

FINAL EVALUATION REPORT

OF NORWEGIAN CHURCH AID's EMERGENCY PREPAREDNESS AND RESPONSE PROGRAMME IN SOUTH SUDAN

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SUMMARY TABLE

Programme Title	Emergency Preparedness and Response
Location	South Sudan
Duration	January 2014 – August 2017
Donor & Contribution/s	Norwegian Ministry of Foreign Affairs: (i) MFA QZA 13/0132 Phase 1 NOK 10 Million (ii) MFA QZA 13/0132 Phase 2 NOK 20 Million (iii) MFA SSD 15/0015 Phase 3 NOK 15 Million (iv) MFA QZA 16/0183 Phase 4 NOK 10 Million (v) MFA QZA 16/0183 Juba response NOK 7.178.860 (vi) MFA QZA 17/0163 Phase 5 NOK 7.5 Million
Implementing office	Norwegian Church Aid – South Sudan
Evaluators	Action Against Hunger UK’s Monitoring, Evaluation and Learning Services
Evaluation Type	External Evaluation
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1 ACRONYMS

AAH	Action Against Hunger
ACT Alliance	Action by Churches Together - Alliance
CARD	Christian Action for Relief and Development
CHS	Core Humanitarian Standard
CLTS	Community-Led Total Sanitation
ECS	Episcopal Church of Sudan
FGD	Focus Group Discussions
GBV	Gender-based violence
HCT	Humanitarian Country Team
HDI	Human Development Index
HH	Households
HRP	Humanitarian Response Plan
HQ	Headquarters
IDP	Internally-Displaced Person
IPC	Integrated Food Security Phase Classification
IRNA	Inter-agency rapid needs assessment
KAP	Knowledge, Attitude and Practice
LWF	Lutheran World Federation
MFA	Ministry of Foreign Affairs
MOU	Memorandum of Understanding
NBEG	Northern Bahr El Ghazal
NCA	Norwegian Church Aid
NFIs	Non Food Items
NOK	Norwegian Krone
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PDM	Post-Distribution Monitoring
PHAST	Participatory Hygiene and Sanitation Transformation
PMER	Planning, Monitoring, Evaluation and Reporting
PoC	Protection of Civilian
RRC	Relief and Rehabilitation Commission
SUFEM	South Sudanese Fellowship Mission
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
US\$	United States Dollar
VICOBA	Village Community Banking
WASH	Water, Sanitation and Hygiene
WSS	Water Supply and Sanitation

2 EXECUTIVE SUMMARY

NCA started the 'Emergency Preparedness and Response Programme' in January 2014 after violence erupted in December 2013, and it has been implemented in a phased approach with Phase 5 completed in August 2017. The overall objective of the programme is the **provision of lifesaving assistance to conflict and displaced populations in South Sudan.**

This external evaluation is intended to provide NCA with insights into their Emergency Preparedness and Response Programme in South Sudan. The objectives of the evaluation were to assess the relevance and effectiveness of the programme, and the extent to which cross-cutting themes and issues were addressed. This evaluation exercise intends to **(i) inform NCA's existing and forthcoming strategies, (ii) strengthen future humanitarian responses, and (iii) provide assessment on the role of local national actors in the response.**

The evaluation covers all the five phases and the Juba response of the Emergency Preparedness and Response Programme from January 2014 to August 2017. Data collection included using mixed methods to conduct focus group discussions, household interviews, observations, semi-structured interviews and a document review.

Limitations of this evaluation included vast distances between project sites, limited time, security restrictions, local language barriers, and interpreter and beneficiary recall bias, challenges of beneficiaries and partners to differentiate between organisations and actors or to remember specific products or support received during a specific timeframe. Another limitation is the small number of household interviews as compared to the population targeted which means that it can't not be considered as a representative sample. The evaluation team was also not able to conduct interviews at health facilities or obtain related health data.

KEY FINDINGS

RELEVANCE

Responses appear to be based on needs assessments and therefore have high relevance: NCA's emergency preparedness and response programmes' evidence suggests that needs and joint needs assessments have been conducted across various locations and the different phases from January 2014 – August 2017. However, the type and amount of information collected varies. NCA's targeting of vulnerable populations is conducted in collaboration with communities. NCA most regularly targets women, the elderly, people with disabilities and pregnant and lactating

women. Data is not disaggregated by vulnerable groups at either proposal or report stage. Definitions of vulnerability varies across stakeholders but the selection of vulnerable groups is undertaken according to a criteria and in coordination with the community.

There is high levels of engagement with communities although recruitment of women for specific activities is found to be difficult due to cultural constraints: Both beneficiaries, and the external stakeholders consulted, reported high levels of engagement between

NCA and the community, due to their long-standing presence in the country. A key part of NCA's programmatic approach is the involvement of communities in the selection of borehole sites, hence increasing community ownership of these sites. The community remains involved through water user committees, though recruiting women in these positions can be difficult due to local customs and culture.

NCA is actively engaged with both national and sub-national coordination platforms, although it has a low visibility in the UN-consolidated South Sudan Crisis Response Plan: NCA is actively engaged in various platforms and is also a member of the ACT Alliance. It also coordinates with a number of other coordination mechanisms, including the Caritas Network. NCA's visibility in the UN-consolidated South Sudan Crisis Response Plan has been low, despite its long-standing participation in the response. NCA's extensive

involvement in the coordination systems in South Sudan has resulted in little or no duplication of activities. Where duplication has occurred, this has at times been due to other actors working outside coordination networks. NCA encourages stakeholders to engage with these networks in order to prevent duplication.

The scale of needs in South Sudan means that gaps remain in emergency response programming. The large scale needs, limited availability of resources, limited access, highly mobile populations and an unpredictable environment result in unmet needs. However, NCA does provide gap-filling support to other humanitarian organisations to help overcome this. For the future there may be need to improve procurement processes to fill NCA's own gaps by possibly giving its field offices more decision-making power and decentralising processes.

EFFECTIVENESS

NCA have had a mixed level of achievement against its results framework targets. Some results (at output level) have been completely achieved, some partially whilst others not at all. On meeting intended outcomes, the evidence suggests performance on sanitation and hygiene components was less strong compared to access to water and the provision of NFIs. It was observed that output level results were the basis of planning and reporting predominantly because this data is available and there is lack of outcome level evaluations. Very few negative effects have been identified, apart from partner's dependency on NCA. Several internal and external factors hindered or enabled the emergency preparedness and response

programme such as insecurity, conflict, inflation, restricted funding, local networks, long term presence, pre-positioned stocks and.

NCA has been flexible and has adapted its programming in response to the changing environment and needs: NCA's responses seem to have been flexible evidenced by developing generating new plans or following contingency plans, e.g. if delays occur due to insecurities. However, it appears that regular and in-depth monitoring is not taking place which would allow a more systematic adaptation of activities to respond to ongoing responses.

CROSS-CUTTING THEMES

Relevant technical standards and protection of women and girls, as a priority cross-cutting theme, are referenced in proposals,

and included in NCA's results frameworks. However, they could be more contextually relevant and adapted to align with project

requirements. There may be scope for this to be more contextually relevant. Protection would also be relevant as part of a more holistic approach to protection mainstreaming and gender-based violence mitigation. Even though some disaggregation by sex is done across NCA proposals and reporting, disaggregation by age, type of household, and type of disabilities is missing. This disaggregated data is critical information to understand both the people that were affected by the violence and the responses required by NCA. Sphere indicators for sanitation and hygiene are less frequently referred to. Monitoring against standards is apparent but there may be opportunities to be more systematic and have more robust monitoring. Standards do not appear to be integrated into partner agreements or some relevant job descriptions.

LOCAL CAPACITIES

Evidence suggests that partnering with churches and local partners is an appropriate work approach because organisations get more access and (if done well) it will lead to continuity and sustainability. Some barriers that have been identified are that local organisations do not have funds and their accountability systems are often not fully established. Also, international organisations recruit qualified people away from the national organisations. To enable local partners and increase their capacity it is perceived that NCA gave trainings and accompanied partners in delivering projects. Also, NCA has worked

NCA has been in South Sudan since 1972, knows the context very well and has established very close relationships with local partners and local authorities. Through these channels it receives feedback, however beneficiary feedback is mainly based on anecdotes due to lack of beneficiary feedback mechanisms. While results frameworks include specific outputs on communication and feedback mechanisms with affected populations for some phases, from project reports it appears there have been some challenges with establishing complaints mechanisms (due to lack of recognition by some partners of the importance, cultural barriers or not finding a good solution of overcoming that many beneficiaries cannot read and write).

directly with partners to strengthen their internal systems. NCA also supports partners in writing proposals and projects, but it was identified that NCA should consider letting partners do more independently and act more in an advisory role.

Based on the above key finding the evaluators propose the following recommendations. For more details on how to address the recommendations please refer to section 9 – Recommendations.

RELEVANCE

- 1. Ensure that the country office continues to strengthen its needs assessments and follow international standards to improve the quality.**
- 2. Demonstrate the use of findings in programme design, beneficiary selection and targeting.**
- 3. Continue participation in national and sub-national platforms (e.g. cluster meetings) and advocate for partners' participation.**

EFFECTIVENESS

- 1. Improve NCA's programme and project results frameworks**
- 2. Set up monitoring systems and a monitoring plan for data collection.**
- 3. Focus more on evaluation and learning from past and ongoing interventions.**
- 4. Ensure emergency WASH programmes have stronger focus on Sanitation and Hygiene (critical for safe environment of life and dignity of beneficiaries).**
- 5. Diversify funding sources to ensure sustainability.**

CROSS-CUTTING THEMES

- 1. Ensure NCA's commitment to the Core Humanitarian Standards is integrated throughout the project life cycle.**
- 2. Develop a more comprehensive approach to conduct gender analysis across all proposed activities (especially with regards the areas of collecting water, the usage of latrines and hygiene promotion.)**
- 3. Establish beneficiary feedback and complaints mechanisms.**

LOCAL CAPACITIES

- 1. Continue to focus on working with and through the national actors and to advocate within the international community of their importance.**
- 2. Support partners to diversify their funding, by encouraging them to submit proposals to other donors and continue to build their capacity using for example trainings.**

3 BACKGROUND INFORMATION

3.1. CONTEXT

The optimism that followed the referendum on independence from Sudan in January 2011 was short lived as heavy fighting broke out in December 2013 between factions of the South Sudanese armed forces. This began in the country's capital, Juba, and spread quickly to other parts of the country. South Sudan spiralled into civil war with the destruction of properties, widespread displacement and substantial losses to livelihoods.

In response, Norwegian Church Aid (NCA) established a fully-fledged emergency preparedness and response programme to provide humanitarian assistance to populations affected by the crisis, beginning in January 2014. The following month, in February 2014, the UN declared that the humanitarian situation in South Sudan warranted classification as a system-wide Level 3 (L3) emergency. Despite peace talks and ceasefire agreements, fighting erupted again in Juba in July 2016 resulting in loss of lives and displacements.

In January 2018, 5.3 million people (48% of the population) were estimated to be facing Crisis and Emergency (IPC Phases 3 and 4) acute food insecurity, out of which 1 million faced Emergency (IPC Phase 4) acute food insecurity. This reflects a 40% increase in the population facing severe food insecurity compared to last year¹, making communities more prone to water-related diseases, especially children under 5.

In 2017, a cholera epidemic that started since June 2016 spread to new areas previously not affected by outbreaks, placing even more pressure on already vulnerable communities. 1.8 million people are internally displaced and a further 2.4 million South Sudanese have fled to neighbouring countries².

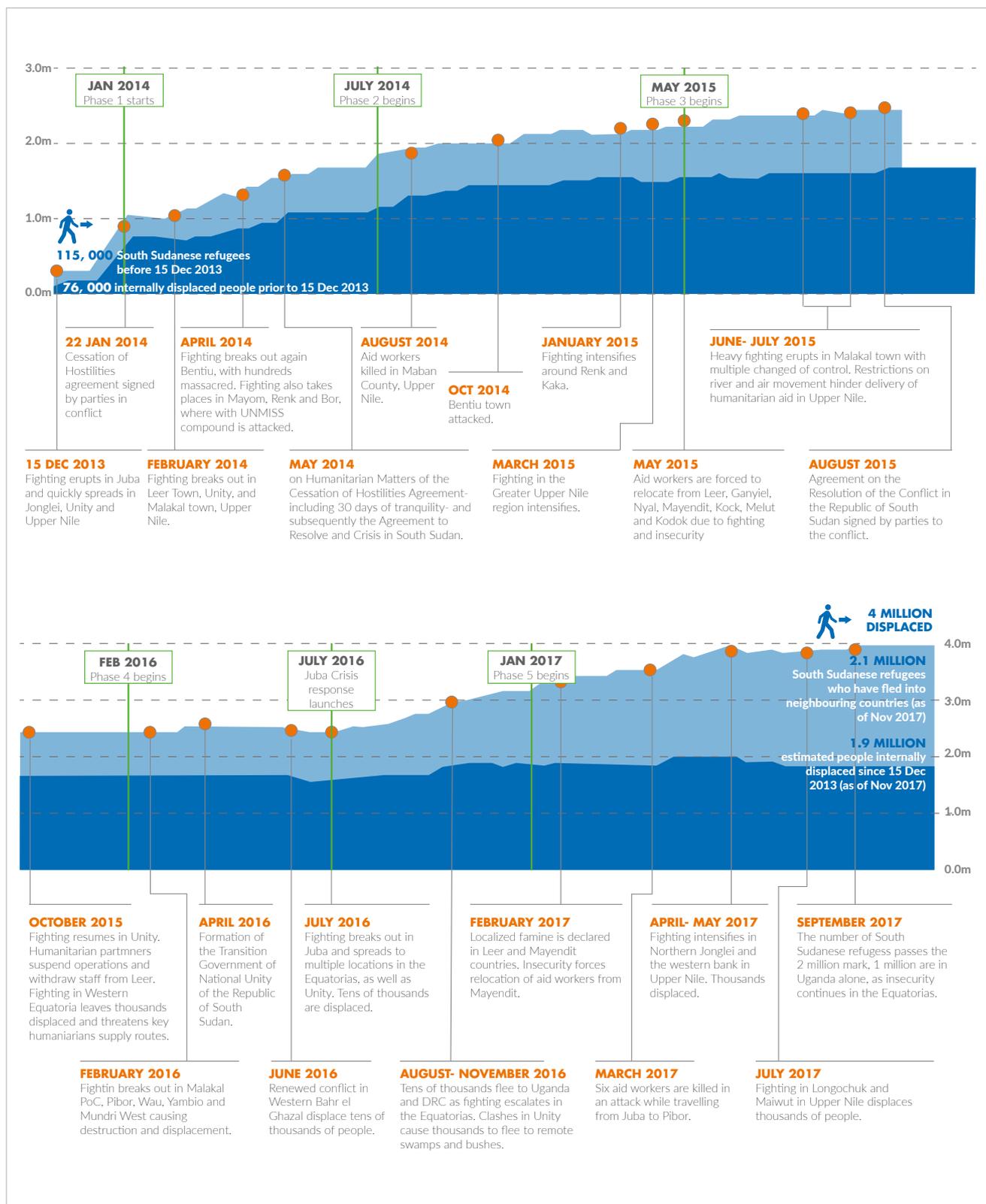
The conflict disproportionately affects women and girls, boys and gender-based violence are pervasive but go largely unreported. The prevailing insecurity is also hampering the humanitarian response and efforts to get assistance to affected populations. Over 1,000 humanitarian access incidents were reported in 2017, a rise of more than 25% on 2016³. The timeline of events and corresponding actions by NCA are presented in Figure 1.

¹ Integrated Food Security Phase Classification for the Republic of South Sudan: Key IPC Findings: January-July 2018. February 2018, <https://reliefweb.int/report/south-sudan/south-sudan-key-ipc-findings-january-july-2018>.

²South Sudan Humanitarian Bulletin. Issue 03. March 2018, <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-bulletin-issue-03-23-march-2018>.

³Hungry for Peace: Exploring the Links between Conflict and Hunger in South Sudan. February 2018, <https://policy-practice.oxfam.org.uk/publications/hungry-for-peace-exploring-the-links-between-conflict-and-hunger-in-south-sudan-620430>.

Figure 1: Timeline of events in South Sudan, December 2013-September 2017



Source: OCHA Humanitarian Response Plan for South Sudan 2018

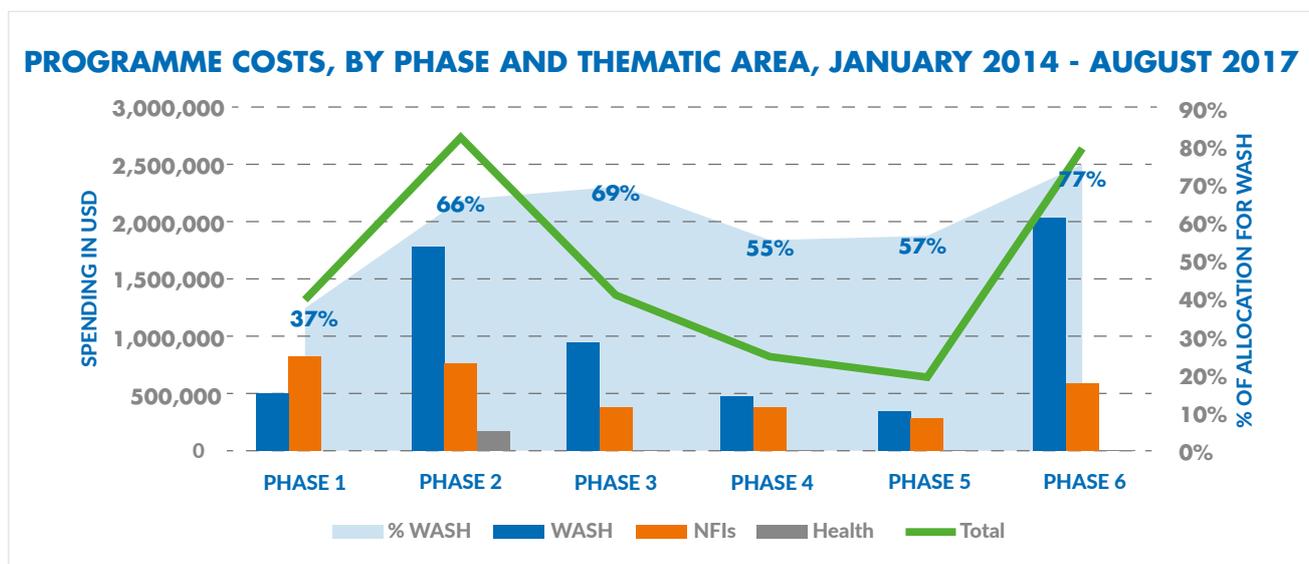
3.2 OVERVIEW OF THE EMERGENCY PREPAREDNESS AND RESPONSE PROGRAMME

NCA started the 'Emergency Preparedness and Response Programme' in January 2014 after violence erupted in December 2013, and it was implemented until August 2017. The overall objective of the programme is **provision of lifesaving assistance to conflict and displaced populations in South Sudan.**

The programme focuses on:

- **IMPROVEMENT OF ACCESS TO SAFE WATER AND SANITATION SERVICES** with a strong emphasis on sustainability and local community participation and involvement, through the Community-Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST) approaches on hygiene promotion
- **PROVISION OF NON-FOOD ITEM (NFI):** NCA often has contingency stocks of non-food items in its main operational areas in Warrap, Torit, and Jonglei, as well as in Juba for quick impact assistance to displaced populations. NCA has contingency stocks of shelter and basic household materials such as blankets, sleeping mats, cooking utensils and hygiene kits that are distributed to populations in need.
- **EMERGENCY FOOD RATIONS:** In exceptional cases, NCA provides emergency food rations to extremely vulnerable populations in need. This was an exceptional component of NCA's core humanitarian response component due to the widespread food insecurity in 2016 and 2017 crisis targeted extremely vulnerable populations outside of the WFP programmes in selected locations in Aweil North and Wau.

