 constructed, 12 rehabilitated; Hassa Hassa camp: 7 constructed and 10 rehabilitated; Khamsadagiega: 5 constructed, 5 rehabilitated). In Bilel, NCA constructed 10 school latrines and rehabilitated 5. As per observations, in one all-boys school in Bilel, 6 latrines with locks were

constructed, including one for disabled students. The latrines included a nearby hand washing area and were observed to be clean.

The majority of HHs from each of the four camps have access to a communal garbage box. In addition, the majority of the HHs from the target camps in Central Darfur always use the communal garbage, while in Bilel 39% of HHs use the communal disposal site sometimes (see the figure below). This may indicate the need for additional sanitation awareness in Bilel camp. Approximately 68% of respondents in all target camps shared that their HHs collect and bring their waste to a garbage dump away from their homes. This was supported during KIIs and FGDs. Consequently, clean streets were reported among the program's positive results. During an FGD, a female beneficiary in Khamsadagiega recalled the garbage present throughout the streets within her camp before program implementation and shared that now each HH collect their garbage and places it in a designated area. In Hassa Hassa, the community leader shared that families place their waste in front of their homes on Fridays. NCA provided transportation for waste collection. Accordingly, organized waste collection was regarded among the primary



features in terms of sanitation and hygiene services provided through the intervention. All of the respondents (100%) in each of the camps, with the exception of the Hassa Hassa Camp (97%), shared that solid waste is collected on a regular basis in their communities. Respondents in Bilel (n=58) reported that solid waste is collected on average three times a month while respondents from the camps located in Central Darfur reported that solid waste is collected on average between three to four times a month.

Figure 17. HH use of Communal Garbage Box (in %), by Village

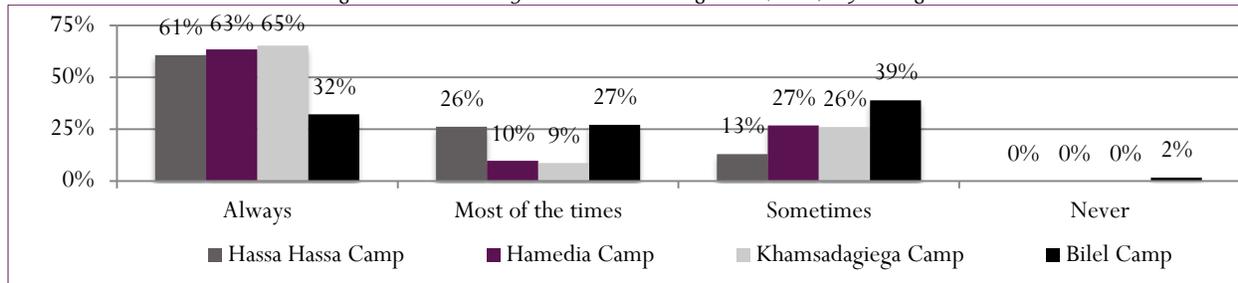
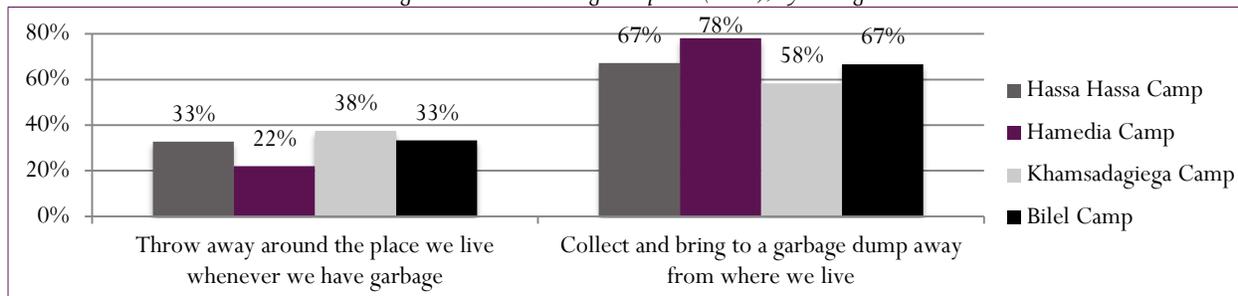


Figure 18. HH Garbage Disposal (in %), by Village

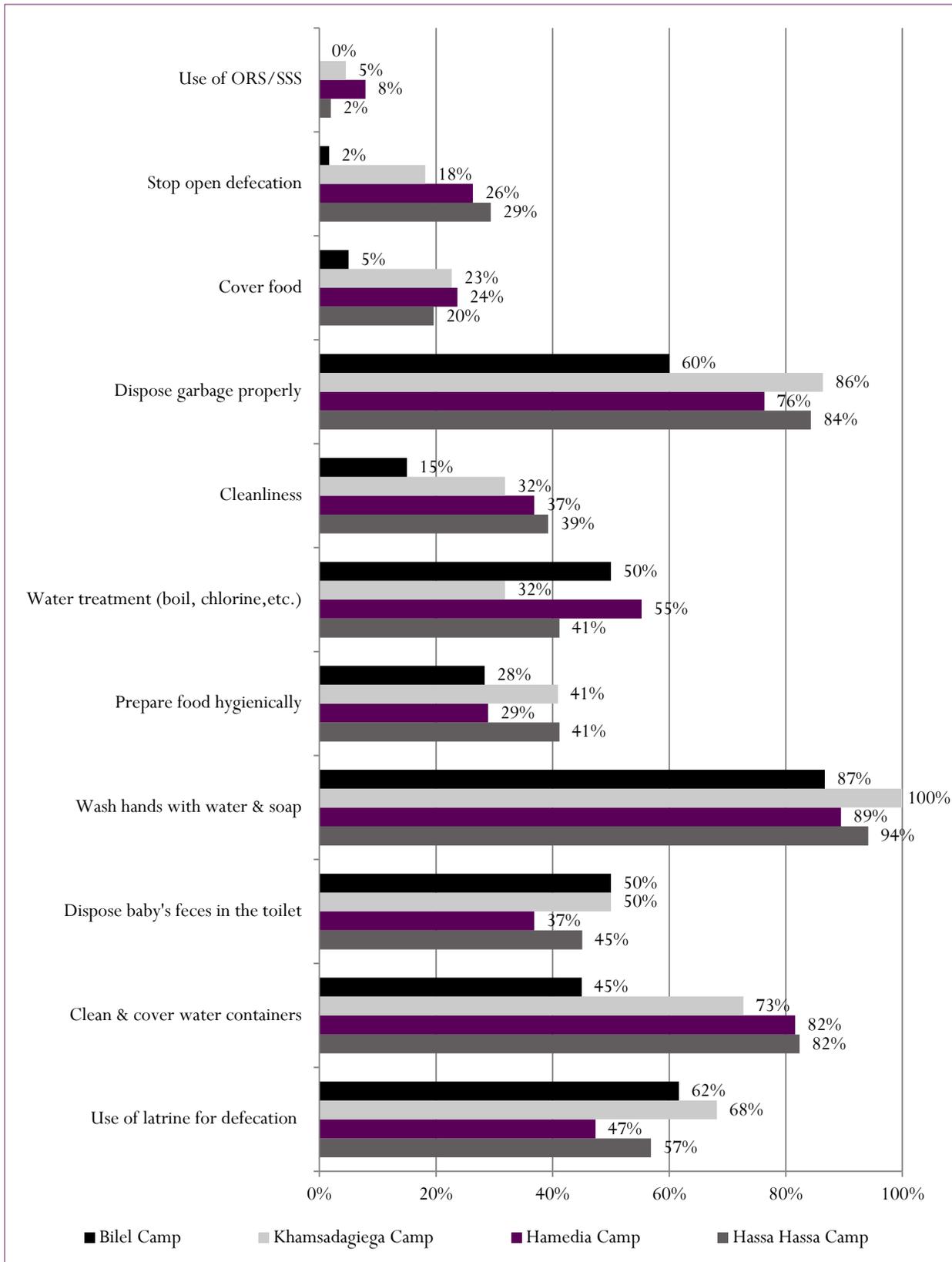


Along with access to sanitation facilities and services, beneficiaries in targeted camps were provided with information on waste collection and safe hygiene practices through the concerted efforts of the WMCs, women's groups, and hygiene volunteers. More specifically, the hygiene campaigns helped strengthen community awareness on hygiene practices and are highly regarded by community members. In the last month, 92% of all respondents reported that they heard or viewed at least one health/hygiene message. Some members shared that they have heard messages during home visits or at their local water point, market place, or mosque. The four most recalled hygiene messages throughout the four camps were washing hands with water and soap (91%), proper disposal of garbage (74%), cleaning and covering water containers (68%), and use of latrine for defecation (58%) (see the figure below). While all respondents (100%) from Bilel camp reported that they have heard or seen waste collection messages within the past 12 months, 92% of the respondents from the three camps located in Central Darfur have seen or heard waste collection messages within the past 12 months. The most recalled messages include not throwing waste around the house (88%), keeping a clean cooking area (73%), and cleaning cooking utensils (80%). This was also reflected in FGDs.

Through the campaigns, the WASH committees, women's groups, and volunteers have encouraged and mobilized their communities to adopt hygienic practices within their HHs. In each of the three camps in Central Darfur, all of the respondents who heard or viewed hygiene related messages or had training reported that their HHs began adopting practices that they learned from the hygiene campaigns. In Bilel camp, 97% of the respondents and their HHs began to adopt the practices they heard or viewed during the campaigns and from trainings. This indicates that the hygiene awareness campaigns are highly effective. A refugee from Bilel shared that she was not aware of some hygiene practices prior to moving to the camp. However, she began to adopt the practices after learning from hygiene campaigns. A female beneficiary from Khamsadagiega, furthermore, shared that she was not well informed about the transfer of diseases from waste, latrines, and water. She too, began to implement this newfound knowledge and taught her children of the importance of practicing good hygiene.



Figure 19. Hygiene Messages Recalled by Respondents (in %), by Village





Accordingly, the three most adopted hygienic practices included washing hands with water and soap (85%), proper garbage disposal (70%), and cleaning and covering water containers (71%). As reported by respondents, the most well-known critical hand-washing moments include before eating (97%), after defecating (87%), after eating (83%), and before preparing food (78%). Most respondents (95%) also demonstrated awareness regarding the risks associated with not washing their hands, including the risks this poses for their children. Here it is important to note that 86% of all respondents in the four camps have soap. Overall, the program has ensured improvements in sanitation facilities and services throughout the target communities. The achievements in sanitation and hygiene services have helped to increase knowledge, awareness, and adoption of safe hygienic practices and consequently are assumed to lead to a decrease of disease outbreaks.

The figures below provide an overview of key trends regarding WASH services in the target communities. Although, 89% of all respondents believe that WASH services have become better over the past 12 months, the majority of respondents expressed dissatisfaction with the services in their communities. This discontent may be a result of the quality of services available, as this was the least common reason given by respondents of the HH survey for the change of services for less than 25% of respondents in each of the target camps. Although, beneficiaries in Khamsadagiega recognized improvements, they are in need of more water points and additional WMCs who are trained by NCA. Bilel's refugee camp is also in need of additional water points, according to qualitative interviews. Overall, it should be noted that the service were in far poorer state before inception of NCA's project. Therefore, dissatisfaction with the currently available services should not be seen as a failure of the project towards its objectives.