The amount spent by NCA on the various thematic areas is shown in table 1. Spending on WASH interventions across the five phase was 64% as compared to 34% on NFI and 2% on Health.

Table 1: Programme costs, by phase and thematic area, January 2014-August 2017

Note: Health support programmes were discontinued after Phase 3.

The figures presented represent project direct costs only. Figures are in US\$ unless otherwise stated. For phase 5, budgeted figures are presented; a USD/NOK exchange rate of 8.3 was used.

Source: NCA project finance reports.

In addition to above, NCA works on sensitisations on gender-based violence and protection of women's rights. NCA is also integrating the Core Humanitarian Standards (CHS) and other humanitarian standards and codes into its work; and is training partners on emergency distribution, technical/oversight support for compliance to Sphere/IASC/CHS standards, facilitation of increased involvement in the overall coordination of response in South Sudan through participation in cluster and government coordination meetings and some limited emergency health activities.

TARGET GROUPS

The main target groups and focus for NCA's Emergency Preparedness and Response Programme are conflict-affected and vulnerable people, especially Internally-Displaced People (IDPs), often focused on displaced populations outside of Protection of Civilians (PoCs) where the needs are often as great or greater but

often less support given from Aid organisations, people seeking shelter in church compounds, returnees, and host communities. Within these groups of people, NCA aims to target the most vulnerable: children, women, the elderly, and persons with disability.

PROGRAMME PHASES, PLANNED OUTCOMES AND TARGETS

The different phases of the emergency programme have been funded mainly by the Norwegian Royal Ministry of Foreign Affairs (MFA) – Department for UN, Peace and

Humanitarian Issues. The total funding to NCAs emergency preparedness and response programme from phase 1-5 is approximately NOK 70 million. The emergency programme

has been implemented through a phased approach, with the time lines, budget allocation and sectors as presented in table 2 below. The planned outcomes and outputs for each the phases will be discussed in more detail in chapter 7. It is important to note that the phases of the programme might rely on lessons

learned from previous phases, but that each phase is its own project. The phases fall all under the 'WASH emergency agreement with MFA', which is a global agreement that focuses on global initiatives, capacity development and response.

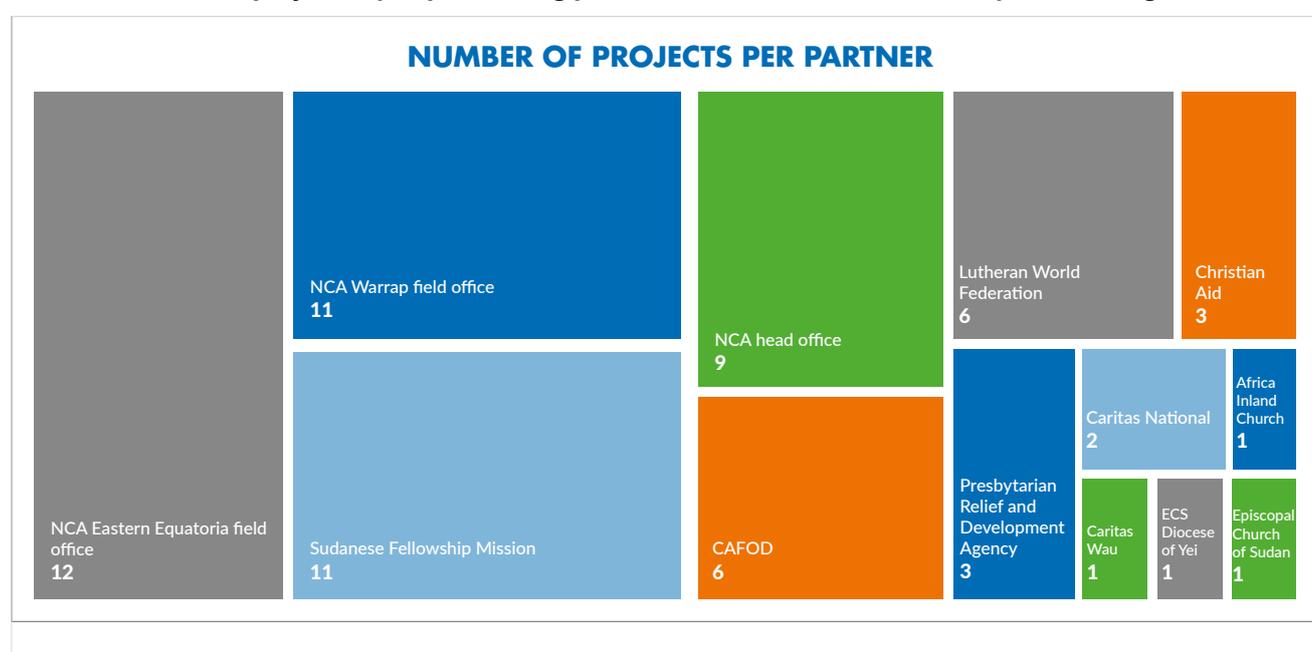
Table 2: Programme timeline, budget and sectors per phase

2014	2015	2016	2017
<p>PHASE 1: Jan to Jun 2014 NOK 10 million</p> 	<p>PHASE 2: Jul 2014 to Apr 2015 (initially December 2014)</p> <p>NOK 20 million (proposed NOK 30m)</p> 	<p>PHASE 3: May 2015 to Dec 2015</p> <p>NOK 15 million</p> 	<p>PHASE 4: Jan to Dec 2016 (addendum in June 16)</p> <p>NOK 10.7 million (proposed NOK 20m)</p> 
		<p>JUBA CRISIS: July 2016 to Mar 2017 (initially December 2016)</p> <p>NOK 7.178 million</p> 	<p>PHASE 5: Jan to Aug 2017</p> <p>NOK 7.5 million (proposed NOK 28m)</p> 
			

3.3. IMPLEMENTING PARTNERS AND GEOGRAPHICAL COVERAGE

In order to achieve the emergency preparedness and response programme outcomes, NCA works through pre-identified local partners, mainly church-based organisations and technical resource partners. NCA believes churches have credibility and legitimacy; and play a key role in peacebuilding and reconciliation. Churches and local partners also have knowledge on local context and dynamics and are able to access and reach areas not easily accessible. NCA is also part of the ACT Alliance (Action by Churches Together, umbrella organisation of Christian organisations) and collaborates with Caritas network during major crisis's to bring to bear the collective action of Churches. Further information is provided in table 3.

Table 3: Number of projects by implementing partner or NCA office from January 2014 – August 2017



4 PURPOSE AND SCOPE OF THE EVALUATION

4.1. EVALUATION PURPOSE

The evaluation is intended to provide NCA with insights into their Emergency Preparedness and Response Programme in South Sudan since its inception in 2013. There are three main purposes to this evaluation exercise. The evidence generated is intended to:

- 1. INFORM NCA'S EXISTING AND FORTHCOMING STRATEGIES:** The findings and recommendations from the evaluation will directly inform NCA's South Sudan country strategy 2016-2020 and the emergency programming of South Sudan. The upcoming revision of NCA's WASH Strategy (likely in 2019) will also be able to draw on some of the lessons learned; as well as the findings and recommendations might indirectly inform the humanitarian strategy of NCA and how NCA works to achieve the commitments of grand bargain/charter for change. However, it is acknowledged that the humanitarian strategy is not due to be revised in the forthcoming future.
- 2. STRENGTHEN FUTURE HUMANITARIAN RESPONSES:** The evaluation is needed to provide valuable lessons that will further empower NCA to deliver similar large scale humanitarian programmes and will contribute towards increased quality of future emergency preparedness and response programmes.
- 3. PROVIDE ASSESSMENT ON THE ROLE OF LOCAL NATIONAL ACTORS IN THE RESPONSE:** In line with their commitment to the "Charter for Change" and with sector debates on the 'localisation agenda', NCA is calling for increased involvement of local actors in responding to emergency. The evaluation is therefore required to assess the opportunities and challenges in involving local actors, in order to inform NCA's future actions and strategy.

4.2. EVALUATION USERS

The main users of this evaluation are NCA staff in South Sudan and Oslo, who have worked on the emergency preparedness and response programme and are likely to design new strategies and programmes. Additional users include the local partners and churches that NCA works with in South Sudan and consortia partners such as the ACT Alliance members or the SMART consortium members. Also, users may include organisations working in a similar area, the humanitarian community and donors.

4.3. SCOPE OF THE EVALUATION

Timeframe: The evaluation covers all the five phases and the Juba response of the emergency preparedness and response programme from January 2014 to August 2017.

Geographical coverage for primary data collection: Data collection from intervention sites was limited to the sites suggested by NCA due to security considerations and accessibility. These were Aweil, Gumuruk, Juba, Torit, Twic East and Wau (see the map on page 20 for more details).

4.4. EVALUATION OBJECTIVES

The objectives of the evaluation are to assess the relevance and effectiveness of the programme, and the extent to which cross-cutting themes and issues, relevant to the emergency programme, were addressed. Each of these are discussed in more detail as follows:

- 1. RELEVANCE:** The evaluation will assess the extent to which the stated programme objectives remain valid and relevant as compared with the operational context and needs of target groups (right holders).
- 2. EFFECTIVENESS:** The evaluation will assess the extent to which the programme has achieved the results. By results it is meant the targets planned to be achieved at the outcome, and output levels.
- 3. CROSS-CUTTING THEMES:** The evaluation will assess the extent to which cross-cutting themes including protection, the role of women, and conflict sensitivity were addressed throughout the programme.
- 4. ROLE OF LOCAL ACTORS:** The evaluation will assess the role of local actors (with focus on Churches) within the phases of the programme and their capacity to respond to humanitarian crisis at local and national levels, including identifying barriers to and progress towards the wider 'localisation agenda'.
- 5. IDENTIFY AND CONSOLIDATE LESSONS AND BEST PRACTICES AND PROVIDE RECOMMENDATIONS** for future planning and design of emergency programmes.

Please note that the phrasing of these objectives has been slightly modified during the inception report phase, but for the original TOR see Annex 1.

4.5. EVALUATION CRITERIA

The evaluation is in-line with OECD-DAC criteria. Out of the five criteria, the evaluation focuses mainly on relevance, effectiveness, impact and sustainability.

RELEVANCE

According to the OECD-DAC criteria, relevance is '*the extent to which the activities undertaken are suited to the priorities and policies of the target group, recipient and donor*'⁴. In the evaluation of the Emergency Preparedness and Response Programme, target groups are people affected by conflict and crisis, including internally displaced people. The evaluation looks at the extent to which

⁴ DAC Criteria for Evaluating Development Assistance <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

programme activities were and remained relevant to the people affected by conflict and crisis in the areas of implementation.⁵

EFFECTIVENESS

Effectiveness is measured by assessing the extent to which aid activities achieve their intended objectives⁶. The evaluation assesses programme achievements compared with intended outputs, outcomes and results documented in key programme documents. These are linked with the key activities delivered by the programme, i.e. WASH, NFIs and emergency food assistance.

IMPACT

Impact is measured by identifying the changes produced by the programme and the extent to which they can be contributed to the programme⁷. The evaluation focuses on the perception of beneficiaries and other stakeholders in relation to the difference that programme activities have made as compared to before.

SUSTAINABILITY

Sustainability is measured by considering the likelihood of the benefits of a programme to continue when it ends⁸. This criterion is only looked at partially, considering the nature of the emergency responses, which is designed to address immediate needs and to provide lifesaving assistance. Nevertheless, NCA's programme has emphasised sustainability of their WASH related activities (e.g. improved access to safe water and sanitation facilities) and through their work with local partners, which will be considered.

4.6. EVALUATION QUESTIONS

In achieving the above objectives, the evaluation focuses on addressing the following key evaluation questions outline in table 4 (for a full list of evaluation questions please refer to the Annex 1 and 2).

⁵ The former states of Eastern Equatoria, Jonglei, Western Bahr El Ghazal and Greater Pibor area.

^{6,7,8} Ibid.

Table 4: Evaluation criteria, overall questions and sub-questions

OECD-DAC EVALUATION CRITERIA	OVERALL QUESTIONS
1. RELEVANCE	1.1 Was the emergency programme relevant to the context and needs of the target groups (right holders)?
2. EFFECTIVENESS AND IMPACT	2.1 Did the programme meet the intended objectives and results in terms of planned outputs, and outcomes, and to sufficient quality?
3.1 STANDARDS	3.1.1 What systems or procedures were put in place to ensure compliance with international standards (e.g. Sphere, CHS)?
3.2 CONFLICT SENSITIVITY	3.2.1 Has a conflict analysis been carried out for each geographical project area? 3.2.2 To what extent were the interventions based on sufficient, precise and updated analysis of the context and relevant conflict dynamics?
3.3 BENEFICIARY FEEDBACK	3.3.1 Were complaints mechanisms established for the projects? Are all groups within the affected community aware of how to give feedback on the response and do they feel safe using those channels?
4. LOCAL CAPACITIES	4.1 Do local partners (organisations and churches) with responsibilities for responding to crises consider that their capacities have been increased as a result of cooperation with NCA? (CHS 3) 4.2 How can NCA better engage with Church / Local actors to better improve their capacity for better preparedness and response? 4.3 In what ways has working through local partners influenced the responses timeliness, effectiveness, impartiality, neutrality and independence? (DAC criteria and humanitarian principles). 4.4 What are the unique advantages of local actors in delivering humanitarian action, within the given context? 4.5 What is needed to enable local actors to respond to humanitarian crisis, within the given context, or to identify entry point and key actions to scale up influence in their dialogue with other relevant actors? 4.6 What are the barriers for local actors to engage in humanitarian response (delivered by international actors)? 4.7 What steps have been taken to remove barriers and ensure local actors can be involved?
5. LESSONS LEARNED / RECOMMENDATIONS	5.1 What are the key learning /recommendation points to improve future NCA WASH programme performance?

5 METHODOLOGY

This section outlines the methodology that was used to undertake the evaluation.

5.1. APPROACH TO DATA COLLECTION

A **mixed method approach** has been used to collect data and respond to the evaluation questions. Predominantly qualitative data was considered to address the evaluation questions. Where possible, qualitative findings were quantified. Secondary data sources were used to complement the primary data.

Participatory approach has been used to collect the data. During focus group discussions, the facilitators ensured, as far as possible, that all group members contributed to the discussion by paying attention to who is dominating discussions and who is not contributing. If needed, follow up discussions were organised with participant who did not share their views, appreciating that there are various reasons why people do not participate. Consideration was also given to the location used for these discussions and to the group composition in terms of gender, age and disability, in order to create a comfortable environment for all participants.

5.2. DATA COLLECTION METHODS

The data collection included a desk review of all key documents, analysis of relevant monitoring data, observations and collection of primary data led by the evaluators in the form of semi-structured interviews, focus group discussions and household interviews. Each of these methods is discussed in detail below.

DESK REVIEW

The evaluation team reviewed 140 documents many of which were provided by NCA in Norway and South Sudan and covered project proposals, results frameworks and final reports. The desk review also comprised of internal documentation beyond the programme, including NCA's Country Strategy 2016-2020 and annual reports for South Sudan to assess the programme within the wider organisational context in the country. The evaluators also consulted external documents online, among them South Sudan Government policies, humanitarian situation reports, WASH cluster documents and country studies, as well as humanitarian standards and peace and security

literature. An overview of the documents reviewed is provided in Annex 6.

Additional documents such as the ACT alliance code of conduct, NCA's partner assessment tools or some meeting minutes were shared throughout the evaluation upon request from the evaluators. Some hard copies of partner proposals, meeting minutes and progress reports were also reviewed in the emergency team's office in Juba.

Despite the relatively high volume of

documentation given to the evaluation team, there were important gaps in documentation, which limited the evidence base available to the evaluators. In particular, the evaluation team was unable to access baseline reports, beneficiary consultation or feedback reports, and a number of needs assessments, monitoring

reports and documents from partners. Documentation for Phase 5 corresponded to proposal documents and an email summary of achievements only, and reporting for Juba Crisis and Phase 4 was not as complete as earlier phases. In some cases, documents could have been better labelled and dated.

ROUTINE MONITORING DATA

Limited relevant routine programme monitoring data was provided for further analysis. The main information was drawn from the final project phase reports which have been

developed by NCA based on field monitoring visits, partner reports, key informants, household monitoring data and distribution data.

OBSERVATIONS

Twenty-eight observations were conducted to provide additional contextual data about the physical environment or relevant events, and parts of the WASH components. In particular, this helped gather insights about a

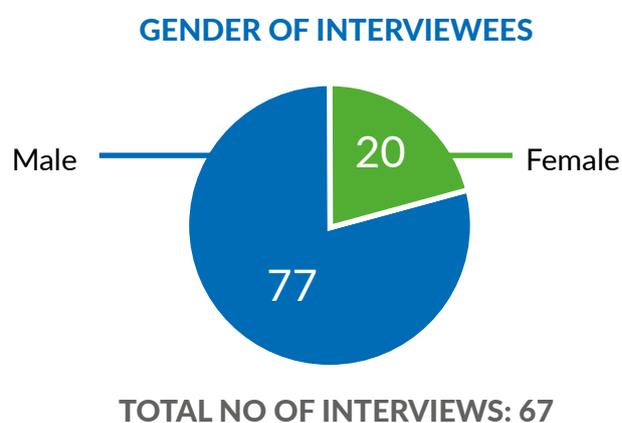
particular location and the physical condition of the environment, the people and their living conditions. It enabled the collection of additional and sensitive information without necessarily talking to the affected people.

SEMI-STRUCTURED INTERVIEWS

An initial interview guide was developed, guided by the evaluation questions and based on findings from the initial document review. These guides were revised based on feedback from the evaluation steering committee at NCA. In addition, the guides were adapted during data collection to align with the persons to be interviewed and their involvement with NCA; or adapted to suit the context in a certain location. The interviews were conducted with stakeholders that have been involved in the programme. This includes NCA staff, programme partners and other relevant stakeholders. Table 5 provides an overview of the key informant interviews that were planned vs the conducted ones, namely 41 vs 67 respectively; the breakdown of the various interview groups is also visualised in Figure 2.

The specific people for the key informant interviews were suggested by NCA South Sudan based on their involvement in the emergency preparedness and response programme and general interactions with NCA. Beneficiary representatives and female

beneficiaries targeted by the programme from the areas of implementation were also interviewed. It was aimed to ensure equal participation of women and men; but that was not always possible. With regards to satisfaction levels, questions were not asked as closed questions; rather key informants explained different situations and these were then quantified.



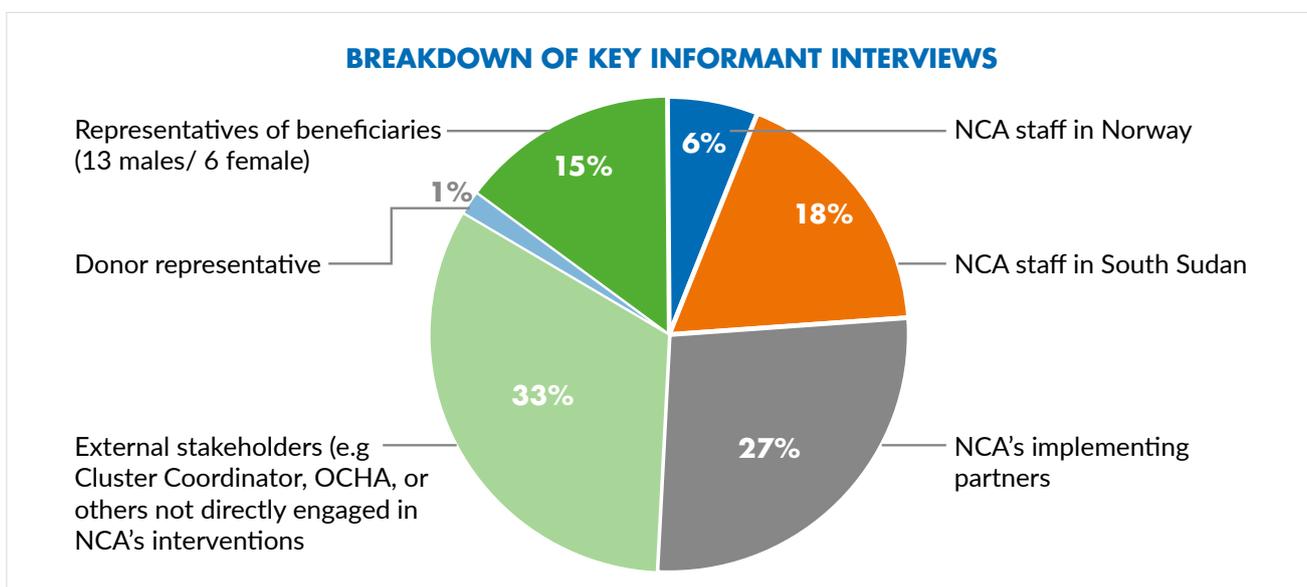
During the field visit the list of respondents was updated based on availability and adapted based on discussions between the evaluation manager and the evaluators. For a detailed list

of the key informants refer to Annex 4; and for the detailed Juba and field visit itinerary to Annex 5.