Figure 20. Level of Satisfaction with Community WASH Services (in %), by Village

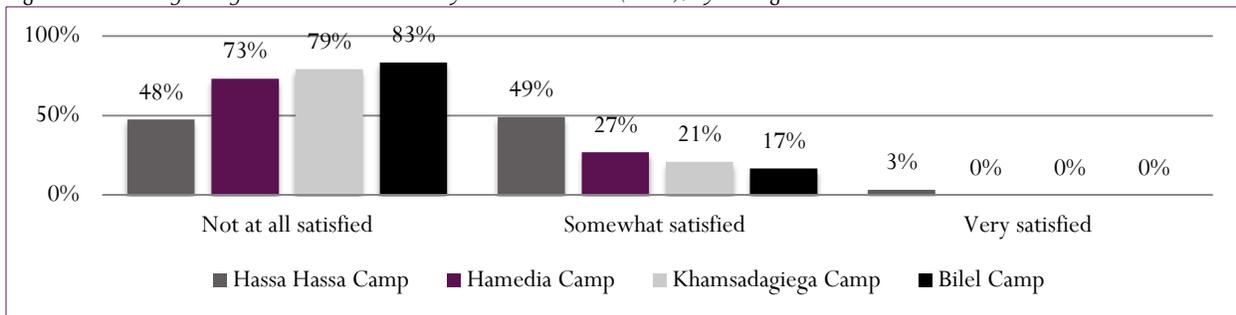


Figure 21. Change in WASH Services over the Past 12 Months (in %), by Village

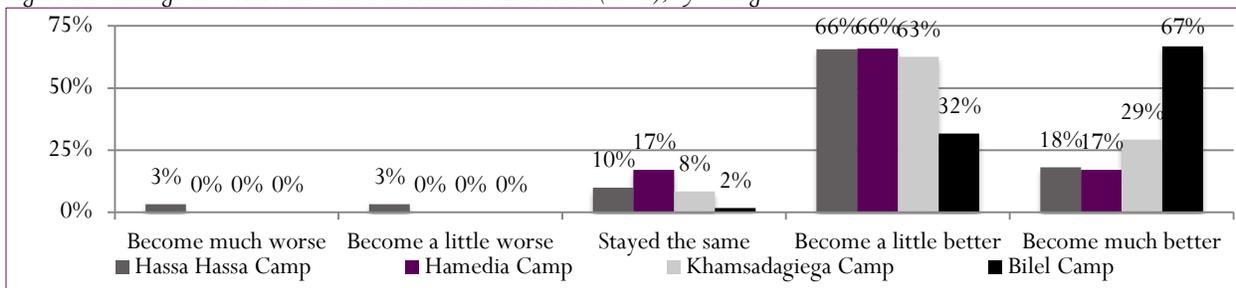
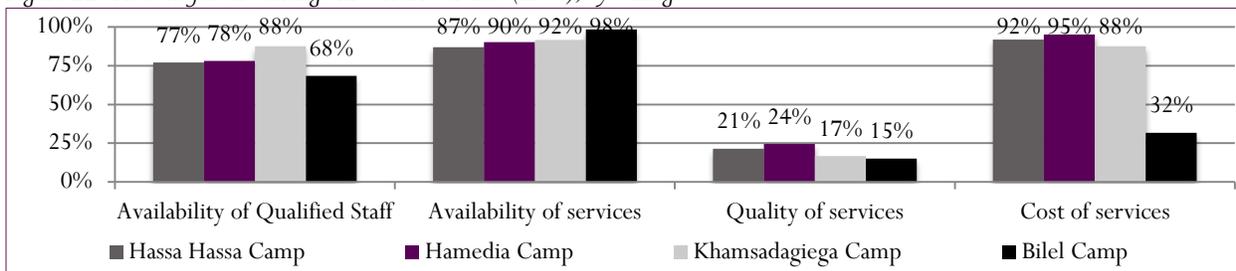


Figure 22. Reasons for the Change in WASH Services (in %), by Village





One of the goals of the evaluated program was to improve the health of IDPs and vulnerable host populations in South Darfur's Bilel camp. To achieve this, a primary health center was rehabilitated in the camp. Before the implementation of the program in Bilel, community members recalled poor health care because there was only one national health insurance center and one midwife in the host community. 97% of respondents seek health advice at an OTP Primary Healthcare Unit or from a community health worker.

Figure 23. Places Health Advice is Sought in Bilel (in %)

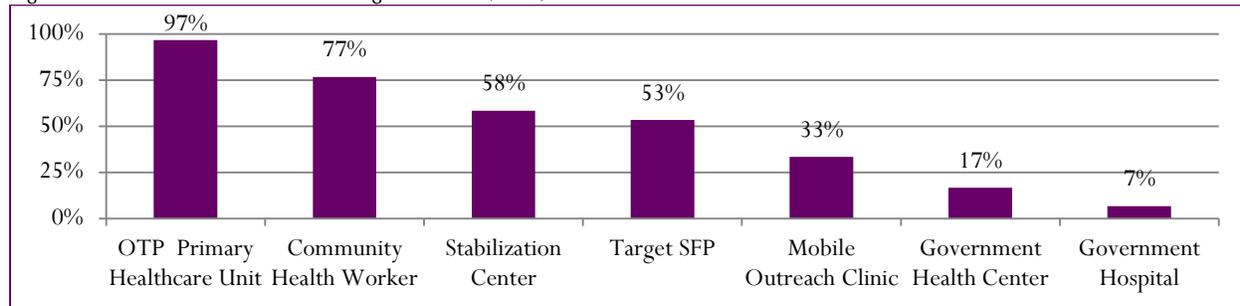


Figure 24. Bilel's Primary Health and Nutrition Centre



NCA helped to rehabilitate the primary health center, trained and employed 24 staff members, and supplied medication and equipment. The health center is staffed with a total of 15 staff including 2 medical assistants, 2 nurses (one in pharmacy), 4 midwives, 2 custodial staff, 2 guards, 2 immunization technicians, and 1 receptionist. There are 14 volunteers, 7 of which work from the health center and the remaining work within the community. The center consists of a reception/waiting area, treatment room, delivery room, storage room, and a pharmacy. It serves more than 32,000 people in the catchment area, with some members travelling between 14-16 kilometers to seek the health care and services available at the center. The

center opens between 10AM and 2PM and provides immunization (EPI), reproductive health services, child health services, maternal and newborn health services, HIV and AIDs treatment, emergency services, and provision of medication via the pharmacy. There are a variety of medicines available including: ORS packets, Iron, Folate, Oxytocin, Amoxicillin, Zinc, Anti-malarial, Daizepam, Gentamicin, and Penicillin. The health center also provides its patients with drinking water and soap for hand washing.

To better understand the functionality of health centers, health records from health centers were reviewed. In Bilel, the health center treated 8 people for acute watery diarrhea and 127 for bloody diarrhea (record from July 2017, April and July 2018). In comparison, in two health centers in Hassa Hassa camp, 7 people were treated for acute watery diarrhea, 10 for bloody diarrhea, 1 for hepatitis A, 37 for typhoid fever, 1 for helminthes, and 1051 for malaria (records from July August and September 2018).

As a result of NCA's efforts, 77% of respondents from Bilel believe that the health services have become much better over the past 12 months (see the figures below). Despite such beliefs, 90% of respondents reported that they are not all satisfied with the quality of health services in Bilel. More specifically, although the program has increased the availability of qualified staff, availability of services, and the cost of services, the quality of services may need some improvement. The short working hours, the unavailability of an ambulance after closing, the fact that most staff are not locally hired (most from Nyala city) are some of the causes of discontent with the quality of services. Some beneficiaries also reported that once the health center closes, those who require health care must travel to the government hospital located in Nyala city where they must pay for their care. The elderly and children are considered



most impacted because of the inaccessibility of transportation to and from the hospital. Beneficiaries in Bilel suggest that the health center works two shifts because there are more people in need in the evening compared to the morning. They also shared the need for an additional health center or hospital.

Figure 25. Changes in Health Services in Bilel over the Past 12 Months (in %)

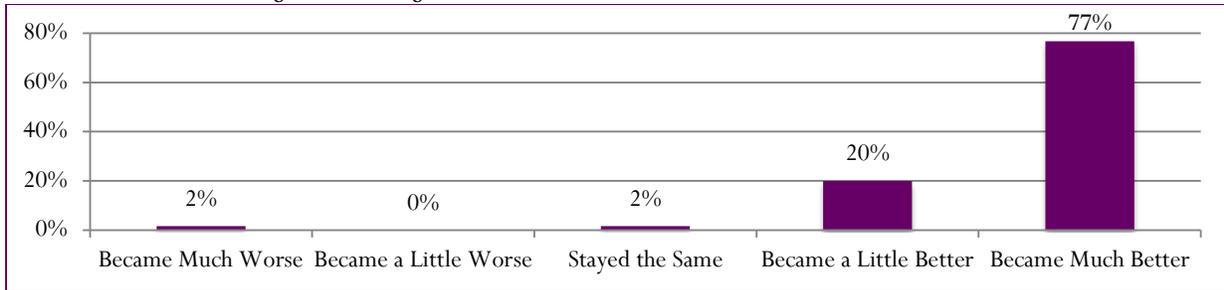
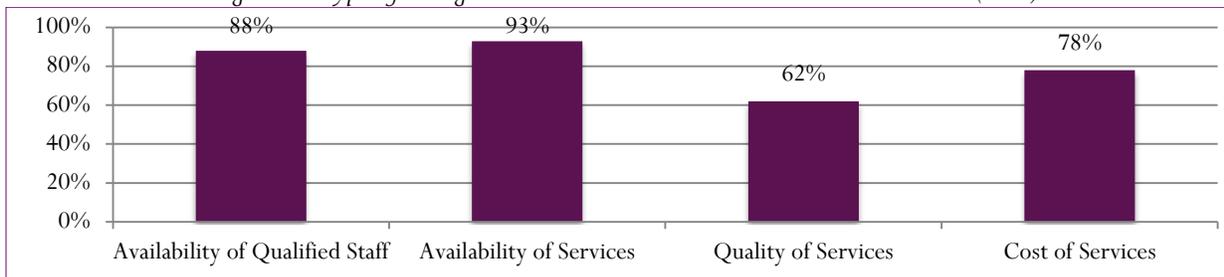
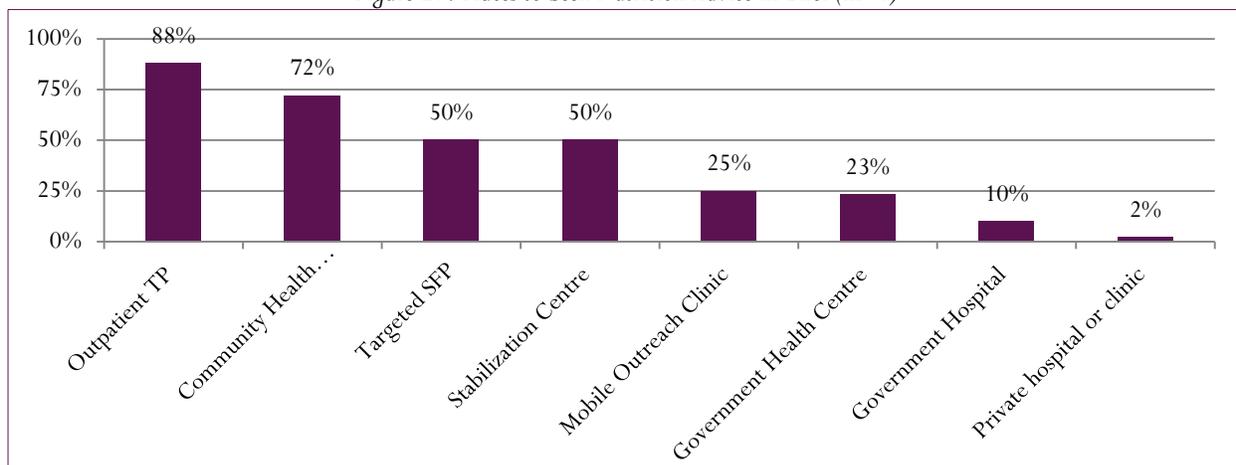


Figure 26. Types of Changes in Health Services in Bilel over the Past 12 Months (in %)



Similar to that of NCA's health component, the evaluated project aimed to provide South Sudanese refugees, IDPs and host communities with better access to nutrition services, with a focus on those residing in Bilel's camp. In Bilel, respondents seek nutrition advice from Outpatient Therapeutic Programs (88%), community health workers (72%), Targeted Supplementary Feeding Programs (50%), and Stabilization Centers (50%) (See: Figure 28).

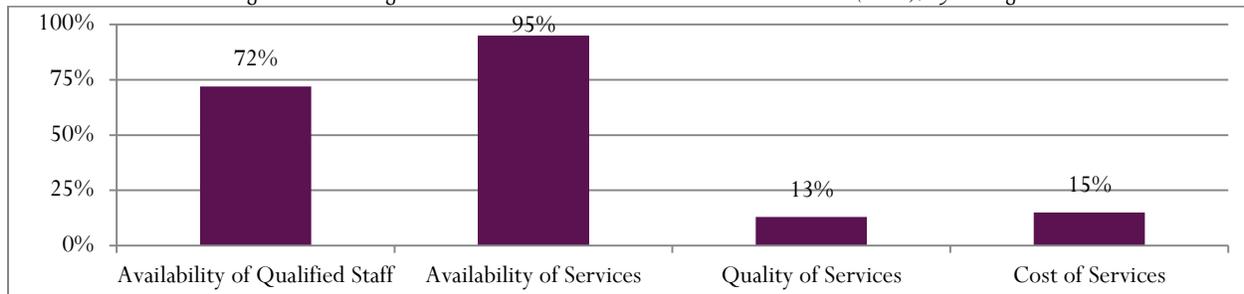
Figure 27. Places to Seek Nutrition Advice in Bilel (in %)



97% of respondents in Bilel reported that the nutrition services in the camp had improved. More specifically, as reported by 95% of respondents, the availability of services have improved over the past 12 months (See: Figure 29). Still, 72% of respondents were not all satisfied with the quality of services. As with health services, it thus appears that nutrition services have become more accessible for those residing in Bilel, but that little had changed with regards to the quality of services.



Figure 28. Changes in Nutrition Services over the Past 12 Months (in %), by Village



4.4 Impact

The following section looks into the long-term changes that are the result of NCA's intervention in the targeted communities, including direct and indirect, intended and unintended, and positive and negative changes. Central questions are: what has happened as a result of the project, what real difference has the activity made to the beneficiaries and how many people have been affected?

As mentioned in the aforementioned section, access to WASH, health, and nutrition services have improved in the target communities and have positively impacted the beneficiaries. For those in Bilel, the program has provided beneficiaries with access to health and nutrition services that were not yet available to them. Overall, the program's positive contributions include the access to basic services, awareness of hygiene practices, adoption of hygienic practices, clean streets, and better skilled WMCs women's group and volunteers. Overall, a change in attitude has been reported among beneficiaries. Not only have beneficiaries increased their knowledge about the relation between hygiene practices and disease for themselves and their children, they have changed their behavior and some have started to teach their children to adopt these hygiene practices as well.

The impact of this should not be understated considering that adoption of hygiene practices is assumed to decrease the chance of disease outbreaks. While the positive benefits of less disease outbreaks for an entire community are countless, the benefits are even greater for children. For children, being less often sick could have a beneficial impact on their educational performance as well as their overall development, consequently leading to better chances in life.

4.5 Sustainability

This section assesses the extent to which the project activities and impact are likely to continue after support from NCA has been withdrawn. To assess this, the following questions will be answered: to what extent will the benefits of the project continue after donor funding ceased and what were the major factors which influenced the achievement or non-achievement of sustainability of the project?

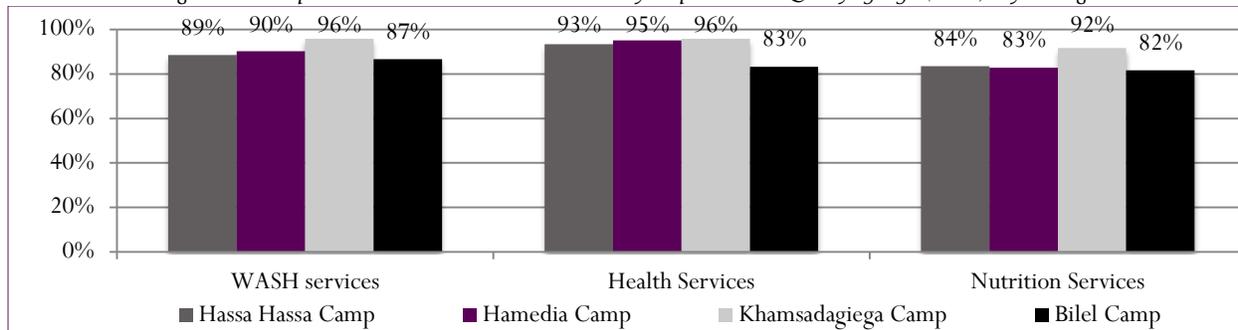
In all four camps, beneficiaries, community leaders, and WASH structures expressed the willingness to continue in the efforts after the project ends. An overwhelming majority of respondents (99%) from the four target camps expressed willingness to contribute time and 78% expressed willingness to contribute money to WASH services in their community. However, most of the beneficiaries who report that they are willing to pay money also report that they not able to do so. This indicates that the actual efforts community members will make after NCA discontinues the program are likely less impressive than what has been reported. As such, follow-up is recommended to ensure that community members are encouraged to continue their activities.

Nevertheless, a change in attitude towards humanitarian aid was reported and this is positive for the sustainability of the program. Beneficiaries in Khamsadagiega camp shared that in comparison to the past, whereby they believed that NCA was solely responsible for the repairs of hand pumps, the community is now encouraged to provide assistance in the maintenance and the repairs of hand pumps. The communities' willingness to continue in efforts may be in part to



the importance of such services on their quality of life. As the data reveals, the majority of all respondents in the target camps believe that WASH, health, and nutrition services are very important to their quality of life (See: Figure 30).

Figure 29. Respondents who Think Services are Very Important to Quality of Life (in %), by Village



For health and nutrition services in Bilel to become sustainable, a long-term exit strategy should be developed with a gradual handover of responsibilities from NCA to other stakeholder. It is recommended to look beyond the SMoH in this regard. Potential other stakeholders who can play a role in assuming responsibilities for health care services include the National Health Insurance Fund, private health providers, local civil society organizations, etc.



5. Conclusion and Recommendations

NCA implemented WASH activities in four Internally Displaced Person (IDP) camps in Central and South Darfur states (Hassa Hissa, Hamedia, Khamsadagiya and Bilel camps) and Health and Nutrition activities in the Bilel camp between the 1st of May 2017 until the 31st of March 2018. The overall objective of the program was to provide access to clean and adequate water supply, establish sanitation facilities and services, increase awareness on hygienic practices, establish community WASH management structures, and improve access to quality Primary Health Care (PHC) and nutrition services for 164,550 IDPs, refugees, and host community members.

With the knowledge of the needs faced by those afflicted by conflict in Darfur, NCA designed a relevant program that successfully addressed the most pressing needs of the population living in the camps of Central and South Darfur. In particular, the evaluated program helped increase access to WASH, health, and nutrition services to its beneficiaries. While many community members expressed overall satisfaction with program services implemented in the past twelve months, they also reported that they are in need of more in terms of WASH, health, and nutrition services, especially the quality of services needs further attention. In the future, beneficiaries recommend additional equipment and training be provided to their WASH committees, additional water distribution points and water points, and continued collaboration and involvement with stakeholders. Given that the program has completed its project cycle, the recommendations below are provided to guide in NCA's future programming designs.

Topic	Conclusion	Recommendation
RELEVANCE	<ul style="list-style-type: none"> The evaluated program was highly relevant as it addressed the most pressing needs of the populations in the target communities. The activities implemented by NCA were consistent with the overall goal and the attainment of its objectives. Accordingly, the activities are consistent with the impacts. The program is in line with the GoS's WASH Sector National Strategic Plan as well as the goals enumerated in the 2030 Agenda for Sustainable Development. 	<ul style="list-style-type: none"> Future programs should attempt to specifically define the subset of the most vulnerable people present amongst the IDP/refugee populations to ensure that those groups are specifically reached during program implementation. Gender aspects and indicators, in particular, should be given due consideration in future programming. This will help in determining more concisely the impacts the program has had on the female population, which is disproportionately affected by conflict.
EFFICIENCY	<ul style="list-style-type: none"> NCA and partners had an adequate number of staff with the required competency to carry out the programs. However, it was reported that there is a need for additional staff for workshops. Program delivery options and models have ensured efficient use of funds and added value, including management structures; use of different consortia (local / international partners); integration of and synergy between program activities; delivery at scale. 	<ul style="list-style-type: none"> For future programming, the close collaboration with relevant stakeholders should be continued.
EFFECTIVENESS	<ul style="list-style-type: none"> The program helped increase access to WASH, health, and nutrition services in target camps. While beneficiaries recognized the improvements related to WASH, health and nutrition, they were still overwhelmingly unsatisfied with the quality of these services. Most of the people who were reached through awareness campaigns adopted the hygiene practices that were being advocated for. Respondents often reported the WMCs, women's groups and volunteers as crucial in the program and these groups were also awarded significant credit when speaking about the positive effects of the program. Integration of WASH services in the health sector was observed. 	<ul style="list-style-type: none"> Future programs should continue efforts to construct additional water points in target communities in order to increase accessibility of safe water sources and increase HH's water consumption. Future programs should include regular monitoring of the functionality of water sources, in order to verify that beneficiaries have access to safe water sources. In addition, future programming could opt to train additional community members to assist in promptly repairing water points. Future programs should focus on sustaining the progress made regarding the accessibility of WASH, health and nutrition services while at the same time increasing the quality of such services.



<p style="text-align: center;">IMPACT</p>	<ul style="list-style-type: none"> ▪ The program has positively impacted its beneficiaries in the four target camps. ▪ A change in attitude was observed in the camps due to hygiene awareness campaigns. ▪ NCA, with the help of the government and community leaders, was reported to have mitigated conflicts between the IDP and host communities in Hassa Hassa. ▪ The program has provided villagers in Bilel to gain access to health and nutrition services. 	<ul style="list-style-type: none"> ▪ Due to its long-term impact and high adoption rate, hygiene promotion should continue in future programming. Specific focus should be given to those hygiene practices least well known and adopted in the target communities to ensure the largest effect. Such practices include water treatment, disposal of baby feces in toilet, preparing food hygienically, cleanliness, covering food, stopping open defecation, the use of ORS/SSS.
<p style="text-align: center;">SUSTAINABILITY</p>	<ul style="list-style-type: none"> ▪ Beneficiaries across the four target camps have expressed an eagerness to contribute their time in WASH related efforts in their communities. ▪ Beneficiaries are likely to continue the hygiene practices they have learned during the program. ▪ Beneficiaries are willing to repair hand pumps when needed. ▪ It is likely that if the MoH has to take over the health center in Bilel from NCA this will lead to a deterioration of health service provision. 	<ul style="list-style-type: none"> ▪ In future programs, the capabilities of the local government and relevant ministries should be assessed at baseline in order to develop an effective and long-term exit strategy in which beneficiaries, communities, and the SMOH are prepared to take on a gradually increasing role in program delivery.



Annex 1: Methodology

To efficiently address the study's objectives, Forcier used a mix-methodology approach, including a thorough desk review of secondary literature and available project documents, a quantitative HH survey, on-site observations of schools, health centres and water points, as well as qualitative interviews (both key informant interviews and focus group discussions).

Method	Source/Respondents	Quantity
Desk Review	<ul style="list-style-type: none"> ▪ Relevant secondary literature pertaining to WASH, health and nutrition in South and Central Darfur, as well as the Core Humanitarian Standards on Quality and Accountability ▪ All available project documents; baseline, midline and other monitoring data 	N/A
Key Informant Interviews (KIIs)	Three Localities in Central Darfur & Bilel locality in South Darfur: <ul style="list-style-type: none"> ▪ NCA Project Staff (1 total) ▪ Local Partner Staff (1 per state) ▪ Local Authorities/Community Leaders (3 per state) ▪ WASH Committee Representativeness (2 per state) ▪ Women's Groups Representativeness (1 per state) ▪ Private Sector WASH Actors (1 per state) ▪ Health and Nutrition Facility Management (2 in South Darfur) 	19 KIIs
Focus Group Discussions (FGDs)	Three Localities in Central Darfur & Bilel locality in South Darfur: <ul style="list-style-type: none"> ▪ Community Members/Beneficiaries (2 per state (1 with male beneficiaries and one with female beneficiaries)) ▪ Community Members/Beneficiaries representative of minority groups (1 with male beneficiaries and one with female beneficiaries); 2 per state) 	8 FGDs
Observations at Sanitation Facilities	Three Localities in Central Darfur & Bilel locality in South Darfur: <ul style="list-style-type: none"> ▪ Schools, Health Centres, and general water points (Quantity TBD) 	34 Observations
Quantitative Smartphone Survey	Three Localities in Central Darfur & Bilel locality in South Darfur: <ul style="list-style-type: none"> ▪ Community Members/Beneficiaries 	186 Total Observations

Desk Review

The Research Officer first conducted a comprehensive desk review of secondary literature and project documents provided by NCA during the Inception Phase of the project. Information gathered from the Desk Review functioned as a means to develop a context for the project and create deeper understanding of WASH and nutrition services in South and Central Darfur. It also informed the design of qualitative and quantitative data collection tools help fine-tune appropriate sampling design and inform analysis and report writing.