Table 5: Key Informant Interviews planned vs. conducted

CATEGORY OF RESPONDENT	NO OF INTERVIEWS (PLANNED)	NO OF INTERVIEWS (CONDUCTED)	INCREASE OR DECREASE OF INITIALLY PLANNED INTERVIEWS IN %
NCA staff in Norway	1-3	4	+33.3%
NCA staff in South Sudan	6-8	12	+50%
NCA's implementing partners	6-8	18	+125%
External stakeholders (e.g. Cluster Coordinator, OCHA, or others who have not been directly engaged in NCA's intervention)	10-12	22	+83.3%
Donor representative		1	not initially planned
Representatives of beneficiaries	5 (approx. one per site)	7	+40%
Female beneficiaries	5 (approx. one per site)	3	-40%

Figure 2: Breakdown of Key Informant Interviews



FOCUS GROUP DISCUSSIONS

11 Focus group discussions (FGD) were used to collect data from right holders, in 4 of the 6 field visit locations. Consideration was given

to gender, age, and disability, while adhering to principles of conflict sensitivity and 'do no harm'. FGDs enabled the evaluators to gather

people from similar backgrounds or experiences to share their perceptions regarding the relevance and effectiveness of the programme.

Latest humanitarian data indicates that up to 85% of the affected population is female. It was therefore suggested to reflect this in the weight given to the male-female ratio of focus group discussions. However, the evaluators were not able to always achieve this ratio. The FGDs were initially planned to be separated into male and female groups. However, due to time constraints the evaluators conducted a few mixed FGDs; though for sensitive discussions about dignity kits only female beneficiaries were interviewed by the female evaluator.

Wherever possible, focus groups had one elderly member of the community and one person with disability present. The evaluators had four specific focus group discussion

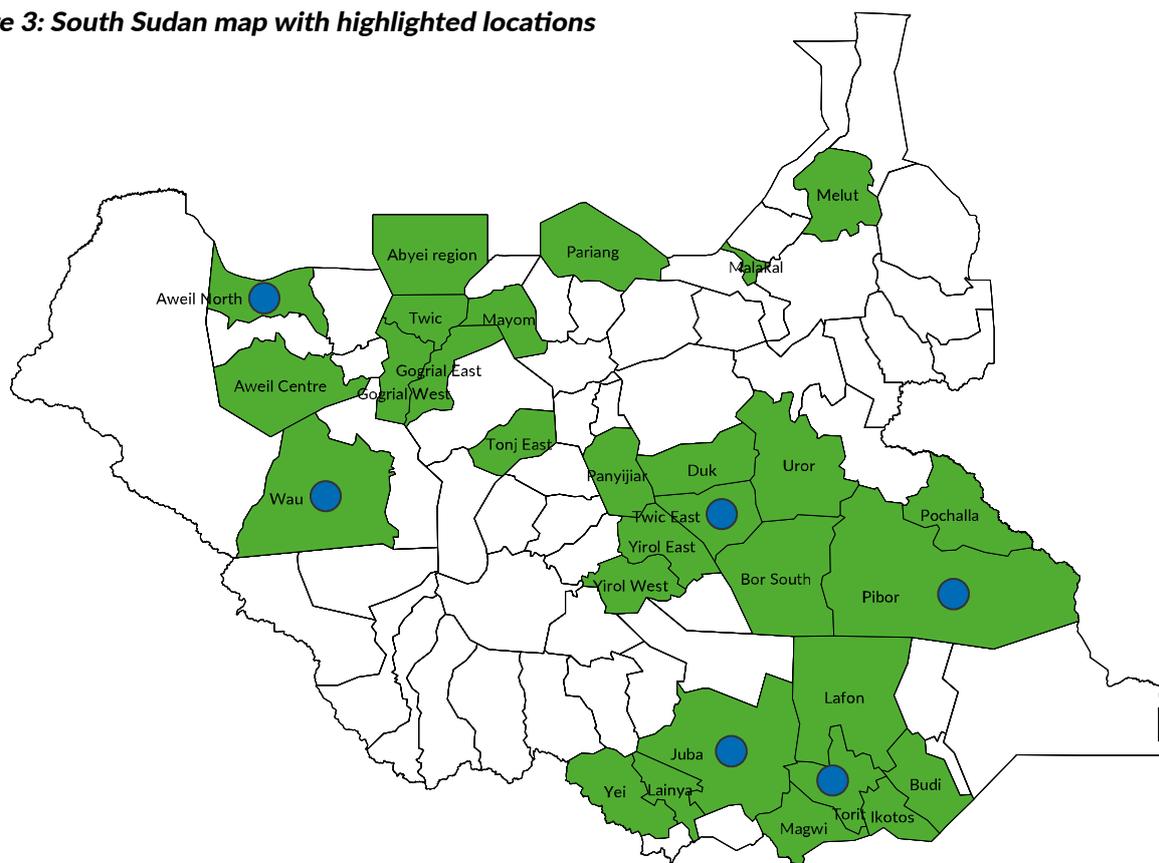
with just children in Twic East County as the evaluators visited two schools; and discussed at each location with the children of the hygiene clubs and with mature girls.

The locations for the sample were chosen by NCA under the criteria that they represent areas which are accessible, relatively secure and where NCA have most recently implemented programmes during phase 5. It was highlighted by NCA that the five field locations to be visited are likely to have beneficiaries who can objectively speak to evaluators as programmes have been implemented within a reasonable recall period. However, some locations such as Gumuruk and Twic East also formed part of phase 1- 4. Thus the selected sites were: **Aweil, Gumuruk, Juba, Twic East and Wau**. In addition, key informant interviews were held in Torit with NCA staff, implementing partners and external partners, but field visits were not possible due to security concerns.

Table 6: Conducted FGDs, observations and interviews per site

	JUBA	AWEIL	WAU	TORIT	GUMURUK	TWIC EAST
LOCATIONS	Mahad and Don Bosco (Gumbo)	Rum-Mading, Nyamlel, Aweil Centre	Hai Masna IDP Camp, Cathedral IDP Camp and Nazareth IDP Camp	No field visit possible, just interviews.	Gumuruk	Poktap (Duk County) and Panyagor
PHASES	Juba crisis	Phase 4	Phase 4 & 5	Phase 4 & 5	Phase 1, 3-5	Phase 1, 3-5
FOCUS GROUP DISCUSSIONS	N/A	APPROX. 2 2	APPROX. 4 2	APPROX. 2 2	APPROX. 4 1	APPROX. 6 2
HOUSEHOLD INTERVIEWS	4	YES (approx. 10) 10	YES (approx. 10) 5	YES (approx. 10)	YES (approx. 10) 5	YES (approx. 10) 4
OBSERVATIONS	YES	YES	YES	YES	YES	YES
INTERVIEWS	YES	YES	YES	YES	YES	YES
Legend: Inception Report plan met? (strike through show planned numbers)				YES	TO SOME EXTENT	NO

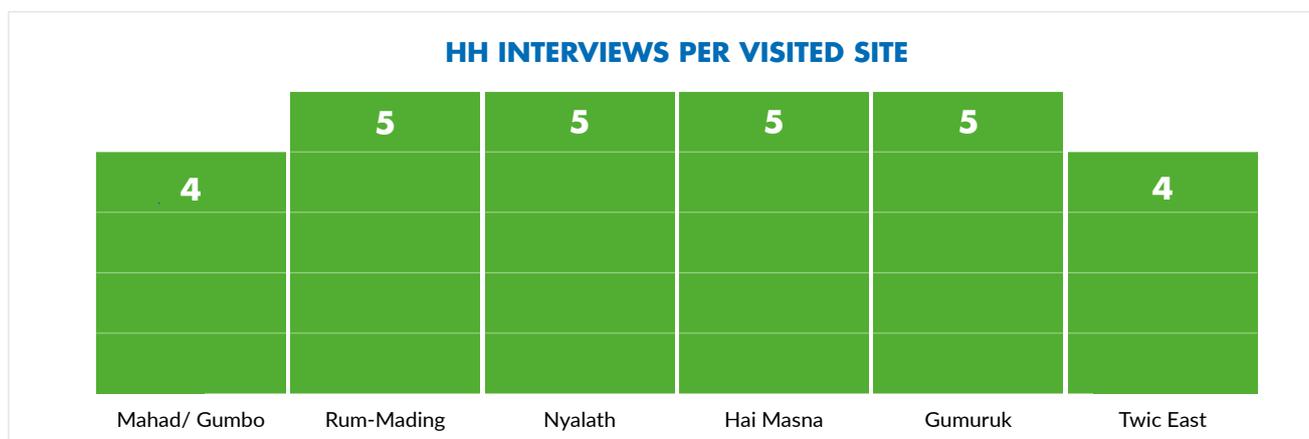
Figure 3: South Sudan map with highlighted locations



HOUSEHOLD INTERVIEWS

In total 28 households (HHs) from 6 visited IDP camps or project sites were interviewed. This is 4 to 5 interviews per location. Due to this very limited sample, the numbers and answers cannot be seen as representative; but rather give a small snapshot or highlight a few perspectives from beneficiaries (see table 7).

Table 7: HH interviews per visited site



While giving a valuable insight of some of the achievements, challenges and areas for improvement of NCA programme, it cannot be used as a substitute to a thorough KAP survey, especially in terms of project performance review (by comparing indicators of performance) and in terms of actual hygiene behaviour change.

5.3. ANALYSIS

The data collected from interviews was triangulated and validated by discussions with NCA staff as well as the findings from the desk-based review and other relevant data sources.

The analytical framework guiding the process is based on the key evaluation questions, sub-questions and related objectives/criteria. Our methods of analysis included the following:

Thematic analysis: A coding framework based on the research questions was developed and data collected from interviews, FGDs, observations and document review were coded and analysed with the help of the qualitative data analysis software NVIVO. Where needed some additional analysis was done using Excel. Developing and using a coding framework ensures consistency of coding across the team and hence greater reliability of the findings.

Triangulation⁹: involves using multiple data sources to produce understanding about the topic under discussion. The evaluators used this method to corroborate findings and ensure that a rich, rigorous and comprehensive account against the questions was obtained. Triangulation was also used to check consistency of findings generated across different data collection methods.

Findings are presented for each evaluation objective, and the related questions namely: relevance, effectiveness, cross-cutting themes, the role of local actors and key learning points to improve future emergency preparedness and response programmes. In relation to the role of local actors, other evaluation studies of similar initiatives of preparedness and the role of local actors were used. Good practices and challenges are highlighted for each. Key patterns were identified and clustered by category and thematic area. These were then re-arranged by linking them to the lines of inquiry agreed in the Inception Report. Finally, lessons that emerged from the evaluation process are presented in view of providing actionable recommendations for future similar programmes.

To assess the quality of NCA's needs assessments, guidance was taken from the ODI guide 'According to need? Needs assessment and decision-making in the humanitarian sector'¹⁰, on criteria for good needs assessments:

- **TIMELINESS** – information and analysis is provided in time to inform key decisions about response
- **RELEVANCE** – the information and analysis provided is that which is most relevant to those decisions, in a form that is accessible to decision-makers. Coverage – the scope of assessment is adequate to the scale and nature of the problem and the decisions to be taken.
- **VALIDITY** – methods used can be expected to lead to sound conclusions.

⁹ <http://www.qualres.org/HomeTria-3692.html>

¹⁰ <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/285.pdf>; p.45

- **CONTINUITY** – relevant information is provided throughout the course of a crisis.
- **TRANSPARENCY** – the assumptions made, methods used and information relied on to reach conclusions are made explicit, as are the limits of accuracy of the data relied on.”

In addition, the evaluators also referred to guidance from the ‘Humanitarian Needs Assessment – The Good Enough Guide’¹¹. In particular the basic principles and the “Tool 13: How can I ensure a high quality assessment? (p. 82-84).

5.4. LIMITATIONS

This section outlines the main limitations to the data collection and evaluation approach.

Locations, time and security: Distance between the locations is quite vast and the travel time took a long time, as well as going through all the various authorities and administrative levels. Security situation restricted the evaluator to visit project sites in Eastern Equatoria. While the evaluators acknowledge that due to the security situation in South Sudan and the duration of the various phases, the pre-selected locations for field visits by NCA have been the most feasible options, it needs to be highlighted that it introduces a potential bias as selection could include only best performing areas or only areas with very strong relationships with partners. However, the evaluators felt like the selection was quite diverse with areas of success and failures; and partners also seemed to give examples of positive experiences and areas for improvement.

Translation and interpreters: The evaluators did not speak all the dialects encountered in the field and had to rely on local members of the community who speak Arabic or English; or ask one of NCA’s partners to act as a translator, which might have introduced bias. It should also be noted that during focus group discussions with mature girls there was no

female translator, although the evaluator was female which might have contributed to girls not feeling as comfortable to share all the information.

Memory and current needs: During the data collection it was challenging for beneficiaries to differentiate between all the different organisations and actors in an IDP camp or certain location. Also, sometimes there was confusion between the various Norwegian organisations, such as NCA/NRC/NPA. It was difficult for beneficiaries to remember when something was received, or to single out the quality of one product from one organisation due to the number of organisations present and the time that had passed since receiving the support. Lastly, it was challenging to ask IDPs about things (food or NFIs) they received a year (or more) ago, when they preferred to speak about their immediate needs.

Unpacking responses: It seemed very difficult for implementing partners and external partners to give examples of the emergency preparedness and response programme, because:

- Sometimes it is not the most recent example and NCA and partners also do other work together
- Sometimes the responses were scattered

¹¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/h-humanitarian-needs-assessment-the-good-enough-guide.pdf> , in particular p.8

around various years with NCA and implementing partners and other donor funds/projects going on at the same time.

- Sometime it was quite a short period of implementation and it is difficult to remember details.
- Sometimes there was staff turnover and interviewee was new.

A few examples of Phase 6: Even though this evaluation is only looking at Phases 1-5 and the Juba response, some examples given in interviews were too interesting or appropriate for the overall context, that they were included in the report – but highlighted as just outside the evaluation timeframe.

Not just emergency response examples: Due to NCA's long-term engagement in South Sudan and numerous other projects outside the emergency preparedness and response programme; some references given in key informant interviews refer to the long-term projects and general NCA work; and not specifically to the emergency programme. In some cases an example might have been disregarded, but in other cases the response was taken into consideration if it fit within the overall section – though clearly highlighted.

Response rate: It needs to be noted that not every interviewee was asked all the interview questions. Often interviewees stated at the beginning of the interview that they were not fully aware of NCA's emergency preparedness and response programme – either because they joined their role later than the programme timeframe or because their engagement was on a different level and not within the emergency response so would not be able to answer specific project. The interviewer tried to tailor the questions to the relationship between NCA and the interviewee, based on her best judgement.

In the analysis and discussion section it is clearly identified how many responses were given for a specific answer. Though the number

of respondents might be limited, the evaluators aimed to strengthen or contradict statements through triangulation with other sources of evidence.

Household interviews: As mentioned, figures cannot be representative of all encountered issues. However, it brings relevant elements that can be cross-checked with field observations and reports for general analysis.

- Because there were no latrine in the camp (such as in Rum-Mading) and/or the place was not part of NCA programme to install latrines (e.g. in Gumuruk), only 8 HH were interviewed with detailed questions on sanitation during the evaluation. There is no mention of surface water-related disease in NCA reporting. In places like Gumuruk, where some beneficiaries might use surface water for washing and other purposes from time to time, contamination risk to diseases like schistosomiasis is potentially high. But this was not expressed during interviews (no further investigation with health workers was conducted to confirm this).
- **WASH-borne disease prevalence:** The evaluation team did not talk to any health facilities or obtained any health data; nor did NCA provide any overview of these statistics.

Phase 5 reports: Unfortunately, at the time of this evaluation the final report for Phase 5 was not yet available therefore it was challenging to assess the results achieved during this period. However, to mitigate this an email with a summary of achievements was shared, although the outputs listed in the table diverted from the original results framework in Phase 5's proposal.

Monitoring data: Limited quantitative data from monitoring was available to the evaluators. Key monitoring data was not collected or not provided to the evaluators which impedes to some extent the triangulation of qualitative information collected during the field visit.

- **PDMs:** a few documents were shared that refer to it, and some emails where it is discussed, but not systematic documentation was submitted for review.
- **KAP surveys:** It seems like there were no KAP surveys conducted during the programme phases. A few documents mention KAP surveys, but none were shared with the evaluators and conversations that were held also confirmed there were none. Likewise, measuring behaviour changes within the frame of the final evaluation is not realistic if there is no initial and final KAP survey (at least in some representative parts of the locations). Evaluating longer-term behaviour change is also important, but not possible for the same reasons.
- The final evaluation questionnaires for the household level was designed to collect the maximum of information. The level of details is overall as much detailed as for KAP survey questionnaires the WASH Sector regularly uses. However, due to time, budget and field access constraints, there was only a small sample of HH interviews

conducted. Data analysis from HH interviews can only reflect how the opinion of some beneficiaries are about NCA's work. While giving a valuable insight of some of the achievements, challenges and areas for improvement, it cannot be used as a substitute to a thorough KAP survey, especially in terms of project performance review (by comparing indicators of performance) and in terms of actual hygiene behaviour change. Some additional information on perspectives of beneficiaries was collected through FGD and key informant interviews with beneficiaries and beneficiary representatives.

Data management: In general it seems like NCA South Sudan has some limited organisational data management structures as well as naming conventions. Some of the documentation was only available in hard copies and it seemed like a lot of documentation is stored on individuals' computers.

6 ANALYSIS AND DISCUSSION

6.1. RELEVANCE

Overall, evidence suggests that needs and joint needs assessments have been conducted. Consideration of vulnerable groups, mainly women, children, the elderly and people with disabilities has taken place as reported within project proposals and final reports. Some evidence was found for the involvement of beneficiaries. Coordination across South Sudan is taking place, with a widespread cluster system and also the Relief and Rehabilitation Commission overseeing responses from various stakeholders. However, some duplications might have occurred, for actors that do not participate in the cluster system or try to respond maybe ‘too’ promptly and do not update their ‘Ws’¹² in time for others to take it into consideration .

NEEDS ASSESSMENTS

Evidence suggests that needs assessments have been conducted across various locations and the different phases from January 2014 – August 2017. However, the type and amount of information collected varies.

The Phase 1 proposal refers to three emergency assessments conducted by NCA, including a joint rapid assessment with SUFEM. Needs are presented in broad terms, but collected data from the assessments is not clearly used in the proposal. It is unclear how findings from the assessments have translated into proposed response. For example, NFI needs for sleeping mats, mosquito nets, plastic sheets, blankets and soap were identified, but such details were not explicitly referenced in the description of the proposed NFI kits (though several of these items were reported as part of the NFI kits distributed in the final report).