Quantitative Survey

186 quantitative HH surveys were conducted in order to ensure sufficient statistical power to determine the usage, effectiveness, and impact of project activities. These surveys were conducted in each of the two states the project was implemented. Forcier assigned one Team Supervisors to this project. He hired six local enumerators in each of the states to assist in data collection, drawing from a roster of vetted individuals with whom Forcier has worked before or who came recommended by partner organisations. These enumerators, like the Team Supervisors, received a



comprehensive two-day training prior to data collection, in order to direct workflow, familiarise them with the questionnaires and sampling methodology and to review mobile data-collection techniques.

The quantitative questionnaire was translated into Arabic to facilitate the state HAC approval process and implementation. Although there are a multitude of different languages spoken across the country, getting permissions for any of the local non-Arabic languages is not possible based on previous experience. However, excluding certain groups of the population would highly skew the sample towards Arabic speakers, and likely result in under-representation of marginalized groups. This issue is mitigated by relying on the use of locally recruited enumerators, who are able to read Arabic while conducting the interviews in the language that the HHs are most comfortable with. During training, all questions in the questionnaire were extensively discussed with enumerators to ensure that they are fully understood, and oral translations are as consistent as possible.

Before data was collected, the quantitative survey questionnaire was programmed into an online server by the Research Officer, from where it was transferred to mobile devices using wireless connection through data-collection software (ONA). These mobile devices were then given to each team of enumerators for fieldwork. Through ONA, survey data is easily exported into STATA, SPSS, Excel and other statistical analysis packages, reducing time and data entry costs. This enabled the Research Officer to review the data and conduct quality control of the data after each of the data collection days, and to address potential issues immediately. After data collection was completed, the Research Officer processed and cleaned the data, after which it was stored in a secure Forcier database.

Qualitative Interviews

Forcier conducted two different types of qualitative interviews with key stakeholders of the project: key informant interviews and focus group discussions, in order to supplement and provide context to quantitative data. Both of these types of interviews are designed to solicit important insights and perceptions from key stakeholders that could not be obtained through a quantitative survey.

Key Informant Interviews

Forcier conducted 19 one-on-one interviews with some key stakeholders involved in the implementation of this project. These Key Informant Interviews are a crucial way to access a population of influential people in the target communities that would otherwise not be captured by a typical HH survey. In analysis and report writing, this allows for detailed experiences and sentiments that can only be gathered from open-ended questions. The stakeholders that Forcier interviewed are included in the table below.

Key Informant Interviews	
NCA Project Staff	NCA project staffs have awareness of the relevance, efficiency and sustainability of the project. In addition, they will be able to share information on the potential risks and threats for future programming
Local Partner Staff	Local Partner project staffs have awareness of the relevance, efficiency and impact of the project. In addition, they will be able to share information on the potential risks and threats for future programming and provide information about cooperation between involved stakeholders
Local Authorities/ Community Leaders	Community leaders and local authorities have broad awareness of the needs and available services in their communities. They can also provide deep insights on the impact of the project, collaboration with stakeholders, the effectiveness of the Water Management Committee, and other WASH and nutrition interventions implemented in the region.
WASH Committee Representativeness	WASH Committee Representatives have a deep understanding on the effects of project activities and could provide context on the challenges associated with operating a project on WASH there.
Women's Groups Representativeness	Women's Groups representatives have closely worked with NCA's team to spread awareness on different topics that specifically concern women. As such, they could provide valuable



	information on the effectiveness, the impact and the sustainability of some components of the project.
Private Sector WASH Actors	Two interviews will be conducted with private sector WASH actors in each locality. These interviews will be vital in establishing the level of awareness and involvement of private sector actors in the project, as their commitment to the target areas is vital to the sustainability of the project.
Health and Nutrition Facility Management	Health and nutrition facility management representatives have broad awareness on the health and nutrition related activities that took place under the project and will be able to provide deep insights on the effects and impact of the project and provide valuable recommendations for future health and nutrition programming.

Focus Group Discussions

In addition to individual interviews, Forcier conducted eight focus group discussions with community members/beneficiaries of the WASH and nutrition components of the programme. Four of those will be conducted with beneficiaries, representative of minority groups in the project locations. FGDs allow for nuanced and open-ended responses to difficult questions, eliciting more information on attitudes, perceptions, and experiences that otherwise cannot be obtained by a structured survey. Focus group discussions allow for more detailed reports including in-depth explorations of respondents' views and experiences.

On-Site Observations

On-site observations are another tool used to provide comprehensive data on project deliverables. For this study, Forcier conducted observations at schools, health centers and water points in order to verify that construction and rehabilitation activities took place as planned, and to assess the management or mismanagement of these facilities, such as the cleanliness and maintenance of facilities, the availability and proper storage of supplies, etc.

Ethical Considerations

All participants in the survey, KIIs, and FGDs will be informed fully of their rights as an interviewee. Information that will be provided includes:

- The respondent's consent to take part in the data collection is completely voluntary and refusing to take part will have no negative consequences;
- The respondent has the right to end the interview at any point with no reason given;
- The respondent has the right to refuse to answer any question they feel uncomfortable with;
- All the information given by the respondent will be kept confidential so that their responses and their identity cannot be linked together.

Due to low levels of literacy, written informed consent is not feasible, the Researcher will acquire the consent verbally prior to every survey, KII, and FGD.



Annex 2: Evaluation Objective and Scope

The evaluation sought to address and answer the below questions as per the OECD-DAC evaluation criteria:

Relevance

- To what extent has the program reflected priority concerns of targeted communities?
- To what extent has the program design and implementation considered, reached and supported the most vulnerable?

Effectiveness

- Assess to what extent the program activities delivered on planned outputs and outcomes
- WASH TCP:
 - Verify the number of beneficiaries per water point (disaggregated by sex and age) of 12 sites with rehabilitated hand pumps (9 hand pumps on boreholes, 3 rehabilitated wells), 3 sites with Mini Water Yard (MWY), 5 sites with newly drilled boreholes and equipped with hand pumps.
 - Check and reflect on how the number of beneficiaries were counted in the light of national and international standards – criteria: use samples in each of the 20 water points to check the distance dwellings to water point, check the reliability of water delivery of the water points (frequency and time of non-functionality in days), and water quality at the time of water point completion and hand over to community,
 - Verify and reflect on the number and features of water supply schemes rehabilitated and constructed in the light of relevant reports for the period 2015 to 2017.
 - Check and reflect on the quality of the construction work of the water points:
 - 17 sites with rehabilitated / constructed water points with hand pump (take 3 photos of each site from different angles and GPS data), check design plans vs reality, which rehabilitation works were carried out and why
 - 3 rehabilitated wells – which rehabilitation works were carried out and why
 - 3 sites with MWY - which rehabilitation works of the boreholes were carried out and why take at least 3 photos of MWY
 - Document the technical design features of all (15) Mini Water constructed (borehole depth, SWL, DWL, depth of pump, yield of borehole, mark and capacity of pumping equipment, mark and capacity of solar power generation, number of water consumers,)
- ECHO project: Check and compare the constructed / rehabilitated sanitation facilities with plans
 - Document the improvement of number of school toilets using ratio pupils to toilets
 - Describe and list the features of school toilets constructed
 - Check and document the quality of the construction work of school toilets (take photos)
 - Describe and list how the sanitation facilities are cleaned, maintained and emptied
- ECHO project: Reflect on the main challenges for personnel and environmental hygiene in the light of the key challenges hygiene promotion addresses
 - Check and document the figures of water borne and water washed diseases / symptoms from the health posts in the IDP camps (gender and age disaggregated) of the last 5 years: watery diarrhea, bloody diarrhea, Hepatitis A, typhoid fever, helminthes (worm) infections, etc.
 - Document and evaluate the hygiene promotion outreach system NCA DP applies (staff, number and competency), methods and tools used for hygiene promotion, communication strategy addressing the different target groups.
- ECHO project: Verify and document the if planned construction / rehabilitation works on water supply schemes were carried out as proposed



- To what extent has the project strengthened the capacities of local government and local leadership structures
- How have communities been actively engaged in the program shaping the overall priorities and design of the program?
- WASH TCP:
 - Describe and verify how NCA DP implemented community mobilization
 - Describe and verify number and capacity of community mobilization team of NCA DP
 - Verify if the % of right holders expressing satisfaction with water supply services was collected systematically and list the results in the annex of the evaluation report
 - Verify and list the water committees created and trained, collection of water user fees, having and up-to-date accounting book and the amount of funds collected
- ECHO project IDP camps:
 - Describe the government structures of the different WASH services delivered in each IDP camp: water supply pumping schemes, water supply hand pumps, solid waste collection
 - Describe and discuss (dis/advantages) of the different options of governance of communal water supply services in the camps (water committee vs., WES vs. municipality vs. public/private partnership (private entrepreneur providing water services supervised of public steering committee, etc.)
 - To what extent did/were beneficiaries contributing/participating in decision making, financially and with labor in community issues?
- To which extent does the project live up to the humanitarian accountability principles, in particular in relation to the Core Humanitarian Standards on Quality and Accountability – Commitment 4 (Sharing information and Participation) and Commitment 5
- To what extent has gender been considered in programme design and implementation? How has the programme demonstrated good practice in ensuring that issues around gender have been fully considered in programme design and implementation?
- To what extent has there been integration of WASH, Health and Nutrition sectors? And how effective was the integration? What need to be improved?

Efficiency

- Did NCA DP and partners have an adequate number of staff with the required competency to carry out the programs?
- Extent to which program has used best practice procurement and compliance with internationally recognized standards (bulk purchasing, local procurement to reduce transportation costs, timing procurement to reduce costs / ensure timely delivery etc.)
- Extent to which program delivery options and models have ensured efficient use of funds and added value, including management structures; use of different consortia (local / international partners); integration of and synergy between program activities; delivery at scale.
- How have local governments been actively engaged in the program to help shape the overall priorities, design and implementation of the program? How successful have these approaches been?

Action impact

- What key factors have been important in supporting and/or limiting achievement of outcomes?
- What intended and unintended effects results, both positive and negative, did the program produce? How did these occur

Sustainability

Assess in how far the programs addressed sustainability of WASH services and the likelihood reaching it

- WASH TCP:



-
- Verify and list the number of water point care taker and mechanics were trained and the number of water point care taker and mechanics are active
 - Verify and list the number of spare parts kiosks constructed and provided with spare parts (take photos)
 - Check and list the spare parts available (slow going, fast going spare parts for hand pumps and spare parts for solar powered schemes)
 - Describe and list how the kiosks are organized
 - Check and list if accounting book is used and amount of funds available today compared with funds used to purchase the spare parts at the beginning of the kiosk
 - Verify, list and describe how it is organized the availability of tools particularly for India Mark II hand pumps
 - Describe repair and maintenance system of solar powered MWY
 - Verify and list the existence and use of a maintenance instruction document that the care taker should use
 - Document the reason for and length of the down-time period of MWY
 - The approximate time (and distance) needed for repair of electronic / electrical components,
 - The distance and availability of qualified personnel for repair
 - The distance and availability of spare parts for MWY
 - ECHO project: How should the project consider the elements of resilience and sustainability in future as the project context is changing in terms of:
 - Involvement and participation of beneficiaries
 - Support of local leaders and government authorities
 - Government structures of WASH services delivery
 - Financing of WASH services delivery
 - The ECHO project was evaluated several times during the last years. Check and document what kind of development the ECHO funded WASH program in the IDP camps has taken over the last 5 evaluations in terms of sustainability. Are there other developments observable in the evaluation reports?
 - Which action did NCA DP take to safeguard the environment (water resources, solid waste disposal, etc.)?