The assessment of needs section in the final report for Phase 1 is vague with limited specificity. For example, the most vulnerable populations are presented in broad terms as

follows *“children, mothers with young children, women, elderly, persons with disability and others with special needs”* with no additional information such as age and types of disabilities provided. It is unlikely hygiene kits were most relevant or consistent with needs assessments where materials stocked from previous years were distributed.

For Phase 2, much of the needs analysis presented in the proposal is at a national level only. Assessments do not appear to be updated as Phase 1 assessments form the basis of the interventions even when the proposal acknowledges the volatility of the situation and context in South Sudan.

For Phases 3 and 4 the respective applications emphasise the target groups in broad terms and state that further assessment shall be conducted. It also seems like there has been some copy-pasting from the previous applications to the Phase 3 report as it states: *“In this response, assessments carried out in Phase 1 will form a basis for our response in Phase 2, but the fluidity of the situation requires that re-*

¹² (Who? What? Where?)

assessments are done continuously, also informed by the security situation and the consequences of the rainy season.”

NCA states in the final report for Phase 3, that it conducted *“rapid assessment of needs mainly in Jonglei, and Upper Nile, and assessments were also undertaken in Warrap, Eastern Equatoria State and Juba City, which were receiving IDPs displaced by fighting, and where the humanitarian situation remained challenging and needs were assessed based on NCA specialized sectors of NFI’s and WASH”*. It also includes a list of 14 assessments that NCA has carried out by themselves or as an inter-agency group since beginning of the crisis; though not all of these assessments were provided for the review. Final report for Phase 4 is made up of a concise number of 3 pages and does not go into much detail on assessments; however, it is disaggregating beneficiaries reached by female and male.

For the Juba Crisis the proposal explains that despite challenges of needing to evacuate NCA international staff after the conflict outbreak in July 2016; NCA national staff continued to monitor the situation in Juba and kept updated by talking to the churches; and thus was able to assess the immediate needs of IDPs in churches.

For Phase 5, the application explains that NCA together with State Focal point, RRC and NFI partners will identify most vulnerable populations in need and jointly carry out needs assessments to determine what needs exist.

Also, the proposal indicates that NCA will continue to carry out periodic assessments to analyse and assess the situation and assess the needs and determine gaps. The final report for Phase 5 was not available yet during the time of this evaluation.

Needs assessment reports have been provided for the review; however, it took some time for NCA staff to gather these. It appears that NCA in South Sudan has currently limited organisational data management structures as well as naming conventions for storing documents. In addition, quite a few of the provided reports were Initial Rapid Needs Assessments conducted by the Inter-Agency Assessment mission; which in a positive way underlines the sharing across various stakeholders, but it is not always clear how NCA has used these reports or how they have fed into the design of specific responses. Also, the approach and the questions that are being asked are not clearly outlined in all the assessments.

As explained in the methodology, the evaluators reviewed the needs assessments against international recognised criteria; and rated these for each phase from poor to good on quality (poor: not fulfilling the criteria, medium: addressing some of the criteria; good: addressing many of the criteria). Besides, the evaluators also assessed how well it is documented within the needs assessment itself regardless of whether it was conducted by NCA, partners or a joint one with other actors. Table 8 below gives the detailed overview.

Table 8: Needs assessments overview

NEEDS ASSESSMENT	CONDUCTED	QUALITY	DOCUMENTATION
PHASE 1	3 needs assessments, including one joint	MEDIUM	POOR
PHASE 2	Assessments done in Phase 1 form basis for this response, specialised sector assessments; re-assessments stated to be done	MEDIUM	POOR
PHASE 3	14 needs assessment, including joint, specialised sector assessments	MEDIUM	POOR
PHASE 4	Carried out various assessments independently and involved in inter-agency assessments	MEDIUM	MEDIUM
JUBA CRISIS	List of water point assessments available for Juba; and some for Jonglei, Torit, Wau	POOR	POOR
PHASE 5	Build on Phase 4 and Juba Crisis, aiming to continue	GOOD	MEDIUM (AND SOME N/A FOR NOW)

Of the interviewed beneficiaries approximately 50% stated that NCA or their partners conducted needs assessments. In addition, several people mentioned that organisations such as NCA refer to the South Sudan Humanitarian Response Plan to understand the breadth of the needs. Other interviewees confirmed that needs assessments are being conducted sometimes individually by one organisation or sometimes as joint assessments, but that the information is shared across actors. One external stakeholder highlighted that the projects that NCA has decided to do are in line with the Humanitarian Response Plan.

Some interviewees also highlighted that needs assessment are often initiated by the RRC and or by updates shared by OCHA. RRC sometimes joins the needs assessments and helps to get through check-points. It was mentioned that NCA does not give its partners specific templates for needs assessments. Partners use their own templates; but it also depends on the sector as the clusters provide specific templates that can be used.

The connection of conducted needs assessments and how these are used for the response planning is not always very apparent.

The linkages could be specified more clearly. One interviewed NCA staff explained as follows:

“Needs assessments are a weak point. While they are conducted, [there are] concerns over the questions asked and whether the results actually turn into the response strategy. NCA may be having informal assessments that are not documented and so not aware how decisions are made.”

During the household interviews, 22% (n=28) of the interviewed beneficiaries mentioned they were not consulted during the design phase. However, all mentioned there were invited to group discussions by NCA and partners. While 78% reported being consulted, only 42% said they were informed of water activities.

Generally it is important to note that needs in South Sudan during this emergency preparedness and response programme timeframe have been extensive and the population was constantly moving, which could have contributed to the challenge of conducting needs assessments and documenting them.

TARGET GROUPS

NCA's targeting of vulnerable populations is conducted in collaboration with chief leaders, clan leaders, and the communities themselves. Though it varies between proposals, NCA most regularly targets women, the elderly, people with disabilities and pregnant and lactating women. Data is not disaggregated by vulnerable groups at either proposal or report stage. Definitions of vulnerability varies across stakeholders and selection of vulnerable groups is undertaken according to a criteria and in cooperation with the community.

NCA's proposals stipulate that most affected or most vulnerable populations are to be prioritised in the response. It specifically identifies the following vulnerable populations: children, women, the elderly and persons with disability. The proposals present no data where the affected population is disaggregated by vulnerability dimensions such as disability or age. In the corresponding final reports there is no indication of specific vulnerabilities within the populations reached and reporting on number of people reached was limited to a female/male disaggregation. It is therefore difficult to conclude whether there is alignment between groups identified as vulnerable during needs assessment and those ultimately targeted.

NCA explained that it is involving its local partners and churches and identifies the most vulnerable in collaboration with the communities. NCA asks the community to help identify the most vulnerable, because the

needs in almost all situations far exceed the resources NCA have. An external stakeholder from the RRC commented that assessments are undertaken together with the chief leaders, the host community and the clan leaders; and that these combined groups select the most vulnerable in the community.

External stakeholders highlighted that in an emergency situation everybody is vulnerable, but sometimes there are some that are more vulnerable than others. Staff from NCA expressed that broad targeting is based on displacement, physical and geographical and geophysical hazards; and then on vulnerability criteria, such as gender, disability, age, particular medical circumstances and economic conditions. An example of selection criteria in the phase 3 final report was: *"The beneficiary selection criteria was based on among other the following criteria: IDPs, HHs who are not able to plant, have no food stocks, female-headed HHs (e.g. widows), pregnant/lactating women-headed HHs, HHs that are labour poor (e.g. have more elderly, children or people with disabilities) and HHs with no or very few assets (e.g. livestock)."*

Other key informants also indicate that consideration of above vulnerable groups has taken place. An example for specific targeting can be given for the project on Duk County where the hygiene club selection of pupils is based on discussion with teachers and the selection for the hygiene kits is targeted at mature girls that are selected based on age.

INVOLVING BENEFICIARIES

Both beneficiaries, and the external stakeholders consulted, reported high levels of engagement between NCA and the community, due to their long-standing presence in the country.

NCA's proposals express that the criteria

for the identification of beneficiaries will be determined in consultation with affected populations (for example as given in proposal for phase 1). NCA's South Sudan Strategy 2016-2020 also states in its strategic approach to emergencies that *"the starting point for all interventions will be coordination with local*

authorities. In addition, the local communities will always be engaged, either through using the church network and/or traditional leaders, if no church structures are present.”¹³

Seven out of 10 female beneficiaries or beneficiary representatives specified that they or their community members were involved in NFI distribution, in hygiene clubs, in assessments, as hand pump mechanics and water user committees. Similarly eight out of nine external stakeholders reported that communities are involved through assessments, choosing boreholes, participating in water user committees and hygiene promotions. Besides NCA was praised for its long standing presence, networks and engaging the communities. It does this through engaging with volunteers

from the affected community, who already have the experience or who have been trained in community mobilisation. When NCA seeks to train community members such as hand pump mechanics, it aims to build on prior knowledge by identifying people who have either been trained before or who's profession is closely linked to the required skill set.

One NCA staff member also described that NCA is getting better at explaining rights and entitlements to the beneficiaries. Due to the Core Humanitarian Standard it is becoming a requirement, that organisations involve communities during emergency response so that they are well informed about the programme, targeting criteria and entitlements.

WATER SANITATION AND HYGIENE (WASH)

A key part of NCAs programmatic approach is the involvement of communities in the selection of borehole sites, hence increasing community ownership of these sites. The community remains involved through water user committees, though recruiting women in these positions can be difficult due to local customs and culture.

The importance of involving the community from the beginning of a response has been repeatedly emphasised. NCA and its partners, such as SUFEM, let the communities select the area for the location of the borehole. NCA first agree where to drill the borehole with the community and then build it. This can help create ownership of the boreholes within the community.

In addition, NCA staff and other key stakeholders interviewed explained that water users committees are a good example

of beneficiary involvement. The water user committees adhere to rural department structures and people in the villages decide who should be in the committees. Water user committees are trained, if a new borehole is drilled or an old one is rehabilitated. It is voluntary and the community can also change it every 1-2 years. They are tasked to create fences around the water points and to ensure it is maintained and operational. Besides, hand pump mechanics are also from the community, and can repair the boreholes. Sometimes they also join the committees; but it was explained that it is often hard to find female hand pump mechanics, as it is “not a women's job” and culturally not seen as appropriate. Beneficiary interviews suggest that community members maintain hand pumps whilst two members from the community are also paid to maintain the water treatment plant.

¹³ 15-00831-2 15-00144-7 44 - South Sudan Strategy 2016-2020.docx 452534_1_0 515003_1_1; p. 39

COORDINATION

NCA is actively engaged with both national and sub-national coordination platforms, as well as being a member of the ACT Alliance. It also coordinates with a number of other coordination mechanisms, including the Caritas Network. NCA's visibility in the UN-consolidated South Sudan Crisis Response Plan has been low, despite its long-standing participation in the response.

Evidence suggests that coordination across South Sudan is taking place, with a widespread national and sub-national cluster system established. In addition, OCHA focusses on coordinating the 7 different clusters; arranging weekly Inter Cluster Working Group meetings; and organising the Humanitarian Country Team and partners meetings (government, RRC and OCHA). There is also the South Sudan NGO forum which is a *“voluntary, independent networking body of currently 184 national and 127 international NGOs that supports its members to effectively respond to the humanitarian and development needs in South Sudan”*¹⁴. Interviewees explained that OCHA and the clusters inform organisations about the needs and issues across the country. In the monthly (or if needed more frequent) meetings, NGOs share what they are doing where.

The Relief and Rehabilitation Commission's role, as part of the government arm, is to facilitate, coordinate, monitor and evaluate partners that are registered in an area and to assess their performance. RRC oversees and monitors responses from various stakeholders to avoid overlaps.

NCA is also part of the ACT alliance which is another coordination mechanism. Documentation indicates that collaboration with some ACT members is based on specific geographical and sector needs and monthly ACT forum meetings. Often the forum does

not discuss specific projects or interventions, except when there is an ACT appeal. Apart from that the ACT alliance members coordinate and feedback information to the group from cluster meetings. Each organisation focusses on their specific expertise and attend the respective cluster meetings. This enables the ACT members to be aware of the different developments. Besides, NCA also engages very closely with the Caritas network and participates in other coordination meetings such as at the Don Bosco camp. NCA also participates in the monthly forum meetings for Norwegian organisations organised by the Norwegian embassy in Juba and NCA also participates in the SMART consortium.

Amongst NCA staff interviewed whilst there was agreement that coordination has led to joint interventions such as in Jonglei where NCA provided food security there was also concern about whether there is more information sharing across agencies rather than coordination for response as the following comment indicates:

“Coordination vs. information: organisations are telling each other what they do, does it really imply coordination. Clusters can inform each other, but does it really lead to coordination?”

The UN-consolidated South Sudan Crisis Response Plan 2014 outlined a coordinated response to the crisis by several organisations, including one of NCA's partners, SUFEM. However, NCA's contributions were not directly reported in the plan. For the following years – 2015 and 2016, NCA was not mentioned as a participatory agency, but NCA was listed as a participatory agency together with ACT in 2017. For the 2018 version of the Humanitarian Response Plan NCA is not listed as a participatory agency.

¹⁴ <http://southsudanngoforum.org/about/>

DUPLICATION AND OVERLAPS

NCA's extensive involvement in the coordination systems in South Sudan has resulted in little or no duplication of activities. Where duplication has occurred, this has at times been due to other actors working outside coordination networks. NCA encourages stakeholders to engage with these networks in order to prevent this.

In general, 95% (N=22) of interviewees and the all the beneficiary representatives agreed that there is either no or sometimes duplication. Reasons given for no duplication were that South Sudan is a big country, the needs and gaps are on a large scale. However, although organisations coordinate through and with the clusters, which can avoid duplications, some duplication is inevitable as not all actors participate in the cluster system or try to

respond 'too' promptly [without consultation] as one interviewee suggested:

"I think I heard of a case where you intervene in a place and according to the cluster planning, these people are receiving help although this help was maybe intended for another area which was also in need. So if you don't participate actively in these clusters, you may end up causing more harm in an area which may not require the help, as that had been provided before - so you duplicate the efforts. Duplication of efforts is common especially in situations where you have not constantly updated your information with other sources."

NCA is reported to work closely with OCHA to seek information as well as being the lead for the State level WASH cluster in Eastern Equatoria - Torit.

GAPS

Respondents unanimously agreed that there are gaps in programing in South Sudan. These result from the scale of needs, limited availability of resources, limited access, highly mobile populations and an unpredictable environment. Positively, NCA provides gap-filling support to other humanitarian organisations. However, there may be need to improve procurement processes to fill NCA's own gaps by possibly giving its field offices more decision-making power and decentralising the process.

All key informants (40) who responded to the question on gaps and unmet needs agreed that these exist, although there was difference of opinion on the extent of these. Needs across South Sudan are on a large scale, but limitations to funding, exacerbated by donor fatigue, the economic crisis, inaccessibility of areas, movement of people, natural hazards and conflict means that many needs remain unfulfilled. These factors also cause delays and provide procurement challenges or logistical impediments. Migration of people also affects the accuracy of needs assessments as one interviewee commented:

"It is hard to be as systematic as you want to be in terms of the response, because mostly you do the immediate and then you try to help people to move beyond that. If they are IDPs for a long period, you try to provide services like education and health, and not to marginalise the host community... but again because of the shift in the crisis and the movement into different areas, that has been hard to do - to constantly move. Also, without a bigger political solution that will be the case."

MAIN GAPS IDENTIFIED:

RESOURCES:

- Lack of funding (for projects and items)
- Lack of funding for staff

INSECURITY:

- No access
- Lack of safety

NCA is reported to be flexible in terms of its geographical coverage and ability to provide support where gaps exist by using prepositioned stocks. The cluster meetings are used to take stock of existing gaps and undertake re-planning to jointly address these. Whilst gaps exist within the sector some were highlighted within NCA (both by external partner and NCA staff). For example if there

are lack of items, then it takes NCA some time to respond to these due to the internal approval process.

During the key informant interviews some stakeholders expressed specific needs and gaps and these are listed below in the table 9.

Table 9: Specific needs and gaps highlighted during key informant interviews

LOCATION	FOOD	SEEDS	WASH	HEALTH	OTHER NFIS (clothes, soaps, mosquito nets)	OTHER
AWEIL	X (nutrition for children, food)		X	X (Health care and health facilities, medicine)		Education
GUMURUK			X (water source not functioning during dry season)	X Drugs		Serious concern for Lolitha County (50,000 people) – no water, no school, no health facilities stakeholder. Empowerment needed; 1) 10 chairs, 2) 5 wheel barrels, 3) 10 bicycles, and 4) sowing machines (for people to get income) - Maybe also construct an office. Don't need money, need this support.
MAGWI						Need personnel – no human resources there; need midwives, nurses, medical officers
MALEK MIIR (NBEG)				X Health facilities	X Soap, Jerry cans	People were trained to repair hand pumps; these people thought that spare parts would be brought, but that did not happen.

RUM-MADING	X	X	X Latrines	X Medicine and hospital	X Shelter	<p>Need to train people/ education, get hospital and medicine;</p> <p>Not all people received something in 2017.</p> <p>2018: no food to eat, no seeds, no clothes, no medication, no soap, no mosquito net. Need to bring food security, education and facilities; and tins to cook.</p> <p>PHASE 5: food came for one months, seeds came too late (rain was starting, flood destroyed seeds). 1 kg [or 10kg?] not enough for a year.</p> <p>Not all beneficiaries received assistance – 5000 people without food distribution since 2017</p>
WAU	X nutritional supplies and food, highest food need at the end of 2015	X tools – and during cultivation season – need food to have enough strength	X WASH and hygiene kits	X Reproductive health and medicine	X Shelter	<p>Second hand clothes for the vulnerable. Education</p> <p>WASH officer in Kuajok left</p> <p>Schools need incentives to motivate teachers.</p> <p>Need vocational training</p>
TWIC EAST (PANYAGOR) BNF			X Hand-washing facilities, Soak pits are fair / hygiene very poor / toilets full			<p>Brooms to clean toilet; and detergents to clean.</p> <p>Need a fence around the school.</p> <p>Big need for borehole toolkits.</p> <p>To improve it is to remove Gi5 (because cracks and rust and cause a lot of breakdown) and put in Inductor-5; some boreholes are equipped with this in some payams by Sudan governments before.</p> <p>Also, possibly use more funds for solar panels? - need for submersible pumps and solar panels; as well as new paints.</p>

6.2. EFFECTIVENESS

NCA have had a mixed level of achievement, some outputs were completely achieved, some partially whilst others not at all. On meeting intended outcomes, the evidence suggests performance on sanitation and hygiene components was less strong compared to access to water and the provision of NFIs. It was observed that output level results were the basis of planning and reporting.

OUTCOMES

The overall objective of the emergency preparedness and response programme is **provision of lifesaving assistance to conflict and displaced populations in South Sudan**. Across the five phases and the Juba response, the outcome indicators vary slightly, but have main common themes focusing on:

1. The **basic survival needs** of IDPs, returnees and vulnerable host communities **met through essential and immediate non-food items**
2. The **immediate needs for clean and safe water and personal hygiene and sanitation effectively met** for vulnerable women, men, girls and boys in conflict-affected communities **as per Sphere and IASC guidelines**
3. **Churches have strengthened capacity as a partner** to work in the ongoing humanitarian response

The other outcomes focus on **safe, equitable and sustainable access to sufficient quantity of water for drinking, cooking and personal and domestic hygiene; safe, sanitary and hygienic living environment through provision of sanitation services that are secure, sanitary, user friendly and gender- appropriate; access to improved hygienic practices, hygiene**

WASH

WASH interventions across the five phases have been positively received and have enabled communities to access safe and clean water from hand pumps and taps. This has in many cases prevented the need to fetch water

promotion and delivery of hygiene products and services on a sustainable and equitable basis; as well as systematic communication with affected populations established using relevant feedback and communication mechanisms, throughout all phases of the emergency response.