Annex 3: Qualitative Tools

KII with NCA/Local Partner Project Staff

SECTION 1: Introduction
Please tell me about your role and responsibility within NCA and within the implementation of the ECHO and NRK telethon funded WASH interventions in these communities?
Can you describe the situation in this community in terms of WASH? <i>[Prompt: Has the situation changed in the past 12 months? What caused each of these changes?]</i>
SECTION 2: Relevance and Quality of Project Design
What are the main difficulties people in this community face in terms of WASH? <i>[Prompt: How do people deal with each of these difficulties? Has anything changed in relation to each of these difficulties in the last year? What caused each of these changes?]</i>
Please describe how the project responded to this. <i>[Prompt: What were the main objectives/goals of this program? What were the main activities?]</i>
Please describe how the project adhered or not adhered to the Core Humanitarian Standards on Quality and Accountability – Commitment 4 (Sharing information and Participation) and Commitment 5 (Handling complaints). <i>[Prompt: Please elaborate]</i>
Please describe how the project included gender in its design. <i>[Prompt: Please elaborate. What gender aspects could have been included better?]</i>
In what ways did NCA involve beneficiaries in the process of designing the project? And how were they involved or consulted and during implementation? <i>[Prompt: What do you think did not go so well while working with these beneficiaries? What do you think did go well?]</i>
In what ways did NCA involve key stakeholders (Ministry of Health, community leaders, existing community based organisations, etc.) in the process of designing the project? And how were they involved or consulted and during implementation? <i>[Prompt: What do you think did not go so well while working with these stakeholders? What do you think did go well?]</i>
Were there any other organisations implementing WASH activities in the area? If so, can you tell me something about the coordination with these organisations? <i>[Prompt: Did any duplication of efforts occur?]</i>
SECTION 3: Effectiveness of Activities
What did the project achieve in terms of water, sanitation and hygiene? <i>[Prompt: What could have been done to ensure greater effectiveness of the health activities?]</i>
What did the project achieve in terms of access to health and nutrition services? <i>[Prompt: What could have been done to ensure greater effectiveness of the nutrition activities?]</i>
Which factors were important for the achievement or non-achievement of results? <i>[Prompt: How should those factors be dealt with in future programming]</i>
Which activities do you think were most effective? <i>[Prompt: Why were those activities most effective?]</i>
Which activities do you think were least effective? <i>[Prompt: Why were those activities least effective?]</i>
SECTION 4: Efficiency of Management
How cost-effective was the project? For example, did you witness any substantial cost-overruns, and were the overall expenses in line with the plan? Please elaborate.
How timely was the implementation of the project? Were specific set deadlines for deliverables met? Please elaborate.
What do you think were the biggest challenges the project faced? <i>[Prompt: What was done to solve this issue?]</i>
Can you name an example of cooperation with other stakeholders (such as NCA/Implementing Partner, the Ministry of Health, local authorities, etc.) that was very successful and another example of unsuccessful cooperation? <i>[Prompt: For both: when did this take place? How was this issue solved?]</i>
SECTION 5: Project Impact
In your opinion, what are the positive changes, if any, that this project brought to the community?



<i>[Prompt: Please elaborate?]</i>
In your opinion, what are the negative changes, if any, that the project brought to the community?
<i>[Prompt: Please elaborate?]</i>
Do you think conducting WASH activities resulted in behavioural changes in the target communities?
<i>[Prompt: Please elaborate? Which activities caused those behavioural changes?]</i>
SECTION 6: Sustainability and Lessons Learned
How do you feel about the community buy in for both these WASH projects?
<i>[Prompt: Why do you feel that? How can community buy-in be increased?]</i>
Do you feel that WASH committees will continue their work after the discontinuation of the project?
<i>[Prompt: Why do you feel that? How can the sustainability of WASH committees be ensured?]</i>
Do you think that the involved stakeholders will be willing and able to take over the deliverables of the project once NCA leaves this area?
<i>[Prompt: Are community members willing and able to contribute financially to the maintenance of the water points built and rehabilitated by NCA? How likely is it that the Ministry of Health continues to provide support to the health and nutrition centres constructed/supported by NCA?]</i>
What aspects of the project do you think should be used in future programming? Which aspects of the project do you think should not be implemented in the future?
<i>[Prompt: Please explain why?]</i>
SECTION 7: Remarks
Is there anything else that you still would like to say?

KII with Local Authorities/Community Leaders

SECTION 1: Introduction
Please tell me about your role and responsibility within this community?
What are the most pressing needs in this community?
<i>[Prompt: Which community members, would you say, are most vulnerable?]</i>
Can you describe the situation in this community in terms of water, sanitation and hygiene? And in terms of access to nutrition and health services?
<i>[Prompt: Has the situation in terms of WASH changed in the past 12 months? What caused each of these changes?]</i>
SECTION 2: Relevance and Quality of Project Design
What are the main obstacles people in this community face with regards to WASH?
<i>[Prompt: How do people deal with each of these difficulties? Has anything changed in relation to each of these difficulties in the last year? What caused each of these changes?]</i>
NCA has been implementing WASH projects in this community. Do you think these activities are the most needed or are there other activities that are more needed?
<i>[Prompt: Why?]</i>
Do you think the project activities implemented by NCA targeted the most vulnerable in this community?
<i>[Prompt: Why?]</i>
Could you describe the collaboration between you and NCA on this project?
<i>[Prompt: What went well in the collaboration? Can you describe what did not go so well in the collaboration? How can collaboration be improved in the future?]</i>
How do you think community members feel about the projects implemented by NCA?
<i>[Prompt: Why?]</i>
SECTION 3: Effectiveness of Activities
What did the project achieve in terms of water, sanitation and hygiene?
<i>[Prompt: What could have been done to ensure greater effectiveness of the WASH activities?]</i>
How do you feel about the quality of available water, sanitation and hygiene services in this community?
<i>[Prompt: Why do you feel like that about the quality of the available WASH services? Has anything changed with regards to the quality of the WASH services in the last 12 months? What has changed and what caused each of these changes? Has NCA's programme contributed to changes?]</i>
How do you feel about the quality of available water committees in this community?
<i>[Prompt: Why do you feel like that about the quality of the available water committees? Has anything changed with regards to the quality of the water committees in the last 12 months? What has changed and what caused each of these changes? Has NCA's programme contributed to changes?]</i>
What did the project achieve in terms of access to health nutrition services?



<i>[Prompt: What could have been done to ensure greater effectiveness of the nutrition activities?]</i>
Please describe the activities of the Water Management Committee in this community?
<i>[Prompt: How many of the members are male and how many are female? Do you think these committees are effective? Why?]</i>
Please describe the hygiene sensitization campaigns?
<i>[Prompt: Do you think this activity was effective? Why? What can be improved about this activity?]</i>
Which activities do you think were most effective?
<i>[Prompt: Why were those activities most effective?]</i>
Which activities do you think were least effective?
<i>[Prompt: Why were those activities least effective?]</i>
SECTION 4: Efficiency of Management
How timely was the implementation of the project? Were specific set deadlines for deliverables met? Please elaborate.
SECTION 5: Project Impact
In your opinion, what are the positive changes, if any, that this project brought to the community?
In your opinion, what are the negative changes, if any, that the project brought to the community?
Do you think conducting WASH activities resulted in behavioural changes in the target communities?
<i>[Prompt: Please elaborate? Which activities caused those behavioural changes?]</i>
SECTION 6: Sustainability and Lessons Learned
How do you feel about the community buy in for both these WASH projects?
<i>[Prompt: Why do you feel that? Do community members contribute to the project? In what way? How can community buy-in be increased?]</i>
Do you feel that WASH committees will continue their work after the discontinuation of the project?
<i>[Prompt: Why do you feel that? How can the sustainability of WASH committees be ensured?]</i>
What aspects of the project do you think should be used in future programming? Which aspects of the project do you think should not be implemented in the future?
<i>[Prompt: Please explain why?]</i>
SECTION 7: Remarks
Is there anything else that you still would like to say?

KII with Water Management Committee Representatives

SECTION 1: Introduction
Please tell me about your role and responsibility within the water management committee?
What are the most pressing needs in this community?
<i>[Prompt: Which community members, would you say, are most vulnerable?]</i>
Can you describe the situation in this community in terms of water, sanitation and hygiene?
<i>[Prompt: Have these needs changed in the past 12 months? What caused each of these changes?]</i>
SECTION 2: Relevance and Quality of Project Design
What are the main obstacles people in this community face in terms of water, sanitation and hygiene?
<i>[Prompt: How do people deal with each of these difficulties? Has anything changed in relation to each of these difficulties in the last year? What caused each of these changes?]</i>
Please describe how the water management committee responds to these needs.
<i>[Prompt: What were the main objectives/goals of this program? What were the main activities?]</i>
SECTION 3: Effectiveness of Activities
Could you describe the role of the Water Management Committee in this community?
<i>[Prompt: What are the responsibilities of the committee? How many of the members are male and how many are female? How often do you meet?]</i>
Has the committee received any training in the last 12 months?
<i>[Prompt: If yes, what training was provided how useful do you think it was? Has the group been provided with any tools or equipment? Please, elaborate]</i>
Has the committee been provided with any tools in the last 12 months?
<i>[Prompt: What kind of tools? How helpful were those tools?]</i>
What kind of activities has the water management committee implemented in the last 12 months?
<i>[Prompt: How do you feel about the effectiveness of those activities? What can be done to increase the effectiveness of those activities?]</i>
SECTION 4: Efficiency of Management
Can you name an example of cooperation between the committee and other stakeholders (such as



NCA/Partner Organization, the Ministry of Health, local authorities, etc.) that was very successful and another example of unsuccessful cooperation? <i>[Prompt: For both: when did this take place? How was this issue solved?]</i>
SECTION 5: Project Impact
In your opinion, what are the positive changes, if any, that the water management committee has brought to the community?
In your opinion, what are the negative changes, if any, that the water management committee has brought to the community?
Have the implemented activities brought any behavioural change for the members of this committee? <i>[Prompt: What are these changes? Please, elaborate]</i>
SECTION 6: Sustainability and Lessons Learned
Do you will continue you work as a water management committee after the project finishes? <i>[Prompt: Why will you continue or not? What can be done to ensure you will continue after the project finishes?]</i>
Do you think the community is willing to contribute to WASH services after the project finishes? <i>[Prompt: Why or why not? What is needed to make sure that the community will contribute to the continuation of WASH activities after the project finishes?]</i>
SECTION 7: Remarks
Is there anything else that you still would like to say?

KII with Women’s Groups Representatives

SECTION 1: Introduction
Please tell me about your role and responsibility as a member of a Women’s Group in this community?
What are the most pressing needs in this community? <i>[Prompt: Which community members, would you say, are most vulnerable?]</i>
Can you describe the situation in this community in terms of water, sanitation and hygiene? <i>[Prompt: Have these needs changed in the past 12 months? What caused each of these changes?]</i>
SECTION 2: Relevance and Quality of Project Design
What are the main obstacles people in this community face in terms of water, sanitation and hygiene? <i>[Prompt: How do people deal with each of these difficulties? Has anything changed in relation to each of these difficulties in the last year? What caused each of these changes?]</i>
SECTION 3: Effectiveness of Activities
Could you describe the role of the Women’s Group in this community? <i>[Prompt: What are the responsibilities of the group? How many members does the group have? How often do you meet as a group?]</i>
Have members of the Women’s Group been trained in the last 12 months? <i>[If yes, what training was provided how useful do you think it was?]</i>
What kind of activities has the Women Group implemented in the last 12 months? <i>[Prompt: Do you think those activities were effective? Why or why not?]</i>
SECTION 4: Efficiency of Management
Can you name an example of cooperation between the women groups and other stakeholders (such as NCA/Partner Organization, the Ministry of Health, local authorities, etc.) that was very successful and another example of unsuccessful cooperation? <i>[Prompt: For both: when did this take place? How was this issue solved?]</i>
SECTION 5: Project Impact
In your opinion, what are the positive changes , if any, that the women group brought to the community?
In your opinion, what are the negative changes, if any, that the women group brought to the community?
Have the activities implemented through the Women’s Group brought any behavioural change for the members of this community? <i>[Prompt: If yes, what are these changes. Please, elaborate]</i>
SECTION 6: Sustainability and Lessons Learned
Do you will continue you work as a women group after the project finishes? <i>[Prompt: Why will you continue or not? What can be done to ensure you will continue after the project finishes?]</i>
Do you think the community is willing to contribute to WASH services after the project finishes? <i>[Prompt: Why or why not? What is needed to make sure that the community will contribute to the continuation of WASH activities after the project finishes?]</i>



SECTION 7: Remarks

Is there anything else that you still would like to say?

KII with Private Sector WASH Actors

SECTION 1: Introduction

Please tell me about your job?

Can you describe the situation in this community in terms of water, sanitation and hygiene? *[Prompt: Have these needs changed in the past 12 months? What caused each of these changes?]*

Are you aware of the WASH project implemented by NCA last year in this community?

[Prompt: Can you describe the project? What kind of activities were being implemented under the project? If he or she does not know the project, please explain the project to him or her]

SECTION 2: Collaboration

Did you collaborate with NCA at all in the last 12 months?

[Prompt: Can you describe the collaboration? Can you tell me what went well in the collaboration? Can you describe what did not go so well in the collaboration? How can collaboration be improved in the future?]