The result frameworks of the first three phases have no outcome indicators; but this changed from Phase 4. The results frameworks of Phases 4 and 5, as well as the Juba response have set outcome indicators, but the programme reporting does not explicitly report against any of the outcome indicators. Phase 3 reporting focuses on the number of people reached only, and Phase 4 is a very brief final report (3 pages). The reporting for the Juba crisis was limited and the final reports lacked detail.

During the key informant interviews a number of beneficiaries shared their perspectives about the programme. This included some reporting that NCA's work was timely, items provided were of quality and the activities have resulted in a change. However some felt that whilst these provisions *'changed their life for a bit'* they were insufficient and inconsistent from one year to the next.

from the river or pond which could take up to 3 hours and drinking it increase the risk of Guinea worms. There are at times queues at the water facilities but this is still reported to save time. The clean drinking water, due to

installation of water treatment plants, such as that in Gumuruk, is reported to have reduced diarrhoea.

Installation of water facilities has presented challenges for the NCA teams, for example presence of other organisations and unsuccessful drilling of boreholes due to depth of water. In some locations this is still an ongoing issue. Specialist expertise has been brought in and drilling will restart again this year in coordination with partners such as SUFEM.

The installation of latrines, such as those in Twic East, in Duk County, is reported to have reduced open defecation and hence cholera and diarrhoea as well as might have helped to reduce the risk of rape. Despite having toilets they are reported to be not used by everybody

NFIS

Although it was acknowledged that NFIs such as plastic sheets for shelter, blankets for keeping warm, mosquito nets for preventing malaria, sleeping mats, jerry cans for collecting and storing water and cooking sets are only a temporary solution they have been received well and provided for immediate and basic needs of the affected populations as the following comment shows:

“Where communities, individuals, women and men have been desperate without a shelter, even a very basic one, they have been able to make up a basic shelter and have themselves covered from the elements of weather. Where communities did not have equipment to cook their food, they are now able to live with a lot more dignified lifestyle, because they have the basic household kits for

and some reported the usage to be as low as 20% which is contributing towards cholera outbreak.

The success of the hygiene promotion campaigns in creating awareness about the hygiene and sanitation, is indicated by the following comment:

“You can see the change: some people build own latrines, used soap for washing and so on. Hand washing was promoted by CRS and LWF gave soaps - in schools that went very well. Now resources not enough, and people use ash.”

It is reported that such campaigns are increasing understanding about the importance of hygiene and addressing existing taboos such as someone not wanting to share the pit with the mother-in-law, and hence going into the bush.

preparing food. At least they [communities] have blankets to cover the children. For women they have the dignity kit that helped the girls to attend school more regularly.”

Dignity kits are described as the “best ever help”¹⁵ received. Provision of in-kind food and seeds for crop production is also reported to have had positively affected the target groups, although external stakeholders (in Aweil for example) emphasised the need to further encourage people to use these seeds by building their skills and creating awareness that seeds alone are not sufficient to prevent hunger from occurring.

¹⁵ It is not clear from when this example is, but very likely happened in Phase 6 (outside this evaluation).

WORKING THROUGH PARTNERS

It is reported that NCA has also been able to respond more rapidly and effectively due to working through and with local partners. It is perceived that NCA partners have become better at implementation such as carrying out assessments, due to acquisition of new skills in mobile data collection. For more details refer to the section on Local Capacities.

NCA has also exposed its partners to emergency WASH supplies and equipment, by working through them. It was explained that if NCA is not able to be in a certain location where there is a response needed, it is more confident that partners will be able to access warehouses and get the supplies that they need and will be able to respond without NCA.

USING THE PROTECTION LENS

NCA is helping its partners to use a protection lens. This is considered particularly important when perspectives on what is considered as a protection issue within a society vary.

INTERNAL AND EXTERNAL FACTORS THAT INFLUENCED THE PROGRAMME

Several internal and external factors that emerged from interviews and beneficiary discussions and influenced the emergency preparedness and response programme are given table 10. Each factor is reviewed as enabling or hindering the intervention.

Table 10: Internal and external factors that influenced the programme

HINDERED ↓ OR ENABLED ↑ THE INTERVENTION	INTERNAL (IN) OR EXTERNAL (EX)	INFLUENCING FACTOR
↑	EX	Church: The churches in South Sudan play an important role in the communities. Also, many places or compounds where IDPs were arriving during the crisis belonged to churches.
↑	EX	Coordination: National organisations, INGOs, UN-Agencies, NGO Forum and OCHA coordinate and lobby together; NGO Forum and OCHA advocated at the government and ministry level for humanitarian workers to get access for example.
↑	IN / EX	Human resources: Difficult to attract well educated candidates and retain them.
↑	IN	Local partners: NCA has a vast network with many partners and local churches, not only does it make the access easier it also helps NCA gain better acceptance from the community.
↑	IN	Long-term presence: NCA in South Sudan since 1972 and has a good reputation.
↑	IN / EX	Pre-positioned stock: helped NCA to deliver prompt responses, but it is also depended on external factors such as funding in order to pre-position.

↑	IN	RRC relationship: Good relationship with the RRC which contributed to gaining access to some areas
↑↓	IN	Location of boreholes: In Eastern Equatoria, many centres and villages are equipped with boreholes that have been constructed by NCA. During the emergency responses, these are usually rehabilitated (if needed). Knowing the location of the boreholes can help to find them for rehabilitation. However, NCA staff also explained that NCA has not been very good in mapping them.
↓	EX	Bureaucratic impediments: requesting and getting authorisation letters makes it difficult to move and travel to the various locations.
↓	EX	Force majeure: In 2014, NCA hired a flight and the plane crashed when it was landing in Panyagor: pilots died and NFI and hygiene kits burned.
↓	EX	Funding: Donor fatigue about funding South Sudan and many competing crisis exist.
↓	EX	Inflation: last year (2017) local currencies greatly devaluated, and market structures and banking system collapsed.
↓	EX	Insecurity and conflict: made humanitarian access very challenging .In order to take relief items to the affected people organisations have to fly these in, which is another cost that reduces the amount that can be used for an intervention (e.g. NFIs or food). This also hinders building the longer term preparedness capacities.
↓	EX	Natural disasters: flooding made access very challenging and resulted in costly solutions or delayed responses
↓	EX	Political landscape: volatile and unpredictable

OUTPUTS

The following part assesses NCA's performance against its outputs. A summary of achievements is given per phase and the extent to which targets have been met is highlighted.

Phase 1: Out of the 5 outputs, 2 have been achieved, one partially and two have not.

Outputs achieved: NFI's were procured and prepositioned in three locations, Central Equatoria (Juba), Eastern Equatoria (Torit and Nimule) and Warrap (Kuajok); and the water supply component reached a reported 108,636 people compared to a target of 20,000.

Outputs partially achieved: Awareness raising on safe behavioural practice related to water, sanitation and hygiene delivered to 24,152 people (target: 20,000); and hygiene kits distributed to 2,937 beneficiaries (target: 4,000).

Outputs not achieved: The key output for NFIs

was not realised because of access issues on account of fighting and rain. It was planned that NFIs would be provided to 15,000 identified vulnerable IDP households, reaching 90,000 beneficiaries in selected IDP settlements; however, NCA was only able to provide NFI's to 10,895 households, for the total of 57,565 IDP's, vulnerable host communities and returnees.

During Phase 1 NCA did not achieve the planned target for the sanitation component. While 20,000 beneficiaries were targeted for temporary sanitation, only 2,419 were reached which is about 12%. Other agencies are reported to have covered some of the identified needs of target population. Lack of security and transport were also cited as reasons for not being able to reach the targets.

An overview of performance against outputs of Phase 1, can be found in the table 11 below.

Table 11: Performance against outputs: Phase 1

OUTPUT	TARGET	REACHED	TARGET MET
Phase 1: Overall achievement = 50% (based on outputs)			
1.1	NFI procured	NFI procured	YES
1.2	30,000 HH ¹⁶ approx. 90,000 beneficiaries	10,895 households/ 57,565 IDP's	NO
2.1	20,000 HH	108,636	YES
2.2	20,000 people and 4,000 HH	24,152 / Hygiene kits distributed to 2,937 HH	PARTIALLY
2.3	20,000 people	2,419	NO

Phase 2: Out of the 11 outputs, three have been achieved, one partially, two have not been achieved and five lack information. An overview of the performance against outputs for Phase 2 is provided in the table 12 below. NCA has not produced sufficient evidence against most of the output level indicators presented in the proposal. This makes it challenging to make an assessment on the achievements.

Outputs achieved: Two achieved outputs were NFI's procured and prepositioned in six locations, Central Equatoria (Juba), Eastern Equatoria (Torit and Nimule) and Warrap (Kuajok); as well as, NFI's provided to 16,359 households (target: 15,000¹⁷) for the total of 88,871 IDP's, vulnerable host communities and returnees.

The project performed strongly in relation to the provision of water where the number of beneficiaries reached exceeded the target – same for hygiene and sanitation awareness. 100,000 vulnerable women and men of IDPs/ host communities have access to and are involved in identifying and promoting the use of hygiene kits to ensure personal hygiene.

Outputs partially achieved: Health, dignity and well-being was set as one of the outputs, but the target was changed in the final report

to 140,000 beneficiaries and more indicators were added to measure it. The final report does report that 180,678 beneficiaries have gained knowledge on safe behavioural practices related to water, sanitation and hygiene; but it is not clear how this is measured.

Outputs not achieved: The final report does state that 4,852 hygiene kits were distributed benefiting a total of 26,563 IDP and returnees; as well as soap benefitting 27,246 IDPs and host community. The target for the number of people receiving hygiene and sanitation kits was missed.

100,000 vulnerable women and men of IDPs/ host communities' beneficiaries were planned to have access to adequate, appropriate temporary and semi-permanent latrines and an environment free from solid waste, stagnant water and disease causing vectors. The target was changed in the final report to 140,000 beneficiaries and more indicators were added to measure it. The indicator for sanitation facilities was also not met. Lack of partners in priority areas was cited among the reasons. A total of 280 latrines were built benefitting 14,050 IDPs and returnees and 14,953 beneficiaries are reported to have benefited from the provision of general sanitation services which includes construction of bathing, shelter, and the provision of solid waste disposal pits and dustbins.

¹⁶ Target adjusted in final report from 15,000 to 30,000.

¹⁷ Discrepancy: Proposal states 15,000 identified vulnerable IDP households, final report 30,000

Table 12: Performance against outputs: Phase 2

OUTPUT	TARGET PROPOSED	TARGET REACHED	TARGET MET
Phase 2: Overall achievement = 58% (based on outputs)			
1.1	NFI procured	NFI procured	YES
1.2	15,000	16,359	YES
2.1	140,000 ¹⁸	190,134	YES
2.2	140,000 ¹⁸	180,678	PARTIALLY / MORE INFORMATION REQUIRED
2.3	140,000 ¹⁸	26,563 and 27,246	NO
2.4	140,000 ¹⁸	14,050 and 14,953	NO
3.1	N/R	N/R	More information required
3.2	N/R	N/R	More information required
4.1	6	N/R	More information required
4.2	6	N/R	More information required
4.3	6	N/R	More information required

Phase 3: Out of the 10 outputs, one has been almost achieved and one partially, two were not achieved, and to assess the additional 6 outputs more information is required. A detailed overview can be found in table 13 below.

NCA states that it reached 5,804 households with NFIs, benefitting a total of 30,682 people (19,698 female and 10,984 male), and cooking sets were provided to 4,250 (2,670 female and 1,580 male) IDPs and returnees. However, it is not conclusive as a few indicators were given that were not measured or reported against.

The final report does neither clearly report on the outputs 'NFIs are prepositioned in different location that have a potential for receiving IDPs', nor on 'ensure that IDP households and vulnerable host community households are given options for obtaining NFIs'. It is stated that 4,200 returnees (2,140 females and 2,060 male) received fishing kits and agricultural seeds - which is different from the regular NFI kits, but it is not clear how these options were given, and if or how IDPs could select.

Outputs achieved (almost): NCA did almost completely achieve its target of providing 75,000 people with adequate safe and accessible water. The final report states that 74,449 people were reached which is only 552 less than planned.

Outputs not achieved: The sanitation component of the Phase 2 was not as strong as the water one and the main reasons given for not meeting the outputs within sanitation are lack of security in project areas and logistical challenges encountered because of road inaccessibility due to the rainy season, as well as a lack of construction materials available in project areas. Furthermore, high costs are reported to have made it difficult to meet construction targets.

With regards to the output '50,000 vulnerable women and men of IDPs/host communities are aware of hygiene and sanitation measures and to use and maintain facilities provided', it is reported that 26,321 people were reached with a message on safe hygiene and sanitation aware behaviour. In addition, capacity building

¹⁸ Target was changed in final report from 100,000 to 140,000 beneficiaries.

training has been given for all NCA partners and WASH staff on how to do hygiene promotion during an emergency.

6,933 hygiene kits were distributed benefiting a total of 38,321 individuals (approx. 80 carton of 800 gram soaps and 2000 buckets were distributed), but the target was to reach 10,000 households.

During Phase 3 also 230 latrines were built serving a total of 7,500 (3,968 female and 3,532 male) community members, but the target was to serve 30,000 people.

Lastly, the initial Phase 3 proposal listed three outputs related to 'church based health facilities in NCA supported emergency areas [of] are enabled to deliver access to basic health services to internally displaced and host communities'; which have not been reported on or mentioned in the final report.

Table 13: Performance against outputs: Phase 3

OUTPUT	TARGET	PEOPLE REACHED	TARGET MET
Phase 3: Overall achievement = 50% (based on outputs)			
1.1	No #	30,682 and 4,250	More information required
1.2	NFI prepositioned	N/R	More information required
1.3	No #	4,200	More information required
2.1	75,000	74,449	ALMOST
2.2	50,000	26,321	NO
2.3	10,000 HH	6,933 hygiene kits	PARTIALLY
2.4	30,000	7,500	NO
3.1	No #	N/R	More information required
3.2	No #	N/R	More information required
3.3	No #	N/R	More information required

Phase 4: Out of the 5 outputs, one has been achieved, 3 have not and one has been excluded due to lack of information.

Outputs achieved: The water supply component performs the strongest. NCA exceeded the target for number of people reached (46,500 people versus 10,000 people target). It should however be noted that the output has six extensive indicators there is missing evidence that is not being collected and within the context it is difficult to get accurate population data.

Other project components perform less well, 120 families (720 people, 350 male and 370 female) had been reported to have had a form of safe disposal of human waste. NCA and its partners carried out many sessions (exact

figure not reported) to sensitise communities, establish water management committees, and provided training to hygiene promoters. However, this is against a target to create access for 10,000 people to safe, sanitary and hygienic living environment through provision of sanitation services that are secure, sanitary, user friendly and gender- appropriate.

Outputs not achieved: 1,000 hygiene kits were distributed that benefitted 4,000 females of reproductive age; but the target was to give access to 10,000 to improved hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis and therefore this was considerably underachieved.

The output: "Systematic communication with

10,000 affected populations established using relevant feedback and communication mechanisms, throughout all phases of the emergency response” was not achieved according to the reports. Nevertheless, community dialogue sessions were initiated to outline the plans for implementation of programmes. The community, their leaders and beneficiaries were in general sensitised on the need for them to provide feedback about the project. However, measures were not put in place to institutionalise complaints handling systems.

Lastly, the final output of Phase 4, was not met as NCA and partners provided NFIs to 13,972 identified vulnerable IDPs, returnees and host community household members (7,320 males and 6,652 females), against the original target of 15,000.

An overview of the targets met and people reached can be found in the table 14 below.

Table 14: Performance against outputs: Phase 4

OUTPUT	TARGET	PEOPLE REACHED	TARGET MET
Phase 4: Overall achievement = 25% (based on outputs)			
1.1	10,000	46,500	YES
1.2	10,000	720	NO
1.3	10,000	4,000	NO
1.4	10,000	N/R	More information required
2.1	15,000 ¹⁹	13,972	NO

Juba Crisis: NCA reported against outputs for the Juba Crisis. Out of the 5 outputs, one has been achieved, three have been partially met and one additional was excluded as due to missing information a judgement could not be made. An overview is provided in the table 15 below.

Outputs achieved: In terms of reach, the project met the output for water and marginally missed it for sanitation.

NCA states that it and its partners reached an estimated 31,183 people with clean water, which is around 238% of the original output target of 13,100 affected people. The final report does not clearly show how output 3: “3000 people seeking assistance at the Juba Cholera Treatment Centres.” has been met.

Outputs partially achieved: 500 households were provided with 20 litres of clean chlorinated water for a period of 4 months; which is approximately 3,500 affected people and indicates 1,500 less people were reached than planned.

NCA rehabilitated public sanitation blocks that can be used as bathing shelters and 4,800 people benefitted against a target of 5,000 people. Evidence was not reported indicating if outputs for hygiene were met.

NCA did not report on exposing people to simple, culturally appropriate awareness-raising messages (target: 5,100 affected people). 1,300 hygiene kits were distributed to benefit 3,900 women and girls; but the set target in the proposal was 5,100 affected people which was not met.

¹⁹ It seems like the words outcome and output have been used inter-changeably for 2.1 within the application and results framework.

Outputs not achieved: The output ‘affected populations are systematically consulted on all phases of the emergency response (needs assessment, implementation and evaluation) and feedbacks acted upon’; was not met as a formal complaint handling system was not established. However, NCA and partners reported that there were consultations with community leaders and members, including information sessions to gather feedback from community

members.

Output 5 ‘The basic survival needs of 5100 affected people are met through essential and immediate non-food items’ was partially met as the first output was met by reaching approximately 6,300 people of displaced households with basic shelter and NFI needs in St Joseph’s camp, St Theresa’s, and Don Bosco.

Table 15: Performance against outputs: Juba Crisis

OUTCOME	OUTPUT	TARGET	PEOPLE REACHED	TARGET MET
Juba Crisis: Overall achievement= 62.5% (based on outcomes)				
Outcome 1	-	13,100	31,183	YES
	1.1	5,100	by outcome # reported	YES
	1.2	3,000	N/R	More information required
	1.3	5,000	by outcome # reported	YES
Outcome 2	-	5,000	4,800	ALMOST
	2.1	5,000	by outcome # reported	ALMOST
Outcome 3	-	5,100	3,900 received kit	PARTIALLY
	3.1	5,100	N/R	More information required
	3.2	5,100	by outcome # reported	NO
Outcome 4	-	5,100	N/R	More information required
	4.1	5,100	N/R	More information required
Outcome 5	-	5,100	6,300	PARTIALLY
5.1	5.1	5,100 ²⁰	by outcome # reported	YES
5.2	5.2	5,100 ²⁰	N/R	More information required

Phase 5:

The full reports for Phase 5 are not yet available and table 16 has been based on an email from NCA with the initial summary of achievements. Based on this existing data out of the 5 outputs for Phase 5, one has been achieved and three

of the targets have not been met. For the additional four outputs nothing was reported yet and without more information a judgement cannot be made. The overall achievement for Phase 5 is 25%.

²⁰ Discrepancy within the proposal, it states in the beginning 5,100 affected people for 5.1 and 5.2, and later in the report 5160 affected people for each.

Table 16: Performance against outputs: Phase 5

OUTPUT	TARGET	PEOPLE REACHED	TARGET MET
Phase 5: Overall achievement = 25% (based on outputs)			
1.1	41,250	34,000	NO
1.2	6,600	5500	NO
1.3	67,850	N/R	More information required
1.4 a)	# of community members, hygiene promoters (dis-aggregated by gender) trained on protection and GBV. Target – 100	130	YES
1.4 b)	# Women trained on Gender advocacy on Women's rights and empowerment. Target – 50	N/R	More information required
1.4 c)	# of Sensitization sessions undertaken to create awareness on gender based violence and Women's rights. Target – 20 Sessions.	N/R	More information required
1.5	47, 850	N/R	More information required
2.1	18,000	6,000	NO

WATER SUPPLY SOURCES

86% of interviewed beneficiaries (n= 28) reported having access to community boreholes, while there is no overall information about the rate of water points' success / failure in the locations where NCA and partners worked over the 4 years. Out of the 28 observed boreholes constructed by NCA and partners, 17 boreholes were functional, and others were no longer in use, or worked partially. Having less accessible water points can result in an increase of users per functional ones, hence higher waiting time and potentially, more access to unsafe water sources.