SECTION 3: business

How do you feel about the quality of available water, sanitation and hygiene services this community?

[Prompt: Why do you feel like that about the quality of available WASH services? Has anything changed with regards to the quality of WASH services in the last 12 months? What has changed and what caused each of these changes? Has NCA's programme contributed to changes?]

What are the main water, sanitation and hygiene related difficulties your business faces?

[Prompt: How do you deal with any of these challenges?]

Do you feel community members are able and willing to pay for water services?

[Prompt: Why or why not? What can be done to change this?]

What percentage of community members are you providing water services to?

[Prompt: How can this percentage be increased?]

How much do community members pay for these services?

SECTION 4: Sustainability and Lessons Learned

Are you able to take over some of the water services from NCA after they leave this community?

[Prompt: if not, why not? What should be done to ensure you can take over those water services?]

SECTION 5: Remarks

Is there anything else that you still would like to say?

KII with Health and Nutrition Facility Management

SECTION 1: Introduction

Please tell me about your role and responsibility within this Health/Nutrition Centre?

What are the most pressing needs in this community?

[Prompt: Which community members, would you say, are most vulnerable?]

Can you describe the situation in this community in terms of health and nutrition?

[Prompt: Have these needs changed in the past 12 months? What caused each of these changes?]

SECTION 2: Relevance and Quality of Project Design

What are the main obstacles people in this community face in terms of health and nutrition?

[Prompt: How do people deal with each of these difficulties? Has anything changed in relation to each of these difficulties in the last year? What caused each of these changes?]

Please describe how the health/nutrition centre deals with these challenges.

[Prompt: What were the main activities?]

SECTION 3: Effectiveness of Activities

Could you describe the support NCA provided to this health/nutrition centre?

What did the health centre achieve in terms of its health and nutrition activities?

[Prompt: What could have been done to ensure greater effectiveness of the health activities?]

Has the capacity of the health and nutrition workers in this centre increased as a result of NCA's project? If yes, how?

[Has NCA provided any training for the health and nutrition workers? If yes, what training was provided how useful do you think it was?]



<i>Please, elaborate]</i>
Which of the implemented activities do you think were most effective? <i>[Prompt: Why were those activities most effective?]</i>
Which of the implemented activities do you think were least effective? <i>[Prompt: Why were those activities least effective?]</i>
SECTION 4: Efficiency of Management
Can you name an example of cooperation between this health centre and , other stakeholders (such as NCA/Partner Organization, the Ministry of Health, local authorities, etc.) that was very successful and another example of unsuccessful cooperation? <i>[Prompt: For both: when did this take place? How was this issue solved?]</i>
SECTION 5: Project Impact
In your opinion, what are the positive changes, if any, that this health/nutrition centre brought to the community?
In your opinion, what are the negative changes, if any, that this health/nutrition centre brought to the community?
Have the implemented activities of this health/nutrition centre brought any behavioural change for the members of this community? <i>[Prompt: What are these changes? Please, elaborate]</i>
SECTION 6: Sustainability and Lessons Learned
Do you think the health/nutrition centre will continue to function after NCA discontinues its project? <i>[Prompt: Why or why not?]</i>
What activities do you think should be used in future programming? Which activities do you think should not be implemented in the future? <i>[Prompt: Please explain why?]</i>
SECTION 7: Remarks
Is there anything else that you still would like to say?

FGD with Community Members/Beneficiaries

SECTION 1: Introduction
First, please introduce yourself.
What are the most pressing needs in your community? <i>[Prompt: Which community members, would you say, are most vulnerable?]</i>
What is the situation in this community in terms of water, sanitation and hygiene, health and nutrition? And in your HH? Ask for WASH, nutrition and health separately <i>[Prompt: Has this situation changed in the past 12 months? What caused each of these changes?]</i>
SECTION 2: Relevance and Quality of Project Design
What are the main difficulties you face in terms of water, sanitation, and hygiene, health and nutrition? Ask for WASH, nutrition and health separately <i>[Prompt: How do you deal with each of these challenges? Has anything changed in relation to each of these challenges during the past year? What caused each of these changes?]</i>
Do you feel that the activities implemented by NCA addressed the most pressing needs in this community (please explain them the project if they do not know)? <i>[Prompt: Why? If not, which activities are more needed?]</i>
SECTION 3: Effectiveness of Activities
Are you aware of any hygiene promotion campaigns that took place in this community? If yes, could you tell me what hygiene messages you can recall? <i>[Prompt: Did you hear any messages on handwashing? What about waste collection? From where did you hear about these hygiene practices?]</i>
Have any heard any messages on Infant and Yong Child Feeding spread by NCA during project implementation? <i>[Prompt: What new practices did you learn about? From where did you hear about these practices?]</i>
How has access to water, sanitation and hygiene and nutrition changed for the people in your community? How? Ask for WASH, nutrition and health separately!
Is there a specific story you want to share regarding your experience with the implementation of the



project?
SECTION 4: Project Impact
In your opinion, what are the positive changes that this project brought to the community? <i>[Probe specifically for examples of changes, personal change stories. For example: access to health services in my HH has increased, etc.]</i>
In your opinion, what are the negative changes, if any, that the project brought to the community? <i>[Probe specifically for examples of changes, personal change stories. For example: malnutrition in my HH has increased, etc.]</i>
SECTION 5: Sustainability and Lessons Learned
Do you think the people in your community will continue practicing the hygiene practices spread by NCA's programme like proper waste collection and cleaning of water containers? What about the use of latrines and washing stations? <i>[Probe: Why do you think that? Do you think that, after the conclusion of the project, people will continue practicing these practices? Why?]</i>
Are you willing to contribute to WASH services to ensure their continuation after the project finishes? <i>[Prompt: Please explain why or why not? How much can you contribute]</i>
Have you ever contributed to WASH services so far? <i>[Prompt: How do you feel about that contribution?]</i>
SECTION 6: Remarks
Is there anything else that you still would like to add?

Annex 4: Quantitative Tools

HH Survey

State
<i>Single Response</i>
Central Darfur
South Darfur
Village/IDP Camp (CD)
<i>Single Response</i>
Hassa Hassa Camp
Hamedia Camp
Khamsadagiega Camp
Village/IDP Camp (SD)
<i>Single Response</i>
Bilel Camp
Bido
Dirri
Solly
Hassaballa
Karly Muhajeria
Dagarees
Please enter today's date
<i>Set Date</i>
Is this a TEST or LIVE case?
<i>Single Response</i>
Test
Live
Good morning/afternoon Sir/Madam, my name is _____. I work for Forcier Consulting and I am here to ask a few questions about water, sanitation, hygiene and nutrition your community. Your participation in the survey is fully voluntary, and you can end the interview or refuse to answer any question as you choose. Your information is confidential and it will not be possible to link your identity with the responses that you give. Your responses will help in improving the services in your community and we thank you very much for your time and thoughts. Do you consent to participate in this survey?
<i>Single Response</i>



Yes
No
Gender (Do not ask. Observe)
<i>Single Response</i>
Male
Female
How old are you?
<i>Single Response</i>
Enter Number
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Enter Number
<i>Numeric</i>
(Do not ask, observe) What is the approximate age?
<i>Single Response</i>
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65+
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Can you write and read?
<i>Single Response</i>
I can write and read very well
I can read a write a little bit
I cannot write and read
Refused to answer (DO NOT READ)
What is the highest level of education you have attained?
<i>Single Response</i>
None
Some primary school
Completed primary school
Some secondary school
Completed secondary school
Some university
University graduate
Religious education
Technical or trade school
Refused to answer (DO NOT READ)
What is your occupation?
<i>Single Response</i>
Student (secondary education)
Student (university)
Employed (casual labour)
Employed (part-time permanent labour)
Employed (full-time permanent labour)



Unemployed
Other
Refused to answer (DO NOT READ)
Are you the head of the household?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
What is the gender of the head of household?
<i>Single Response</i>
Male
Female
Refused to answer (DO NOT READ)
What is the age of the head of household?
<i>Single Response</i>
Enter Number
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Enter Number
<i>Numeric</i>
(Do not ask, observe) What is the approximate age?
<i>Single Response</i>
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65+
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
What is the highest level of education the head of household attained?
<i>Single Response</i>
None
Some primary school
Completed primary school
Some secondary school
Completed secondary school
Some university
University graduate
Religious education
Technical or trade school
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Is the head of household currently employed?
<i>Single Response</i>
Student (secondary education)
Student (university)
Employed (casual labour)
Employed (part-time permanent labour)



Employed (full-time permanent labour)
Unemployed
Other
Refused to answer (DO NOT READ)
How would you describe your household?
<i>Single Response</i>
Host community
Displaced (IDP)
Returnee
Migrant
Refused to answer (DO NOT READ)
How many household members under 5 years old live in your household?
<i>Numeric</i>
How many household members between 5 and 18 years old live in your household?
<i>Numeric</i>
What is the age of this household member?
<i>Numeric</i>
Is this child currently enrolled in school?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
Why not?
<i>Single Response</i>
There is no school in this area
The school is too far
School fees are too high
Materials are too expensive
Child has to get married
Child needs to work
Education is not important
The child is disabled
Other
Do not know (DO NOT READ)
Refused to answer (DO NOT READ)
Is this household member employed?
<i>Single Response</i>
Employed (casual labour)
Employed (part-time permanent labour)
Employed (full-time permanent labour)
Unemployed
Other
Do not know (DO NOT READ)
Refused to answer (DO NOT READ)
How many household members between 18 and 60 years old live in your household?
<i>Numeric</i>
Is this household member employed?
<i>Single Response</i>
Student (secondary education)
Student (university)
Employed (casual labour)
Employed (part-time permanent labour)
Employed (full-time permanent labour)
Unemployed



Other
Do not know (DO NOT READ)
Refused to answer (DO NOT READ)
How many household members over 60 years old live in your household?
<i>Numeric</i>
How many household members live in this household in total?
<i>Numeric</i>
In Sudanese pounds, what was the income for your household in the past 30 days (month)?
<i>Numeric</i>
Does this amount of household income represent the amount you generally make during the other months of the year or is it more or less money than you generally make in other months of the year?
<i>Single Response</i>
More money now than during other months of the year
Same amount of money now as other months of the year
Less amount of money now than during other months of the year
Refused to answer (DO NOT READ)
In Sudanese pounds, what was the income for your household in the past year (12 months)? (enumerator help respondent estimate total yearly income)
<i>Numeric</i>
Has your income increased, stayed the same, or decreased in the last 12 months?
<i>Single Response</i>
Increased a lot
Increased a bit
Stayed the same
Decreased a bit
Decreased a lot
Refused to answer (DO NOT READ)
From which livelihood sources did your household receive income in the past 6 months?
<i>Multiple Response</i>
Livestock and livestock products
Fish and fish products
Agricultural products
Forest products
(Semi-)permanent job
Trading
Casual labour / Day labour
Other
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
Does your household receive income from other sources, such as the sale of assets or taking loans?
<i>Multiple Response</i>
No
Yes, sale of land
Yes, sale of livestock
Yes, sale of buildings
Yes, loans from VSLA
Yes, resale of food aid
Yes, other
Refused to answer (DO NOT READ)
Does your household receive other forms of financial support?
<i>Multiple Response</i>
No
Remittances



Gifts from friends or relatives
Cash transfers
Vouchers or food aid
Pension
Other
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
Does your household possess any assets?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
What kind of assets does your household possess?
<i>Multiple Response</i>
Farmland
Range land
Car
Other motorized vehicle (tuk tuk, motorcycle, etc.)
Generator
Donkey cart
Livestock
Shop
Market stand
Agricultural tools and equipment (tractor, plough, planter, sprayer, etc.)
Household equipment
Other
Refused to answer
If other, please specify
<i>Open Response</i>
What are the different types of livestock has your household been rearing?
<i>Multiple response</i>
Cattles
Donkeys
Goats
Sheep
Camel
Horses
Chicken
Other
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
What kind of tools or equipment does your household own?
<i>Multiple Response</i>
Grain Mill
Sheller
Oil squeezer
Silo
Plough
Sprayer
Planter
Tractor
Other