NCA final reports specify the beneficiary numbers reached and the water points drilled or rehabilitated; but at times details of how many specifically were drilled or rehabilitated are missing; thus an accurate overview per phase and borehole was not possible to establish. However, from a review of the available data it appears that a maximum of 500 people per boreholes is taking place, as per the Sphere standards. For example:

- During Phase 3 in Warrap 10 boreholes

were drilled for 7,500 people, so 750 people per boreholes;

- In Unity State 10 boreholes were rehabilitated for 12,000 people which indicates 1,200 people per borehole;
- In Jonglei 20 boreholes were rehabilitated and 10 drilled to serve a total of 15,000 people, so 500 people per borehole;
- In Central Equatoria where SUFEM rehabilitated 30 boreholes and drilled 4 new ones for 17,000 people; indicates 500 people per borehole.

In Gumuruk, 80% (n=5) of beneficiaries interviewed have access to water from community standpipes, whilst the remaining ones reported fetching water from the surface pond/river water – maybe due to their large family size and above average need of water. However, it indicates that parts of the community do have access to or use standpipes as their water source. For the community standpipes clear water is produced from a SWAT Unit that was installed by Medair and

rehabilitated by NCA in 2014. The Unit is partly functional due to technical issues (drums and connector broken, and running out of petrol). Treatment phases are composed of (i) flocculation/sedimentation with Aluminium Sulphate products and (ii) chlorination. Two community technicians reported analysing water quality twice daily and the water quality testing kit being inspected by NCA annually. No clear evidence was found of NCA adopting adjusting measures when water quality is not good enough; which would be important to secure distribution of potable water every day. In addition, related technical training

to field staff and the need for consumables (water quality and treatment products), NCA should include regular monitoring (from NCA WASH staff or local partners) of water quality monitoring and document it.

Besides water from standpipes, some boreholes equipped with hand pumps are available in some parts of Gumuruk, but reported by several people to have all dried up. This however could not be verified by the evaluators as not all boreholes were visited.

WATER USES

All interviewed HH use water points for drinking, cooking and washing. In Gumuruk and Mahad Camp those accessing water from tap stands also supplement their daily needs with surface water, mainly for cooking and personal hygiene purposes. This brings critical health risks. Specific issues with regard to these two sites are as follow:

- The SWAT technical problem in Gumuruk decreases water production, entailing longer queueing time. It was explained that this has discouraged some users to wait at the water point, and tempted them to fetch water for drinking at the river or ponds. As surface water is a high-risk water-borne disease contamination zone, this could also be an indication of limited effect of the hygiene promotion efforts
- In Mahad Camp, all beneficiaries interviewed (n=2) explained that the community would rather fetch river water for drinking, but use water points for bathing, washing and cooking. It was explained that beneficiaries consider water from the water point (not drilled by NCA) too salty to be drunk. It is unclear if such high-risk behaviours are linked – or subject - to cholera and/or Acute-Diarrhoea Diseases cases.

WATER QUANTITY

61% of the interviewed persons (n=28) reported waiting for more than 1 hour at water points in dry season. The rate decreases to 43% in rainy season as they might have the possibility to fetch water for non-drinking purposes from surface water or rainfalls; or in some places the community might go back to boreholes if functional in wet season (but unfortunately the balance rate of used boreholes between dry and wet seasons is not clear during this evaluation). 28% of interviewed HHs queue up for less than 30 minutes and thus meeting the Sphere standard (Sphere Minimum Standards²¹ . Distance from water source is less than 500m for 61% of the interviewed persons²²

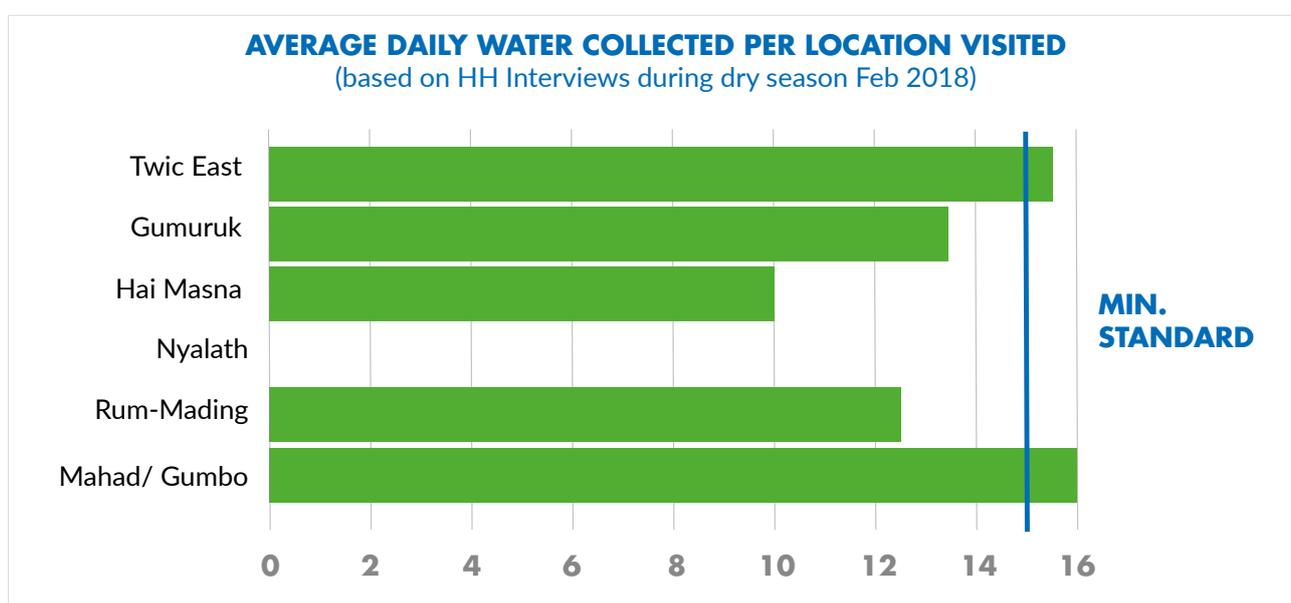
²¹ <http://www.spherehandbook.org/en/water-supply-standard-1-access-and-water-quantity/> “Key indicator: Queueing time at a water source is no more than 30 minutes”).

²² (SPHERE Minimum Standards: “Key indicator: The maximum distance from any household to the nearest water point is 500 metres”).

and 28% did not know, so the figure may be higher. The distance was not verified by the evaluators but 79% of the interviewed HH (n=28) are satisfied with the distance between their shelter and the water point.

Interviewed HHs can collect an average of 14 litres/day from the water points (see average daily water collected per location visited in figure 4 below). This approximately meets the Sphere Minimum Standards Key indicator: "Average water use for drinking, cooking and personal hygiene in any household is at least 15 litres per person per day"²¹. The HHs which do not use water point for hygiene purpose can collect the same quantity of water for their daily needs.

Figure 4: Average daily water collected per location visited



37% of interviewed HH consider that the amount of water collected is not enough for their daily needs. There was no complaint made during HH interviews about water access issues for disabled persons.

WATER QUALITY

Based on observations, water contamination risk at water points (boreholes equipped with hand pump) is considered as high, due to stagnant water, dirty jerry cans, uncovered containers, and animals. Here below are some examples resulting from the observation data which may affect the water quality:

- In Rum-Mading IDP Camp, the structure of the boreholes appears to be of good quality especially as they have been constructed recently (2017), but there is no or partial fencing, enabling cattle to directly have access to the hand pump.
- In Apuokdhel Camp, North Aweil, local fencing is a valuable initiative, but it is not functional. This might indicate both issues of weak community mobilisation (which frequently occurs in a context of an IDP camp) and non-effective water committee roles. It is not clear to which extent NCA tried to address those community issues.
- In Aweil Cok Camp, North Aweil, there is no soak-away pit, which means there

are muddy conditions and stagnant water around the borehole (high contamination risk).

- For the Panyagor Borehole (built in March 2017), the structure appears to be sound but there is no fence and no soak-away pit.

Some water quality tests were done during NCA's programme implementation, but results were not available. While water quality tests at water point can give an indication of potability, water quality testing at point-of-use (usually at home) is more importantly needed to conclude if beneficiaries drink potable water. It was not possible for the evaluators to carry out these tests.

NCA's programme logical frameworks planned to deliver safe water and to follow Sphere Minimum Standards. However, there has been little evidence provided to indicate water is potable. Moreover, the observations conducted tend to conclude that available drinking water quality is better, but not necessarily potable (i.e. without bacteriological contamination). The following factors can confirm potential water contamination in many places:

1. Sanitary inspections during the observations indicate a high risk of contamination at boreholes/hand pumps (stagnant water, no fence and cattle near the pump, etc.)
2. The observations showed that 37% of drinking water containers are covered or narrow necked. Water jerry cans look dirty inside.
3. Even if water is potable at hand pump, further contamination usually occurs after the pump/tap if no preventive actions are taken. When water is collected in dirty containers, during transportation, storage at home and when handling water for drinking with dirty hands.

Water distributed at Gumuruk standpipes should be potable if the whole flocculation/ sedimentation and chlorination processes are rigorously and consistently applied, i.e. no shortage of aluminium sulphate and chlorine powders. When the evaluators visited Gumuruk, NCA also brought along drums, petrol and aluminium sulphate; and the SWAT was functional when the evaluators visited, but it was mentioned that they had been without petrol for two weeks which indicates a discontinuity of the functionality of the plant for some time.

OPERATION & MAINTENANCE

For water activities implemented more than 2 years ago, 100% of interviewed persons (n=9) requested water access rehabilitation (Gumuruk and in Jonglei). For the ones constructed in 2016 and 2017, there was no specific request made by the beneficiaries. This highlights the need for continuous Operation & Maintenance support from an external organisation (even if training, etc. was sufficient). This could have a significant effect on increased coverage of WASH services beyond the programme period.

According to interviews, there is no spare part at water points. There is no mention in NCA proposals of a specific set of arrangements to fund repair works. A trained hand pump technician from among the beneficiaries is part of the response to support maintenance of facilities. As previously mentioned, some water points were non-functional during field visits. Neither the project nor the evaluation collected additional information about this, and would go beyond the scope of this evaluation, but could be an interesting learning point for NCA.

SANITATION

NCA's programme had a lower focus on sanitation than on water supply, as outlined in table 17 below:

Table 17: NCA's programme focus on Sanitation vs. Water Supply

PHASE	NCA'S PROGRAMME FOCUS ON SANITATION VS. WATER SUPPLY
PHASE 1:	Latrines and hygiene kits outcomes performance = 10-20%
PHASE 2:	Water Supply outcomes achieved = 200% achieved; Sanitation outcomes achieved = 15%
PHASE 3:	Targeted Sanitation beneficiaries twice less than Water Supply's ones; 25% achievements of Sanitation outcomes
PHASE 4:	No latrines construction planned.
JUBA CRISIS:	Water Supply outcomes achieved = 238% achieved; Sanitation outcomes achieved = 96%
PHASE 5:	Planned Sanitation beneficiaries = 16% of planned Water Supply beneficiaries

The disproportionate focus on water rather than sanitation is also acknowledged by NCA as one member commented:

"We reached local people with clean water. The water component was much stronger than sanitation and hygiene. Sanitation has not been prioritised in the same way as water supply and hygiene. Lack of budget could be a reason. Also access issues and getting hold of materials. The budget is not balanced, partly because other organisations had those tasks."

There were no latrines in the camp (such as in Rum-Mading) and/or the place was not part of NCA's programme to install latrines (e.g. in Gumuruk). 50% of interviewed HHs (n=8) practice open defecation, and the reasons for this, as observations and key informant interviews also confirmed, was lack of latrines in the IDP camps and settlements. There is no available data about the situation before NCA's programme hence difficult to make comparison. Improvement in latrines access rate might have been significant through NCA programme, but the number of people practicing open defecation is worrying from both public health and dignity perspectives.

In Mahad Camp there are critical issues with excreta management, but it appears that recently there has been no significant intervention to address these. From an environmental health perspective, this IDP Camp should be a high priority where people directly drink surface water - the most vulnerable populations regarding WASH-born outbreaks. There are also critical public health concerns in Twic East. Even though no concrete census data for the area is available, it is obvious that the place has too many persons and it seems like no effective longer-term solution has been activated so far. The observations indicate that 65% of latrines are functional (n=14). When still in use, faeces in the vicinity were observed. Interestingly, when a latrine is not used, no faeces were observed in the vicinity, which might indicate people living around would prefer to go in the bush.

While no specific reason was raised by the beneficiaries during the household interviewees, it is important to consider these sanitation challenges within the particular context of rural sanitation

in South Sudan: this is a complex country-wide issue, facing with very low coverage rates (in normal times) and with large socio-cultural barriers and traditional habits. But as observed during the field visits (more than 25% of interviewed HH confirmed community committees did not keep the toilets clean), this could also be a matter of cabin cleanliness, hence the associated effective roles of water/sanitation committees.

Interviewed HHs indicated that 86% of toilets still in use have possibly more than 50 persons per cabin; which does not meet the Sphere Minimum Standards²³. Beneficiaries sharing toilet with 50+ persons are not satisfied with the sanitation facilities. The interviewed HHs indicated that latrines are less than 50m from shelters; 59% even less than 25m.

At 30% (n=14) of the observed latrines handwashing facilities were installed less than 10 meters away. These latrines were in Hai Masna Camp near Wau and not constructed by NCA. Interviewed HHs reported that they were not consulted by the other NGO before latrines were constructed. This is a point of difference with NCA's way of working as evidence suggests that before it builds latrines group discussions with beneficiaries are conducted.

Regarding protection and gender considerations, Sphere Minimum Standards Protection Principle #1 is 'to avoid exposing people to further harm as a result of your actions'. Data collected revealed that:

- 9 latrines, which are still used, have lockable system. However, interviewed HH complained about cleanliness of these toilets.
- The observed and functioning latrines had separate blocks for women and men, some labelled with pictures to also accommodate those unable to read.
- 37% of latrines have lights.
- No information was available about how toilet facilities allow women to appropriately dispose menstrual hygiene materials.

Access for persons with disability would be possible only if there are special arrangements (seat or a container at home). During observations such provision in visited latrines was not found.

HYGIENE

68% of interviewed HHs received hygiene awareness messages. NCA hygiene promotion activities were done with implementing partners. Without detailed KAP survey, it is not possible to assess to what extent the population has been reached with the awareness raising. Likewise, measuring behaviour changes within the frame of the final evaluation is not possible and there is no baseline KAP survey for measuring change.

As mentioned in proposals, the NCA programme was targeting hand washing during critical moments. Another element was to promote awareness of the key public health risks of poor hygiene, as well as promoting the use of hygienic items. Proposals and NCA South Sudan Country Strategy did not go into details about the whole implementation strategy in terms of behaviour change. Training hygiene promoters from communities formed part of

²³ <http://www.spherehandbook.org/en/excreta-disposal-standard-2-appropriate-and-adequate-toilet-facilities/> and <http://www.spherehandbook.org/en/appendix-3/> max. 20 beneficiary per cabin; up to 50 beneficiary per cabin during 'first emergency' period.

the response to achieve behaviour change. From interviews, it is apparent that main awareness is about handwashing. The observations indicate 79% of HH have soap at home.

WASH-BORN DISEASE RISKS

WASH-borne disease prevalence:

- Information about disease given in the household interviews indicates that in the last year (2017) 39% of HHs had diarrhoea. 28% also mentioned other diseases without providing further details.
- The NCA programme did not collect health data from health actors in the IDP camps. Programming focus was more on delivering outputs rather than measuring performance at an outcome level. Therefore, it is difficult to assess to which extent the NCA program had impact on preventing WASH-borne disease.
- There is no evidence of increased malaria prevalence in the visited locations. Frequent stagnant water around water points might be a potential larvae development site. Stagnant water not only contaminates boreholes, but also gives more opportunities for mosquitos to develop and spread disease around.
- There is no mention of surface water-related disease in NCA reporting. In places like Gumuruk, where some beneficiaries might use surface water for washing and other purposes, contamination risk to diseases like schistosomiasis is potentially high. But this was not reported during interviews and no further investigation with health workers was conducted to confirm this.

MONITORING

A few NCA staff members commented that a robust monitoring system is not in place at NCA, and that they are not collecting much data or information about the work that they are doing. It was emphasised that NCA does conduct monitoring field visits to various places of interventions, but it was not clear how regularly. NCA recognises its weaknesses in its monitoring systems and acknowledges the need to strengthen these to be able to track and report performance.

For assuring quality of contracted work NCA monitors quality of hand pumps and conducts hardware rotational monitoring visits and supervision. It also encourages the respective Water County teams (from the ministry) to do the same. For Gumuruk, NCA staff members check the SWAT plant and water during their visits and also check the equipment (which was provided by Medair and NCA) that is used for water testing. These quality testing documents

were not available to the evaluators for further analysis.

For NFI kits and emergency food distribution, monitoring takes place once registration of beneficiaries is done. After the beneficiaries receive the goods, this identification number is checked off the distribution list and beneficiaries sign with their fingerprints. One implementing partner explained that these distribution lists had helped to identify duplicated vouchers, though NCA was unable to confirm issues related to fake vouchers.

With regards to post-distribution monitoring (PDMs), evidence shows that it has not been done systematically. Though documents and emails referring to PDMs were shared with the evaluators, all (n=3) external stakeholders confirmed that these are not being done as frequently as required, even though they are a

requirement of donors such as ECHO.

Eight of the interviewed implementing partners explained that they get involved in monitoring. NCA's partner SUFEM reported that monitoring is a challenge and that they are currently not undertaking extensive monitoring. It was explained that this is an area that the partners and NCA have started to discuss and that

solutions to improve it are currently being developed.

It is important to point out that regular monitoring can be challenging due to the limited access to certain locations because of security or flooding, as well as some areas in South Sudan being difficult to reach which can increase time and cost of monitoring activities.

REPORTING

Though frequency of reporting depends agreements with partners (usually every 3 months), informal updates are often sent to the Juba office throughout implementation, especially if challenges with access or security occur. Implementing partners can use their own reporting templates or use specific cluster templates provided, e.g. for distribution reports. One implementing partner explained that they report on implemented activities to NCA, but that no specific targets need to be reached. Usually an interim report and a final report are submitted to NCA including a narrative, logframe and financial reporting. This information is then consolidated into reports for NCA's programme donor.

NCA previously used paper based forms that it would send out to partners, in order for them to collect information, but this was time consuming, and made it impossible to link

specific geographical information to the data. The latter was only possible by recording the GPS information on paper which took a long time. Evidence of many paper-based forms and reports was observed in NCA's Emergency office in Juba. It was mentioned that many of the reports in that archive are not available electronically.

It was highlighted by a NCA staff that since the last quarter of 2017 (just outside of this evaluation timeframe), NCA has started using mobile mapping, based on Epi collect and magpie. Tools and questionnaires are being standardised based on the sector guidelines and these are directly linked to the indicators in NCA's logframes. With regards to financial reporting, reviewing UN OCHA's Financial Tracking Service, it was noted that NCA does not report its assistance systematically.²⁴

ADAPTIVENESS

In the Phase 4 final reporting some evidence of adaptive programming was found when Wau and Yei experienced unprecedented humanitarian needs following deterioration in the security situation. NCA worked with partners to respond and support with NFIs. An example of adaptiveness was also seen for Phase 5. NCA's partner CARD noticed a discrepancy after the first and second food distribution, because not enough food was available for the selected beneficiaries. Initially, CARD recognised this as an internal mistake; but when it reoccurred CARD realised that it was handing out the tokens for collection too early and beneficiaries had copied

²⁴ <https://fts.unocha.org/countries/211/summary/2017> and previous years.

the papers and distributed these to more people. It adapted the process and from the third distribution only handed the token out to the selected beneficiaries in the afternoon the day before distribution and also used different colours for the tokens each month. Additionally, CARD also mentioned that due to the increase in price of rice, emergency food distribution changed from rice to sorghum.