If other, please specify
<i>Open Response</i>
Do you have electricity at your house?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
What is the main source of electricity?
<i>Single Response</i>
Solar power
Battery power
Generator
Network power
Refused to answer (DO NOT READ)
What has been the main source of food for your household for the last 3 months?
<i>Single Response</i>
Household production (farming)
Household production (livestock)
Bought at market
Distributed rations
Refused to answer (DO NOT READ)
In general, does this source provide enough food for your household?
<i>Single Response</i>
No, would need a lot more
No, would need some more
Yes
Refused to answer (DO NOT READ)
In the past 6 months, how often were you not able to get food from this source?
<i>Single response</i>
Frequently
Sometimes
Never (always got food)
Refused to answer (DO NOT READ)
If you had an emergency and needed 300 Sudanese pounds in 2 weeks, how likely would you be able to gather the money?
<i>Single Response</i>
Not at all likely
Somewhat likely
Very likely
Refused to answer (DO NOT READ)
What do you think would be the main source of the funds?
<i>Single Response</i>
My own sources
Income from work
Sale of household assets
Support from community
Support from extended family
Loan from community
Loan from extended family
Loan from a bank or another financial institution
Other
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>



Now I'd like to talk to you about the issues relating to water, sanitation, and hygiene in this community
How satisfied are you with the WASH services in this community?
<i>Single Response</i>
Very satisfied
Somewhat satisfied
Not at all satisfied
Refused to answer (DO NOT READ)
In the past 12 months, have the WASH services gotten better or worse, or remained the same?
<i>Single Response</i>
Become much worse
Become a little worse
Stayed the same
Become a little better
Become much better
Refused to answer (DO NOT READ)
In the past 12 months, what things in the WASH services have changed?
<i>Single Response</i>
Availability of qualified staff
Availability of services
Quality of services
Cost of services
Nothing
Other
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
How important do you think WASH services are to the quality of life in your community?
<i>Single Response</i>
Not very important (should receive less resources than other services)
Somewhat important (should receive equal resources to other services)
Very important (should receive more resources than other services)
Refused to answer (DO NOT READ)
Are you aware of a Water Management Committee operating in your community?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
How satisfied are you with the level of information you've been given about how the Water Management Committee?
<i>Single Response</i>
Very satisfied
Somewhat satisfied
Not at all satisfied
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
How satisfied are you with the way the Water Management Committee is managed?
<i>Single Response</i>
Very satisfied
Somewhat satisfied
Not at all satisfied
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Do you know if there are women in the Water Management Committee?



<i>Single Response</i>
Yes, more than half of the committee is female
Yes, half of the committee is female
Yes, less than half of the committee are female
No, there are no women in the committee
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
What is the main source of drinking water used for members of your household? [DO NOT READ list]
<i>Single Response</i>
Tap stands
Hand Pump
River water
Pools of rain water in open land
Water trucks
Drainages
Rain water from the roofs
Rain water from surface run off
Springs (unprotected)
Springs (protected)
Well (unprotected)
Well (protected)
Other (please specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
Who typically fetches water in your household?
<i>Single Response</i>
Female child
Male child
Male
Female
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
How often do you go to your main waterpoint?
<i>Single Response</i>
More than 3 times a day
2-3 times a day
Once a day
2-5 times a week
Once a week
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Have you experienced waiting times at your main water point?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If you have experienced waiting times in the past, how long did you have to wait for on average?
<i>Single response</i>



Less than 30 minutes
Between 30 minutes and 1 hour
Between 1 and 2 hours
More than 2 hours
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
On average, how often does this waterpoint break down in a month? [Enter 888 for "don't know, enter 999 for "refuse to answer"
<i>Numeric</i>
How much water does your household receive in one day from the waterpoint in liters (Enumerator should support respondent with the calculation)?
<i>Numeric</i>
With how many household member do you share this water?
<i>Numeric</i>
Do you receive sufficient water from the waterpoint for all the household members?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
Do you have to pay for the water from this water point?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
How much do you pay for the water from this waterpoint? (in SDG)
<i>Numeric</i>
How much water do you get for {insert D50_howmuch} SDG? (In liters)
<i>Numeric</i>
How easy or hard is it for your household to pay for water?
<i>Single Response</i>
Easy to pay (we always have enough money to pay for all the water we need)
Somewhat difficult to pay (we rarely don't have enough money to pay for all the water we need)
Difficult (we often don't have enough money to pay for all the water we need)
Refused to answer (DO NOT READ)
Do you or somebody else in the household usually do something to your drinking water to make it ready to drink, such as treat it?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
How do you treat the water? [DO NOT READ options, check all that apply]
<i>Multiple Response</i>
Boil
Filter it with a piece of cloth
Add chlorine or water tablets
Let it stand and settle to get rid of sediments
Let it sit in the sun (solar disinfection)
Use a sand filter
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify



<i>Open response</i>
Why do you treat this water before drinking it? [DO NOT READ options. Check all that apply]
<i>Multiple Response</i>
Contaminated with dirt
Contaminated with faeces/human/animal waste
Contaminated with germs, bacteria, viruses
Animals use the water
Smells bad
Discoloured
Looks bad
Insects in it
So that I don't get sick
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Why don't you treat the water? [DO NOT READ options, check all that apply]
<i>Multiple Response</i>
There is no need - I feel the water we collect is clean and doesn't need to be treated
I don't have materials for water purification/treatment
I don't know any treatment methods
I don't have the time
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Which specific water container do you store most of your drinking water in? [OBSERVE WHETHER CONTAINER IS COVERED]
<i>Single Response</i>
Normal rigid jerrycans
Collapsible jerrycans
Sealed buckets
Open buckets
Sealed clay pots
Open clay pots
Sealed drums/barrels
Open drums/barrels
Bottles
Basins
Others (specify)
Don't know
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
How do you get water from the storage container?
<i>Single response</i>
Pouring
Dipping
Pouring and dipping
Container with tap



Others, Specify
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Do you treat the water storage containers you use in any way to make them clean?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
How do you treat the storage containers?
<i>Single response</i>
Use of water and soap (clean container)
Use of chlorine tablets
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Why did you not treat the storage container in any way?
<i>Multiple Response</i>
It is not necessary
I do not know how to clean the container
I don't have materials for cleaning the container
I don't have the time
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Does your household have access to a functional latrine at your household? [Ask to see the latrine and only select yes if the respondent can show the latrine within 1 minute]
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
[OBSERVE DON'T ASK] Do you see evidence of human feces in the living area?
<i>Single Response</i>
Yes
No
What kind of latrine do you and your household have access to?
<i>Single response</i>
Communal latrine
Emergency latrine
Private latrine within the house
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Was this latrine built by NCA (or the implementing partner: Name partner)?
<i>Single Response</i>



Yes
No
Refused to answer (DO NOT READ)
What type of latrine is this?
<i>Single Response</i>
Ring-slab/offset latrine (water seal)
Pit latrine (covered)
Ring-slab/offset latrine (water seal broken)
Pit latrine (uncovered)
Septic latrine
Hanging/open latrine
Other
Refused to answer (DO NOT READ)
With how many other families do you share this latrine?
<i>Numeric</i>
Do you use the latrine?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
How often do you use the latrine?
<i>Single Response</i>
I always use the latrine when I need to defecate
I use the latrine most of the time when I need to defecate
I sometimes use the latrine when I need to defecate
I rarely use the latrine when I need to defecate
I never use the latrine when I need to defecate
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
What is the main reason why you don't use the latrine? [DO NOT READ list]
<i>Single Response</i>
Too far
Too dirty
I prefer other options
Lack of privacy
Have to wait too long
It is not safe
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
If you don't use a latrine, do you dig and cover?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Do children in this household have access to latrines at school?
<i>Single Response</i>
Yes
No



Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Do they use the latrines?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
What is the main reason why they don't use the latrine? [DO NOT READ list]
<i>Single Response</i>
Too far
Too dirty
I prefer other options
Lack of privacy
Have to wait too long
It is not safe
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Please name at least 3 of the important times when you should wash your hands. [DO NOT READ answers - select all that is mentioned - clarify that it's not about the time of day (in the morning or in the evening), but about the occasions and activities]
<i>Multiple Response</i>
There are no important times to wash hands
Before preparing food
When my hands are dirty
After defecating
Before eating
After eating
Before feeding a baby
After depositing a baby's faeces
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
What do you usually use to wash hands?
<i>Single Response</i>
Nothing
Sand only
Water only
Water and soap
Water and ash
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Do you have soap in your household? [Ask to see the soap and only select yes if the respondent can show the soap within 1 minute]
<i>Single Response</i>
Yes
No



Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Why don't you have soap in the household?
<i>Multiple Response</i>
It's unavailable at the local market
We cannot afford it
We prefer a substitute
We ran out of soap
We are waiting for the next distribution
Soap is not necessary
The market is too far
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
How likely do you think you or your child are to become sick, such as having stomach ache or diarrhoea, from not washing your hands?
<i>Single Response</i>
Not likely
Somewhat likely
Very likely
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
How serious do you think it is if you or your child gets sick from not washing your hands?
<i>Single response</i>
Not at all serious
Somewhat serious
Very serious
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
I would now like to ask you some questions about hygiene messages and practices in your household and your community.
Have you heard or seen any health/hygiene messages or had training in the last 12 months?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Were those messages or training provided by NCA (or the implementing partner: Name partner)?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Can you tell me which hygiene messages you can recall?
[DO NOT READ answers]
<i>Multiple Response</i>
Use latrine for defecation
Clean & cover water containers
Dispose baby's faeces to the toilet
Wash hands with water & soap
Prepare food hygienically
Water treatment (boil, chlorine,etc.)



Cleanliness
Dispose garbage properly
Cover food
Stop open defecation
Use of ORS/SSS
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Did you and your household start adopting practices you learned from the campaign?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Which practices did you adopt?
<i>Multiple Response</i>
Use latrine for defecation
Clean & cover water containers
Dispose baby's faeces to the toilet
Wash hands with water & soap
Prepare food hygienically
Water treatment (boil, chlorine, etc.)
Cleanliness
Dispose garbage properly
Cover food
Stop open defecation
Use of ORS/SSS
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
From where did you hear or receive this/these message/s?
<i>Multiple Response</i>
Government health workers
Community Health Volunteers
School children
NGO staff
Religious building
Poster/flyer/leaflets
Radio
Community events
Private groups
SMS/Phone
TV
Clinic/hospital/PHCC
Traditional leader
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
Do you and the members of your household have access to a useable communal garbage box?
<i>Single Response</i>



Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
How often do you use the communal garbage box?
<i>Single Response</i>
Always
Most of the times
Sometimes
Rarely
Never
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Is solid waste in your community collected on a regular basis?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
How often is solid waste in your community collected per month?
<i>Single Response</i>
Enter Number
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Enter Number
<i>Numeric(0-30)</i>
What do you or other members of your household do with the garbage your household produces?
<i>Single Response</i>
Throw away around the place we live whenever we have garbage
Collect and bring to a garbage dump away from where we live
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open response</i>
How serious do you think it is if you do not collect your waste?
<i>Single response</i>
Not serious
Neutral/Unsure
Serious
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Can you tell me the reason why it is not serious?
<i>Open response</i>
Can you tell me the reason why it is serious?
<i>Open response</i>
Have you heard or seen any waste collection messages in the last 12 months?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Can you tell me which cleaning messages you can recall?
[DO NOT READ answers]



<i>Multiple Response</i>
Keep a clean house
Clean the cooking areas
Clean cooking utensils
Keep a clean bathing facility
Keep a clean latrine
Clean your clothes
Cleaning the communal areas
Don't throw waste away around the house
Cleaning puddles of water
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Please specify.
<i>Open response</i>
Did you and your household start adopting practices you learned from the campaign?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Which practices did you adopt?
<i>Multiple Response</i>
Keep a clean house
Clean the cooking areas
Clean cooking utensils
Keep a clean bathing facility
Keep a clean latrine
Clean your clothes
Cleaning the communal areas
Don't throw waste away around the house
Cleaning puddles of water
Other (specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Please specify.
<i>Open response</i>
Are you willing to contribute time to WASH services in this community?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
Are you willing to contribute money to WASH services in this community?
<i>Single Response</i>
Yes
No
Refused to answer (DO NOT READ)
Thank you very much for your responses so far. We would like to ask you some questions about nutrition services in your area.
How satisfied are you with the quality of nutrition services in your community?
<i>Single Response</i>
Not at all satisfied
Somewhat satisfied