One partner explained that no after action review was conducted for the last two projects that they worked on together with NCA, but this external evaluation should provide an opportunity for reflection and adaptation. It is important to note that, prior to this one, no evaluation of the emergency preparedness and response programme has taken place. This is important as findings could have helped the programme to course correct (if required).

NEGATIVE EFFECTS

Very few of those interviewed, including beneficiaries, named any negative effects resulting from NCA programmes. Some negative effects reported included an increase in population due to provision of facilities, fighting between an NCA partner and soldiers due to the noise of drilling the borehole and creating a culture of dependency as one NCA member explained:

“Situation where IDPs want to move home; but humanitarian system does not work where their

home is. So people have to consider if they stay here or go. Maybe they get everything here and what is the incentive to leave? Dependencies is a big issue within the South Sudan society.”

It was noted that the limited number of negative effects may be in part because NCA and its partners explain clearly why only certain individuals or vulnerable groups receive a distribution.

SATISFACTION LEVEL OF BENEFICIARIES

Assessing the satisfaction of beneficiaries is challenging as very little data has been collected during the programme. However, for this evaluation eight beneficiaries and beneficiary representatives fed back on the quality, quantity and timeliness of NCA and their partners' interventions. External stakeholder (11), implementing partners (12) and NCA staff (14) also commented on the various criteria based on their perceptions or feedback they have received from beneficiaries. Figure 5 shows an overview of their perspectives. Some specific examples are presented for certain locations or phases below the figure.

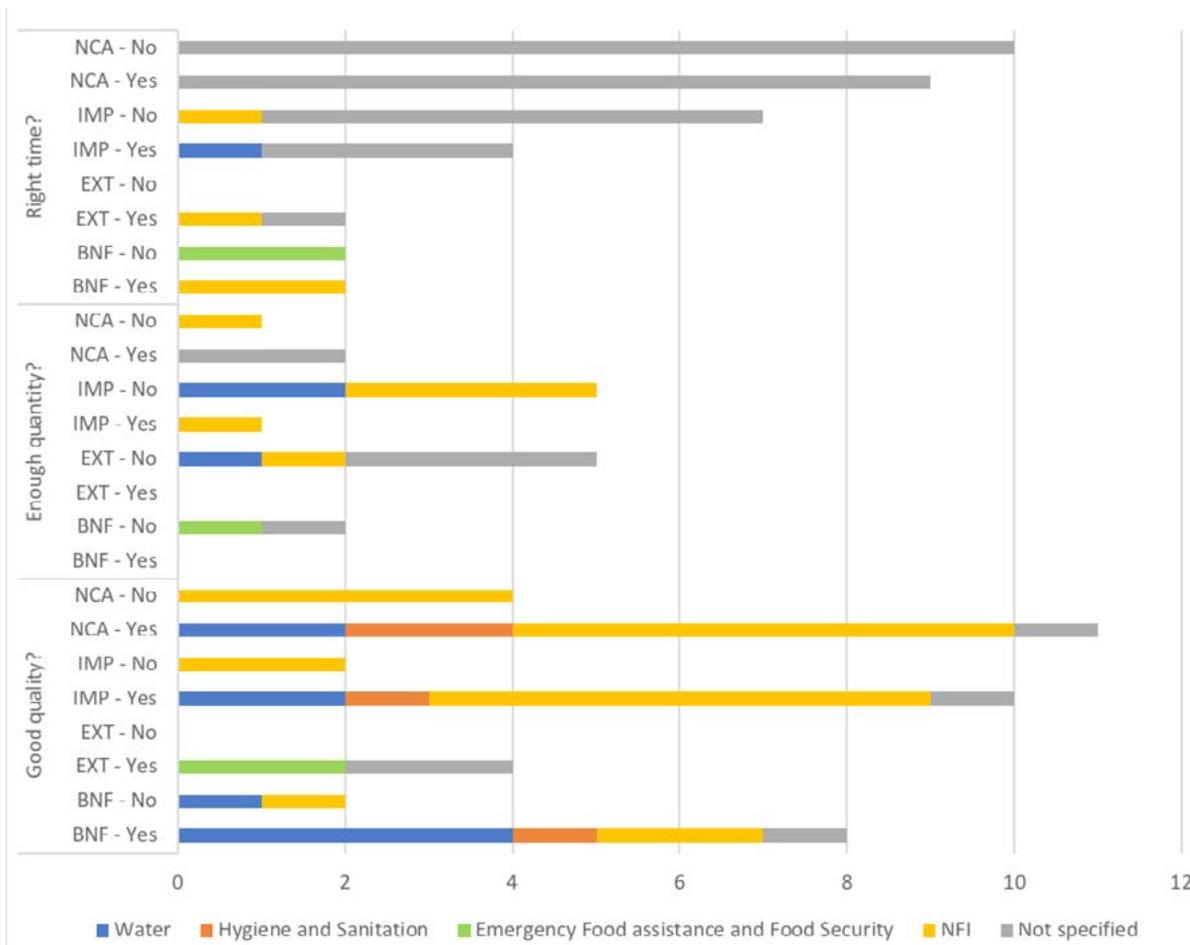
One beneficiary in Gumuruk explained that the hygiene promotion conducted in 2017 was good and that everybody appreciated the assistance received. The distribution was timely, as people had lost all their belongings, so the NFIs they received helped a lot. However, it's worth noting that today, only one sauce pan remains useable.

During Phase 5 in Gumuruk, NCA spent approximately 1 month drilling boreholes and distributing seeds and tools, but the drought still affected the people. Some members of these communities mentioned that though NCA was appreciated, they should bring bigger rigs to fix the boreholes (drill deeper) and to install a solar systems at the water points.

In Rum-Mading a beneficiary explained that though the items distributed by NCA in 2017 (Phase 5) were of a good quality and improved life for short time, it was not enough. One beneficiary explained their gratitude for NCA's intervention, but emphasised that the community would require more help in 2018. Others explained that the food distribution came only for one month, and the seeds that were distributed came too late because the rains had already started and the flood destroyed the seeds.

In the Mahad IDP camp, beneficiaries indicated that they previously (2016) did not have any water supply and therefore NCA together with partners came and drilled a borehole. Unfortunately, the community did not organise itself well enough and it resulted in the borehole being mismanaged and closed by the authorities. The beneficiary representatives suggested that they would have needed support from NGOs to care for the borehole, protect it and to lock it. In their opinion a fence would have been needed and someone to operate it.

Figure 5: Satisfaction: quality, quantity and time by stakeholder and sector



An implementing partner from Torit explained that though the NFIs from NCA were usually of good quality, the collapsible jerry cans were not; they break easily and are not good for storing water. This was a recurrent theme across various locations, and was mentioned by beneficiaries, implementing staff and NCA staff themselves.

In Wau, complaints were raised by returnees and IDPs because after the disaster that happened

last year, an assessment was done before some people arrived, this led to not enough items for all.

One NCA staff questioned whether plastic sheets for shelter in 40-50 degrees is the most appropriate. Another NCA staff member received complaints about the interval of distributions only every 2 weeks in Jonglei; and that for a distribution of 1,000 kits the beneficiaries had to queue for too long. Another received a comment that the size of the sleeping mat was very small. Another NCA staff explained that when procuring NFI kits preferred suppliers bring samples to the Juba office and the procurement committee (formed of Finance, Emergency, Administration, Programmes, and Logistics teams) members test it. This happens every time NCA are ordering products to make sure quality is maintained. The quantity of items provided were considered by NCA to be sufficient as these are supplemented by other partners.

Generally stakeholders reported that there is need to strengthen the timeliness of NCA's interventions through various levels: (i) improving funding timelines from donors; (ii) increasing the empowerment of NCA's sub-offices to be able to better act immediately (and not always wait for approval from Juba); and (iii) improving general decision making time.

Nevertheless, with regards to timeliness it was also pointed out by many that not everything is within NCA's and partners' control; e.g. delays can be caused also due to the insecurity and inaccessibility of roads (either due to conflicts or flooding).

"NCA works in an extremely challenging environment, NCA knows they have experienced delays, many of these delays have been caused by factors beyond NCA's control. If NCA receives funding late in the year, when it is extremely difficult to access some of the locations, often that leads to delays that sometimes are beyond NCA." – NCA staff

6.3. CROSS-CUTTING THEMES

STANDARDS

There is reference to relevant technical standards in proposals, and these are included in results frameworks. There may be scope for this to be more contextually relevant in some cases. Sphere indicators for sanitation and hygiene are less frequently referred to. Monitoring against standards is apparent but there may be opportunities to be more systematic and have more robust monitoring. Standards do not appear to be integrated into partner agreements or some relevant job descriptions.

The proposal for Phase 1 referenced Sphere benchmarks, but in relation to the WASH component only. For water supply, the mentioned Sphere benchmarks refer to water use (at least 15 litres per person per day), maximum distance to water point (500 metres) and maximum number of people per water source (250 people). For sanitation, the mentioned Sphere benchmarks refer to maximum distance from shelter to latrine (50

metres) and maximum number of people per latrine (50 people). Sphere benchmarks for hygiene are less frequently referred to and do not appear in the logframe.

There is scope for the references to Sphere standards to be more contextually relevant. One exception is where the proposal proposes an adjustment to the relevant standard for

sanitation for the number of people per latrine. The final report for Phase 1 is weak on reporting against the relevant standards, including Sphere. Evidence was found of use of Sphere standard: WASH – hygiene promotion standard²⁵.

In the proposal for Phase 2 (and the subsequent proposals), in addition to the Sphere standards, there is reference to HAP and IASC guidelines. However, reporting against relevant standards is very weak/non-existent in the corresponding final report. One exception is the component on WASH it states that *“the project was not able to provide access to safe water according to the Sphere standard. This is because of the scattered settlement of the community and also because of many users per water point”*. Evidence supporting achievement of Sphere shelter and settlement standard 4, construction was found²⁶.

The final report for Phase 3 states meeting the standards for water supply; but for sanitation achieved results are less compared with the targets set out in the proposal, mainly due to the security situation. The Phase 4 final report shows some evidence of achievement against Sphere benchmarks: e.g. *“NCA has estimated that the communities have benefitted 20 litres per person per day within ease and within 500 meters of their homes”* and some families constructed individual household latrines using local materials.

Robust and systematic reporting against relevant Sphere benchmarks is not apparent

in the final Juba crisis report. However, some clear efforts have been made to evidence achievement against some benchmarks²⁷. In other instances, non-performance was reported and there are examples where much more detail is required to make an assessment of the application of Sphere benchmarks.

Phase 5 proposal states that NCA is to provide technical support to ensure compliance with agreed standards, including CHS, IASC and Sphere. The results framework has an indicator on local construction materials. This aligns with the Sphere shelter and settlement standard 4 for construction²⁸.

With regards to partner agreements between NCA and various partners, where standards are referred to, they tend to be expressed in vague and unmeasurable terms: e.g. *“The IP is responsible to ensure that the rehabilitation work is done to top professional standard so that the beneficiaries will have water supply from these pumps for many years to come”*. There is an opportunity under relevant sections of agreements for emergency response (such as under ‘obligations of the partner’) to integrate application and adherence to key humanitarian standards into the expected obligations of partners.

It is understood that it is challenging to recruit technical experts in South Sudan; however, relevant job advertisements provide a good opportunity to recruit technical experts who have knowledge and experience on

²⁵ *“The disaster-affected population has access to and is involved in identifying and promoting the use of hygiene items to ensure personal hygiene, health, dignity and well-being”* and *“Hygiene promoters and community hygiene volunteers were recruited and trained in order to mobilise the affected community”*.

²⁶ *“the remaining temporary latrines were built using local construction materials”*

²⁷ such as *“Households are estimated to access 18-20 litres of water from hand pumps and water tankering per household member per day, meeting SPHERE standards. The water distributed by tankers, and used to fill static tanks in IDP neighbourhoods, was chlorinated and contains 0.3 mg/l free residual chlorine solution as per technical standards”; “In the other areas where NCA repaired broken down hand pumps, the access to water improved the reducing the queuing time to less than 5 minutes”* or on cluster guidelines: *“This kit is constituted to meet the minimum requirements as per the WASH cluster guideline”*.

²⁸ <http://www.spherehandbook.org/en/shelter-and-settlement-standard-4-construction/>

humanitarian standards. Inspection of some recent adverts (WASH Officer²⁹, Gogrial State; WASH Manager³⁰, Juba) indicate such expertise is not one of the criteria considered when selecting candidates.

Evidence collected from the key informant interviews shows that all seven external stakeholders asked recognise the importance of technical standards; and five highlighted that from their knowledge NCA adheres to the CHS and Sphere standards. It was mentioned that context in South Sudan makes it difficult to adhere to such standards as the following comments highlights:

"This is not just for NCA, but also for other partners or NGOs, you can't say you meet the specific Sphere standard. You go to the displaced people and they tell you they have 20,000 people, and you install two water points [which is not enough]. Or you build a borehole and it should only be for 50 household, but you find 200 households. You are not meeting the Sphere standard." - NCA staff

Implementing partners (6 out of the 7 asked) also stressed the importance of the standards and one of them explained that ground realities

are different and field staff might not follow standards of the humanitarian response; e.g. sometimes they might split up a NFI kit to give more people something rather than one person a full kit. One implementing partner also highlighted that its organisation integrates the CHS into its reporting system.

NCA staff (8 out of 10) clearly mentioned the importance of standards such as Sphere, CHS and IASC. It was highlighted as an integral part of planning. Four NCA staff also referred to NCA's code of conduct that references the standards. NCA staff sign a code of conduct which refers to standards such as the ICRC code of conduct, Sphere and Save the children's code of conduct with regards to protection of children. Besides this NCA staff sign the ACT alliance code of conduct which also includes links to ICRC's code of conduct and Sphere. NCA also subscribes to CHS and the Beneficiary Accountability Mechanism and therefore the Feedback systems; and the accountability to affected population and Sphere. It was also reported by NCA that it was HAP certified before³¹, and now is CHS certified³².

WOMEN AND PROTECTION

Protection of women and girls is identified as a priority cross-cutting theme across NCA's proposals, and while there is reference to the UN Security Council Resolution 1325 and the IASC Gender Handbook, they could be more contextually relevant and adapted to align with project requirements. Protection would also be relevant as part of a more holistic approach to protection mainstreaming and gender-based violence mitigation. Even though some disaggregation by sex is done across NCA proposals and reporting, disaggregation by age, type

²⁹ <http://comms.southsudangoforum.org/t/advertisement-for-wash-officer-gogrial-state-norwegian-church-aid/12714>

³⁰ https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwiDpr_jvlnaAhUCblAKHec5DfcQFgguMAE&url=http%3A%2F%2Fcomms.southsudangoforum.org%2Fuploads%2Fdefault%2Foriginal%2F1X%2F445e96eb50321d67d2c6da388c0611961a8dabcb.pdf&usq=AOVvaw3Unfq1fb5nQH3m_XqyX0Og

³¹ <https://www.chsalliance.org/files/files/HAP-PIA-certified-organisations.pdf>

³² <http://hqai.org/organisations/certified-organisations/>

of household, and type of disabilities is missing. This disaggregated data is critical information to understand both the people that were affected by the violence and the responses required by NCA.

The extent to which the emergency preparedness and response programme has promoted the intentions of the UNSCR 1325 on women, peace and security, can be reviewed with regards to its focus on protection of women and children and involvement in peace-keeping and peace- building.

Protection of women and girls is identified as a priority cross-cutting theme within the proposal for Phase 1, but lacks application through specific guidance and relevant indicators in a context where women and girls face high protection risks. This is despite some gender analysis and a few specific examples of the proposal incorporating a gender perspective. For example, the hygiene component includes supply of sanitary towels to girls and young women. However, a more comprehensive approach could be adopted where all proposed activities are subjected to a gender analysis, including in the areas of collecting water, the usage of latrines and hygiene promotion.

While there is reference to the UN Security Council Resolution 1325 and the IASC Gender Handbook, they could be more contextually relevant and adapted to the circumstances of the project. The proposal could have considered initiating advocacy activities that promote gender equity, in addition to the focus on meeting psychosocial needs. In the context of coordination, there is reference to the WASH and NFI clusters only. Protection would also be relevant as part of a more holistic approach to protection mainstreaming and gender-based violence mitigation. There are substantial gaps in the use of sex- and age- disaggregated data with this detail absent from the proposal. This is critical to understanding both the people that were affected by the violence and the response required by NCA. In the logframe, gender disaggregated indicators are included.

In the final report for Phase 1, it is explained

that women played an active part in the project through participation in the water usage committees as 4 of the 7 members were reported to be female. This was deemed to be significant given gender roles in South Sudan where females are involved in the collection and usage of water. The project states informal women's groups were involved in the planning and implementation of the WASH component. It is unclear whether gender-sensitive NFIs were provided as no details are presented in the report. Observation of proposed partners point out that a discussion on whether partners are equipped with gender and protection expertise as this knowledge is necessary in the context of South Sudan.

The proposal for Phase 2 shows that gender considerations are incorporated into the results framework. For example for NFIs, there are indicators on involving women and men in planning and implementation of NFI distributions and needs assessments gathering information on family structures to inform distributions. In the final report for Phase 2 relevant indicators on gender are not reported on.

Some examples of NCA incorporating gender considerations into the response can be noted in the Juba Crisis final report: women were consulted on the site selection for the water tanks; the bathing shelters and sanitation facilities were separated so that one side is used by women and the other side by men.

Comparing the proposals across the phases, NCA is stronger in incorporating gender considerations through gender-sensitive activities and indicators. Examples include the inclusion of GBV security and risk reduction measures within proposed assessments and interventions related to water sources and latrines. The proposal seeks to contribute

to gender equity through sensitisation on gender based violence and promoting gender-based programming and sensitisation on gender within communities. There is also an activity on the collection of gender disaggregated data (and age-disaggregated data). Examples of gender-related indicators in the proposal's results framework are:

- 50% of rights holder representatives participating in NFI and shelter needs assessment are women
- % of women and girls expressing satisfaction with menstrual hygiene management materials distributed
- % of affected persons from at risk groups in who reported no GBV related protection concerns in relation to access to water sources
- % of affected persons from at risk groups in who report concerns about experiencing GBV when asked about access to communal toilets

The proposal refers to alignment to the IASC guidelines for integrating gender-based violence in humanitarian action. However, this lacks details and the guidelines are not considered in the context of the response. Unfortunately, the final report for Phase 5 is not available yet to verify how these proposed aspects have been put into practice.

Two female beneficiaries gave examples about involvement of women within NCA's project. One indicated that 4 out of 10 people were women who help with a distribution in Gumuruk. The other one stated that NCA was involving women leaders in Rum-Mading; emphasising that all are equal in the community.

Out of the 7 external stakeholders asked, 6 emphasised the focus on protection. An example in Twic East was given about inclusion, as women and children are also included in deciding where boreholes should be placed. One other external stakeholder looked at prevention of GBV under the service provisions and sanitation and how organisations consider gender and discuss how to address it, e.g. distance to facilities (following technical standards, such as Sphere). Another one referred to solar lights being installed near water points for protection reasons. Another external stakeholder gave the example of protection within criteria of vulnerable people;

e.g. female headed households which are selected for an intervention not being selected because she is female, but more because it is a single headed household and it can be protection issue and the household could be at risk of GBV.

SUFEM emphasised that they had distributed hygiene kits with NCA, but had not worked on other specific protection tasks. However, for SUFEM's activities, especially in areas of water and water provisions, one can observe that there is always an element of protection included. For example, in 2014 during Phase 1, SUFEM worked on the construction of shelters in various locations, mainly for women to protect their privacy. Alternatively, if a borehole is broken it can take a long time for women to go and collect water from another water point which can lead to harassment; if SUFEM can rehabilitate a borehole closer to the women, it can minimise the risk.