Very satisfied
Refused to answer (DO NOT READ)
In the past 12 months, have the nutrition services gotten better or worse, or remained the same?
<i>Single Response</i>
Become much worse
Become a little worse
Stayed the same
Become a little better
Become much better
Refused to answer (DO NOT READ)
In the past 12 months, what things in the nutrition services have changed?
<i>Multiple response</i>
Availability of qualified staff
Availability of services
Quality of services
Cost of services
Other
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
How important do you think nutrition services are to the quality of life in your community?
<i>Single Response</i>
Not very important (should receive less resources than other services)
Somewhat important (should receive equal resources to other services)
Very important (should receive more resources than other services)
Refused to answer (DO NOT READ)
Where do you usually go to seek for nutrition advice or treatment?
<i>Multiple Response</i>
Government hospital
Government health centre
Outpatient Therapeutic Programme attached to the Primary healthcare unit/centre
Targetted Supplementary Feeding Programme
Stabilization Centre
Community health worker
Mobile outreach clinic
Private hospital or clinic
Private physician
Private pharmacy
Mobile clinic
Relative/friend
Shop
Traditional practitioner
Other
Do not know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
Thank you very much for your responses so far. We would like to ask you some questions about health services in your area.
How satisfied are you with the quality of health services in your community?
<i>Single Response</i>
Not at all satisfied
Somewhat satisfied



Very satisfied
Refused to answer (DO NOT READ)
In the past 12 months, have the health services gotten better or worse, or remained the same?
<i>Single Response</i>
Become much worse
Become a little worse
Stayed the same
Become a little better
Become much better
Refused to answer (DO NOT READ)
In the past 12 months, what things in the health services have changed?
<i>Multiple response</i>
Availability of qualified staff
Availability of services
Quality of services
Cost of services
Other
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
How important do you think health services are to the quality of life in your community?
<i>Single Response</i>
Not very important (should receive less resources than other services)
Somewhat important (should receive equal resources to other services)
Very important (should receive more resources than other services)
Refused to answer (DO NOT READ)
Where do you usually go to seek for health advice or treatment?
<i>Multiple Response</i>
Government hospital
Government health centre
Primary healthcare unit/centre
Targetted Supplementary Feeding Programme
Stabilization Centre
Community health worker
Mobile outreach clinic
Private hospital or clinic
Private physician
Private pharmacy
Mobile clinic
Relative/friend
Shop
Traditional practitioner
Other
Do not know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
Thanks for your participation

Health Observation

Enumerator Name:



Open Response
State
<i>Single Response</i>
Central Darfur
South Darfur
Name of facility
<i>Open Response</i>
What type of facility is this?
<i>Single Response</i>
Primary healthcare centre
Other
If other, please specify
<i>Open Response</i>
Is the facility attached to any other facility?
<i>Single Response</i>
No
Yes, hospital
Yes, other
If other, please specify
<i>Open Response</i>
Which other organizations support this facility?
<i>Open Response</i>
Who is the implementing partner?
<i>Open Response</i>
Please enter today's <u>DAY</u>
<i>Single Response</i>
Take GPS reading from the front entrance and note down latitude with 5 decimal points
<i>Numeric</i>
Note down longitude with 5 decimal points
<i>Numeric</i>
What is the status of the person interviewed?
<i>Single Response</i>
Head of facility
Staff of facility
Facility volunteer
Other
If other, please specify
<i>Open Response</i>
What kind of activities has the implementing partner implemented in the last 12 months?
<i>Multiple Response</i>
Supply of medication
Supply of equipment
Supply of staff
Staff training
Rehabilitation of facility
Other
If other, please specify
<i>Open Response</i>
Is the building fenced? (take separate photograph)
<i>Single Response</i>
No fence
Fence built but broken
Fully fenced



Is there a sign outside the health facility with service provider details? (take separate photograph)
<i>Multiple Response</i>
No
Yes - Implementing partner
Yes - Government partner
Yes - NCA
Yes - Donor (USAID/UKAID/EU/ECHO/etc.)
Yes - Other
If other, please specify
<i>Open Response</i>
Are there any areas within the facility's catchment area where beneficiaries do not access the services?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If yes, who and why?
<i>Open Response</i>
What is the population in the catchment area?
<i>Numeric</i>
What is the furthest distance from which people come to this facility? (in KM)
<i>Numeric</i>
What is the distance of the catchment area (sq km) served by this facility?
<i>Numeric</i>
Are there any structural issues with the exterior of the building? (take photograph separately of each issue)
<i>Single Response</i>
Yes, multiple
Yes, one or two
No
Refused to answer (DO NOT READ)
What parts does the facility have? (take separate photograph of each)
<i>Multiple Response</i>
Waiting area / reception room
Treatment room
Delivery room
Administration office
Storage
Pharmacy
Other
If other, please specify
<i>Open Response</i>
Are these areas clearly marked with signs to control the flow of patients?
<i>Single Response</i>
Yes
No
What kind of care does the primary healthcare unit offer?
<i>Multiple response</i>
EPI (immunisation)
Reproductive health services
Child health services
Maternal and newborn health services
Mental health services
Nutrition services
HIV and AIDS treatment services



Emergency services
Eye health services
Pharmacy / provision of medication
Other
Do not know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
What types of services are provided at this Primary Healthcare Centre through referral? (list all)
<i>Open Response</i>
Is there a child protection policy visible in the facility?
<i>Single Response</i>
Yes
No
Which of the following medication is present at the facility? (simply ask, observe numbers individually later)
<i>Multiple Response</i>
ORS packets
Iron
Folate
Oxytocin
Amoxicillin
Zinc
Anti-malarial
Diazepam
Gentamicin
Penicillin
Drinking water
Soap for hand washing
None
Other
If other, please specify
<i>Open Response</i>
Which of the following equipment is present at the facility? (simply ask, observe numbers individually later)
<i>Multiple Response</i>
BP machines
Otosopes (for examining ears)
IV infusion sets
Catheters
Stethoscopes
Forceps obstetric – Keillands
Delivery beds
Delivery kits
Adult scales
Baby Weighing scales (and/or infant)
MUAC screening tapes
Height measures
Hospital beds
Refrigerators
Thermometers
Screens (for bed privacy)
Cupboards with locks
Bedpans
Stretchers
None



Other
If other, please specify
<i>Open Response</i>
Move to the storage. Are there any structural issues with the storage such as holes in the wall, etc.? (take a photograph of the storage in general, and of each issue separately)
<i>Single Response</i>
No structural issues
Small structural issues (unlikely to affect the condition of the goods currently)
Large structural issues (affect condition of the goods)
Is there a lock on the storage door?
<i>Single Response</i>
Yes
No
How many of {pull from f8} is there in stock?
<i>Numeric</i>
Are the {pull from f8} organised by expiry date?
<i>Single Response</i>
Yes
No
How many of {pull from f9} is there at the facility?
<i>Numeric</i>
Are the {pull from f9} organised by expiry date?
<i>Single Response</i>
Yes
No
Does the facility have a working refridgerator with vaccines in it?
<i>Single Response</i>
Yes
No
What is the water source for the facility?
<i>Multiple response</i>
Piping
Trucking
Well
Spring
Other
If other, please specify
<i>Open Response</i>
How many jerry cans of drinking water are there? (take photograph)
<i>Numeric</i>
How many latrines are there in the facility? (take picture of all)
<i>Numeric</i>
Are all latrines currently functional?
<i>Single Response</i>
Yes
No
If not, how many are broken and why?
<i>Open Response</i>
Are latrines effectively gender-segregated? (observe)
<i>Single Response</i>
Yes
No
Are there locks on the doors of the latrines for privacy? (observe)
<i>Single Response</i>



Yes
No
How do the latrines smell?
<i>Single Response</i>
They smell very bad
They smell bad
They do not smell bad
How clean are the latrines?
<i>Single Response</i>
They are very dirty and have flies and insects in them
There is some dirt, but no insects
They are clean
Are there handwashing stations outside latrines?
<i>Single Response</i>
None
A few
About half
Most
All
Is there soap at the handwashing stations?
<i>Single Response</i>
None
A few
About half
Most
All
Are hygiene messages visible in the facility? (take photograph)
<i>Single Response</i>
Yes
No
How many months of monthly statistics records are present in the facility? (if more than 3, enter 3 and randomly choose three monthly statistics between December 2017 and the most recent)
<i>Numeric</i>
Which month are records for?
<i>Single Response</i>
January
February
March
April
May
June
July
August
September
October
November
December
Which year are records for?
<i>Single Response</i>
2017
2018
How many people were treated this month for acute watery diarrhea?
<i>Numeric</i>



How many people were treated this month for bloody diarrhea?
<i>Numeric</i>
How many people were treated this month for hepatitis A?
<i>Numeric</i>
How many people were treated this month for typhoid fever?
<i>Numeric</i>
How many people were treated this month for helminthes (worm) infections?
<i>Numeric</i>
How many paid staff work in the facility?
<i>Numeric</i>
Have the staff working in the facility received any training?
<i>Single Response</i>
Yes
No
What training have the staff received?
<i>Open Response</i>
When was the training organised?
<i>Open Response</i>
Who provided the training?
<i>Open Response</i>
How many volunteer staff work in the facility?
<i>Numeric</i>
Have the volunteers working in the facility received any training?
<i>Single Response</i>
Yes
No
What training have the volunteers received?
<i>Open Response</i>
When was the training organised?
<i>Open Response</i>
Who provided the training?
<i>Open Response</i>
How many volunteers work in the community?
<i>Numeric</i>
How many of those are currently active?
<i>Numeric</i>
How many households have been reached through outreach activities from the community volunteers?
<i>Numeric</i>
Have the volunteers working in the community received any training?
<i>Single Response</i>
Yes
No
What training have the volunteers received?
<i>Open Response</i>
When was the training organised?
<i>Open Response</i>
Who provided the training?
<i>Open Response</i>
How many staff in the health centre are trained in first aid?
<i>Numeric</i>
How many staff in the health centre trained in first aid are currently present?
<i>Numeric</i>
Is there a health referral mechanism in place?



<i>Single Response</i>
Yes
No
Thank you very much for your time and your answers.

Water Point Observations

Enumerator Name:
<i>Open Response</i>
State
<i>Single Response</i>
Central Darfur
South Darfur
Which other organizations support this facility?
<i>Open Response</i>
Who is the implementing partner?
<i>Open Response</i>
Please enter today's <u>DAY</u>
<i>Date</i>
Take GPS reading from the front entrance and note down latitude with 5 decimal points
<i>Numeric</i>
Note down longitude with 5 decimal points
<i>Numeric</i>
What type of waterpoint is this? (take photograph)
<i>Single Response</i>
Bladder tank
Public tap
Handpump
Is the waterpoint functional?
<i>Single Response</i>
Yes
No
Why is the waterpoint not functional?
<i>Open Response</i>
Has the maintenance been arranged for the waterpoint?
<i>Single Response</i>
Yes
No
Did anyone provide any repairs to this waterpoint in the last 3 months?
<i>Single Response</i>
Yes
No
When is the water point open to use for the public?
<i>Single Response</i>
All day
Only part of the day
If the water point is only open a part of the day, please specify what times
<i>Open Response</i>
How many people are currently waiting to get water?
<i>Numeric</i>
How many of those waiting are adult males?
<i>Numeric</i>



How many of those waiting are adult females?
<i>Numeric</i>
How many of those waiting are children?
<i>Numeric</i>
What is the waiting time at the water point?
<i>Numeric</i>
What is the longest distance that someone in the que has travelled to get to the waterpoint?
<i>Numeric</i>
Is there always enough water available at the water point to serve all people that come to take water?
<i>Single Response</i>
Yes
No
Are there any times in the past 3 months that this water point has not been functioning?
<i>Single Response</i>
Yes
No
How often has the waterpoint not been functioning?
<i>Single Response</i>
At least once per week
At least once per month
Once or twice
Take some water in a bottle. Let the water sit for 1 minute. Is there silt at the bottom of the bottle?
<i>Single Response</i>
Yes, more than 1mm
Yes, less than 1mm
No silt at all
Is the water point also used by livestock?
<i>Single Response</i>
Yes
No
Does the water smell?
<i>Single Response</i>
Yes, it smells very bad
Yes, it smells a little bit
No, it does not smell
Thank you very much for your time and your answers.



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Forcier is a development research firm that operates in challenging post-conflict environments. Established in 2011 in South Sudan, Forcier has invested in developing methodologies and approaches to research that are contextually appropriate and feasible, whilst adhering to international standards for social science research and utilizing the latest data collection technology available. Our core services include population and social science research, project evaluations, market assessments for livelihoods and vocational trainings, private sector and market research for feasibility studies, strategic planning and representation, and training and capacity building workshops.

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