It was said that NCA involves women in interventions and workshops; and that if organisations do not have a GBV or gender focus in their projects, then donors do not give funds. Though women can be part of the camp management, of the 13 sites that were visited none were female-headed camps, and only 4 sites had female camp representatives joining the camp management interviews.

The 12 NCA staff interviewed recognise the significance of GBV and protection. Since 2017 there has been a GBV unit focussing on GBV programmes, case-management and referrals, although this is more used for development programmes. NCA reports adopting gender-sensitive approaches in its programmes. Some NCA staff members explained that NCA ensures women representation in the site selection of latrines or water points, and in the Water User Committees. It was emphasised that throughout the phases of the emergency preparedness and response programme, NCA involved women, in the distribution on NFIs or other services. Someone also pointed out that NCA make sure women participate in decision making and women are there to give their view. However, it was noted that sometimes it is difficult to get gender representation. NCA's project reports are weak in documenting this; although disaggregated lists by female and male

can be found.

It was also reported that having this protection lens in NCA's mind when NCA designs its programmes, is equally important part of its programming in terms of integrating GBV. It equally applies to WASH programming, it is not new in the sense that consultations have always been enforced and encouraged through Sphere and CHS, but thinking through from a GBV perspective, one can see additional risks and find ways to ensure that risks are reduced to a minimum wherever possible.

One NCA staff explained that gender should be part of assessments and NCA needs to start by creating awareness within its own staff, then train partners. Suggested trainings include gender and UNSCR 1325.

CONFLICT SENSITIVITY

There is some conflict analysis within proposals and an example of a more holistic report on communal conflict for a specific geographic location.

Phase 1's proposal provides some evidence of conflict-sensitive programming. The proposal offers a couple of positive examples, where affected populations are involved in deciding the selection criteria as part of a Do No Harm approach for conflict avoidance. The proposal also mentions a planned assessment will include elements of a conflict analysis. However, while the proposal acknowledges the fluidity of the conflict and the need for a flexible approach, it does not proceed with analysis on possible conflict-related scenarios and the type of response this would require by NCA.

An example of how conflict-sensitivity was integrated in Phase 3 is given in the final report. The Juba crisis report shows that the project did not anticipate conflict dynamics specifically that the focus of fighting and violence would shift from Juba to other parts of the country

and this contributed to slower implementation.

In the Phase 5 proposal, findings from the NCA conflict analysis study are mentioned and this provides a good overview of the effects of the conflict on women, including the increasing use of rape as a weapon of war. However, this is presented in board terms and analysis was absent on the specific implications for programming and the mitigation measures by NCA in response to the risks of GBV.

External stakeholders responded to the subject of conflict sensitivity by outlining security concerns, access challenges, effects of Sudan closing the border, the need for authorisation letters from OCHA, and need for RRC to share information. In addition, it was explained that conflict analyses are taking place and are shared across cluster members. Due to large security concerns it is challenging

for organisations to work and keep their workers safe, and it often hinders the access to communities. It is important to be aware of the challenging areas.

Seven out of the 7 NCA staff that responded to questions on conflict analysis gave examples and highlighted how NCA carries out conflict analysis. It was explained that NCA's country strategy 2016-2020 identifies the key drivers of conflict, namely "(i) *lack of participation,*

especially of women and youth (ii) lack of access (iii) competition over resources in the form of assets (e.g. cattle, land, water) as well as in the form of access to basic services (health, education, clean water) and (iv) lack of governance structures at local level."³³ Some of this information is also part of the 'Why we still war – An analysis of communal conflicts in Gogrial, Eastern Equatoria and Pibor County of South Sudan'. However, this conflict analysis report was produced by NCA, but was not reflected upon or updated given the changing context.

BENEFICIARY FEEDBACK

While results frameworks include specific outputs on communication and feedback mechanisms with affected populations for some phases, from project reports it appears there have been some challenges with establishing complaints mechanisms. This is taking place in a context where it would be particularly important for beneficiaries to have an outlet to report for example GBV incidences given its high prevalence.

Beneficiary satisfaction indicators are included for both WASH and NFI project components in the logical framework for the Phase 1 proposal, i.e. i) Rate of beneficiary satisfaction with NFI distributed, in relation to relevance, quality and usefulness; and ii) % of beneficiaries that have demonstrated satisfaction with the level of adequacy, quality and timeliness of various elements of WASH service delivery. It is reported that feedback from affected populations is to be collected through interviews only. There is no specific commitment to establish a complaints mechanism to allow free and transparent feedback on quality and satisfaction of service delivery. This is particularly problematic in a context where GBV is a serious issue and vulnerable populations may need to report protection risks.

In the Phase 5 proposal, a specific output on systematic communication with affected populations using feedback and communication mechanisms is included. No evidence has been found that systematic beneficiary

complaints mechanisms have been set up during this programme; some anecdotal evidence was given that people were able to share some feedback if for example an NCA staff was visiting the project location or during distributions; however this was more on an informal basis.

However, it was reported by NCA staff that since Phase 6 (September/October 2017) a beneficiary feedback mechanism has been established. Although it is just outside the timeframe for this evaluation, this is a positive initiative. The question now is about the extent to which beneficiaries feel safe to use it and if it is responsive.

Sixty percent of the beneficiaries interviewed (n=10) confirmed that there are no established feedback and complaints mechanisms whilst the remaining reported being able to raise issues through implementing partners, NCA staff and Payam administrator. This often dependent upon these personnel visiting the project sites. Other stakeholders interviewed (9 out of 11) confirmed lack

³³ 5-00831-2 15-00144-7 44 - South Sudan Strategy 2016-2020.docx 452534_1_0 515003_1_1; p. 5

of feedback mechanisms established by NCA although examples were provided of other organisations setting up complaints desks during distribution and a hotline or survey for feedback. Generally stakeholders acknowledged the importance of feedback and accountability to the affected population. Fifty percent of implementing partners (n=10) reported having established their own complaints mechanisms, with many emphasising the need to strengthen FCMs at the community level as well as to educate people about these so that they are used by the beneficiaries. A few examples were provided by implementing partners and NCA whereby feedback (i.e. complaints) was received. Complaints received related to delays in receiving seeds, and distribution of funds and items. This feedback was collected post distribution by conducting interviews, speaking with IDPs and during camp management meetings. CARD from Wau provided examples of camp leaders or block leaders sharing feedback with visitors and having designed a form to collect information about problems and concerns. In cases where complaints have been made examples were provided of verification and response by the relevant organisation.

NCA staff provided examples of methods set up for receiving feedback such as an

alert email address and reported that all the NCA programmes have a FCM. People also have the option of completing a form with the staff in the field or the office in Juba. Another example of a complaint mechanism set up during a response included registration, where the beneficiaries report their complaints. NCA hand this mechanism to the local authorities but there was little implementation. It was reported that many beneficiaries are unable to read and write and therefore such a mechanism is inappropriate for them. When NCA and partners provide NFI they leave a book with the partner for feedback.

FCMs are reported to be not effective as these are not taken seriously or not used in the correct manner by the community or the local authorities. NCA acknowledges that these feedback and complaints mechanism need to be strengthened despite efforts such as providing training and encouraging partners to ensure such system are in place. NCA does need to emphasise and train those local churches and local authorities more about feedback and complaint mechanisms. It is important to note that in South Sudan it is not culturally acceptable to complain.

6.4. LOCAL CAPACITIES

Because they are part of the community, local partners know the context and the people. Evidence suggests that partnering with churches and local partners leads to increased access and (if done well), continuity and sustainability. However, local organisations often do not have funds and their accountability systems are often not fully established. Additionally, international organisations recruit qualified people away from the national organisations. To enable local partners and increase their capacity it is perceived that NCA gave trainings and accompanied partners in delivering projects. Also, NCA has worked directly with partners to strengthen their internal systems. NCA supports partners in writing project proposals, but it was identified that NCA should consider letting partners do more independently and act more in an advisory role.

INCREASED CAPACITY OF LOCAL PARTNERS

Criteria 3, indicator 2 of the CHS specifies:

*“Local authorities, leaders and organisations with responsibilities for responding to crises consider that their capacities have been increased”*³⁴. In order

to assess if local partners consider that their capacities have been increased as a result of cooperation with NCA, it is important to first look at NCA’s partner selection and partner capacity assessments. The document review indicates varying levels of emphasis on this; however, an evolution throughout the phases is observed. For example in Phase 1’s proposal capacity development of partners is not integrated into the project results framework. However, for Phase 2 there is a dedicated outcome in the proposal on strengthening the capacity of churches. It focuses on developing capacity in relation to humanitarian standards, managing, monitoring and reporting results, and operational support targeting office facilities, stationary and equipment to support an effective emergency response (though these are not reported on in the final report, and it is unclear whether these initiatives were conducted). Though not a main part of the Phase 3 project, NCA conducted some partner capacity building exercises, including training and technical guidance to partners to enhance their capacities in service delivery of integrated WASH. Lastly, the proposal for Phase 5 contains a comprehensive risk management matrix. Partner capacity constraints are assessed as ‘medium’ for both likelihood and impact. The mitigation strategies include continuous assessment of capacities, on the job training and more formalised training/capacity development.

Interview data related to partner selection and capacity assessments shows that NCA has had long standing relationships with many of its partners. In total NCA has 15

partners in the development and emergency field³⁵. Some of these may only be part of development programmes, but some of them were involved in the emergency preparedness and response programmes. NCA’s partner selection is based on referrals or requests and partner fulfilment of standard requirements. At times a rapid assessment is also conducted using the ‘capacity’ criteria which includes gathering information with regards to staffing, structures and systems in place, financial and governance structures, fraud, sexual abuse and harassment. It is not clear if these assessments also have a technical capacity assessment component. NCA usually reviews after 3 years the impact of the partners and the improvement of the organisations. This process is appreciated by the partners as well as NCA’s flexibility and support afforded to them. Yearly fixed partnership agreement exist for the development partnerships; but emergency partnership agreements are fixed on time and response basis.

NCA is reported to prefer partnering with organisations it has previously worked with or where they are considered important for an intervention in a specific geographical area. As a faith-based organisation partnering with churches, and the credibility they are reported to bring, is considered an important aspect of its partnering strategy. However there were also views amongst those interviewed that NCA needs to broaden its partnerships, extending these to include CBOs that have capacity to address local needs.

When asked if local partners’ capacities have been increased as a result of a cooperation with NCA, external stakeholders referred to NCA’s responses are anchored in the knowledge of

³⁴ <https://corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf>; page 11

³⁵ NCA South Sudan Country Strategy 2016-2020 - Annex 1: NCA 2016/2020 Partners Profile states 10 partners as that must have been the status when the document was created; in interviews with NCA it was reported as 15.

local partners. Some representatives of the RRC explained that they had helped to set up some workshops with NCA, but that they also joined them specifically in the 'Do No Harm' workshops. A cluster representative highlighted that international and national organisations join as cluster members but emphasised the importance of having national actors joining as they are the ones that implement.

SUFEM, described as one of NCA's biggest partners, received several capacity building trainings based on weaknesses that NCA had identified such as field survey, procurement, and finance. It is perceived that this central and focused training is designed to build the basic principles to improve the partner's standard. NCA develops training according to needs identified through partner reports and assessments. SUFEM have also received training in Oslo, Norway in 2017 on the assembly of NCA's small water treatment plants (SWAT systems). This was an expressed need in the sense that, NCA has holdings of contingency stock of SWAT kits; but very few people actually understand how to set them up. Based on this experience SUFEM staff were able to train more people on the use of the kits. SUFEM have also reported that they are doing things differently due to having partnered with NCA for the last four years: *"There are some improvements, because NCA is stressing for standards and that is also something SUFEM aspires to do, so NCA and SUFEM can be on the same level. NCA supports SUFEM on this. If SUFEM has good standards, it will make work for NCA and for SUFEM easy."*

One of the LWF staff interviewed explained that although one person had been trained by

NCA on Participatory Hygiene and Sanitation Training (PHAST) in 2015 in Juba, more training would be desired, especially with regards to technical WASH and for example PHAST refresher course. The implementing partner CARD reported that NCA trained two CARD staff on procurement and logistics, and also two CARD staff on emergency response programme. Caritas Torit has not been provided any trainings and the Ministry of Physical Infrastructure has been trained on gender issues in Torit.

ACT alliance members are also reported as providing trainings to each other for instance on psycho-social support (which took place in October 2017 and March 2018), emergency preparedness and DRR training (organised by DCA). ACT members return to train their individual partners. Some other examples of NCA's international partners supporting national and local ones include Christian Aid supporting a local partner HEART and LWF working with a local CBO called Conda.

NCA acknowledged that their capacity building approach is not systematic and needs to work with partners to improve this. However they did recognise that existing efforts have increased partner capacities and their ability to for example carry out assessments and mobile data collection has improved. Another area of improvement is the partner's ability to implement projects, report on these and attract funding. This, it is perceived, has made the partners more 'marketable,' with skills to access pooled funding. Apart from emergency preparedness trainings NCA also organises workshops and trainings on standards and policies.

Additional training needs voiced by implementing partners were on:

- Finance, financial reporting and accountability of cash (CARD, Santa Monica and Torit Ministry of Physical Infrastructure)
- Logistics (CARD)
- Managerial skills; and maybe also executive director training (CARD)

- Organisational management (Santa Monica)
- Planning and proposal writing (CARD and SUFEM)
- Programming (Santa Monica)
- Project Cycle Management (for SUFEM's junior staff)
- Training for technical staff with regards to WASH activities, e.g. geophysics survey and building capacity in software and hardware.
- Training on awareness GBV, child protection, and HIV.

BETTER ENGAGEMENT

Overall NCA appears to be very engaged with its partners maintaining clear communication and continuing capacity building initiatives and support. However, a few partners, who have worked on short term contracts have expressed the need for NCA to sign strategic partnership agreements as the following comment illustrates:

"We call ourselves partners, but maybe for 2018 we don't have any agreement for a project. We don't necessarily need to have one, but we need to know why we don't have one and in what framework are we operating together? Regardless of whether there is funding for this year or not, what is the framework within which we operate as two partners - two very strong and close partners." – One of NCA's implementing partners

NCA have also acknowledged the importance of changing the nature of the relationships with partners whereby these become more strategic transitioning away from a direct supervision approach. Other areas where NCA takes a leading role is financial assessments and reporting to ensure accountability. Local partners are acknowledged for their strong ability to respond but not necessarily financial accountability. NCA has a list of partners that 'need to improve' their financial reporting before more funds can be dispersed. It works together with its partners to strengthen their reporting.

INFLUENCE ON RESPONSES OF WORKING THROUGH LOCAL PARTNERS

The majority of external stakeholders interviewed (10 out of 13) viewed NCAs positioning, due to its long-standing presence and wide networks in the field, as one of its strengths. NCA is using the established partnerships from the development programmes in their emergency responses. The benefit of these connections are the pronounced knowledge of the field, the understanding of the circumstances, and the familiarity with community. Additional benefits highlighted include wider reach, access to areas, and sustainability as national actors will continue to work in South Sudan once international organisations withdraw. One

specific example was given from an external partner in Torit; who commented that after the August 2016 incident, most INGOs withdrew their personnel; but some actors were able to respond due to quick responses of [local] people.

"As national as possible; international as necessary"
– One of NCA's external stakeholders

One of the external stakeholders explained that organisations like NCA, who are well networked and in the field all the time, strongly help to understand a situation when a new displacement or a new emergency takes place.

They are able to share the needed information as they have developed relationships in the community, and existing projects that can be leveraged to help newly displaced people. Thirty-six percent of implementing partners (n=11) agreed that local partners presence helps to influence responses. They are more ready and better recognised in the field and employ local staff that speak local language which helps to minimise barriers.

Local knowledge and insights of the prevailing situation enables organisations to have the understanding and outreach, but at the same time makes responses cost effective and builds resilience. This also brings employment for national staff, although international organisations were criticised for recruiting staff away from national organisations. Role of INGOs was commended for taking on a more independent stance as compared to local NGOs.

Timeliness was reported as a positive aspect of working through local partners. An example of the security situation in 2016 was given, where it took INGOs time to respond. The church however was able to 'open its doors right away'. An example of a prompt response due to working through local partners is the Don Bosco IDP camp. The conflict started in December 16th, 2013, and on December 18th there were between 5,000 and 6,000 people in Don Bosco. NCA was contacted when the emergency broke out and it subsequently supported the IDP camp with hygiene kits. Also, NCA dug a borehole in the school (still functioning), for drinking water which was installed at the end of 2016.

Majority of the NCA staff interviewed (7 out of 11) explained that working through partners has enabled them to expand into more areas. Local partners are from the specific areas and know the context better. NCA also includes the host communities and local partners

understand the needs of the people, so when services are provided these are aligned. Local partner are also reported to have the trust of the populations they work with particularly if they have been in the area for a long duration. This is in line with comments from NCA's Phase 1 proposal stating that "Faith-based organisations have a natural entry point as they have a huge outreach and legitimacy and credibility within the population" and the final reports from Phase 1: *"Ensures services are relevant to the local population as these partners are closer to the affected populations."* and *"Conflict-sensitive approaches can best be applied by local partners themselves. Church leaders are trusted partners in resolving conflict."*

It was also highlighted in the 'Missed Out: The role of local actors in the humanitarian response in the South Sudan conflict'³⁶ report where *"interviewees repeatedly noted the role of the church as the only permanent South Sudanese institution with a broad constituency able to advocate at the highest levels of government"* (page 21). In addition, it was remarked that with regards to operational cost national NGOs offer *"reduced costs associated with office space and vehicles (often associated with higher risk taking)"* (page 18).

Furthermore, NCA has been able to be more consistent in the monitoring systems. When NCA has to monitor, if access is a problem; partners are able to move in rather than NCA so they can access and monitor programmes more effectively and regularly.

However, it was pointed out was that though NCA does not have many technical partners for WASH emergencies, it has access to church partners, who are a great access point for beneficiary selection, distribution and hygiene promotion. NCA selects partners who are long-term, and the opinion was that NCA has huge potential to scale up work with partners, if certain systems are in place.

³⁶ <https://reliefweb.int/sites/reliefweb.int/files/resources/rr-missed-out-humanitarian-response-south-sudan-280416-en.pdf>

UNIQUE ADVANTAGES OF LOCAL ACTORS

Eight out of 9 external stakeholders expressed that the main unique advantage of local actors is that they are **deeply rooted in the communities** being served. Local partners are **local and always there**, as well as they **know and understand the context and the needs** to a great extent which INGOs cannot. This was also supported by 6 of the 7 implementing partners, and backed by 5 out of 5 NCA staff.

NCA's implementing partner Santa Monica explained that they are able to carry out assessments through the VICOBA, as they are well distributed and spread out across every corner of the area. Santa Monica created a very well developed network and updates are very quickly shared, be it a humanitarian issue or security issue. Caritas Torit also highlighted that it has a connection with all the parishes and can easily move. Caritas Torit's unique advantage is that it is connected to all the areas. CARD expressed that its unique advantage is that it is really community owned and people perceive the organisation as one of them.

Another implementing partner described the **timelines** as one of the unique advantages of local actors. NGOs would not be able to react so quickly; for example the commissioner calls Caritas Wau, and Caritas responded quicker and faster than NGOs. NGOs did not move or could not move because of insecurity and they had no security clearance from the governor, military intelligence and police.

However, one of NCA's staff explained that NCA's international partners are NCA's partners in supporting capacity local partners in areas that NCA may not have a presence. So in that respect, for example in Jonglei (with LWF), or Yirol East (with CAFOD), NCA works with international partners to support the local partners. The partnership with the INGOs is very useful function as NCA cannot be everywhere, and those particular partners have then their links with the other local actors or churches, which are also of interest for NCA, as an ecumenical organisation.

ENABLING LOCAL ACTORS

NCA still needs to strengthen the capacity of their partners. It is challenging as NCA is trying to train partner staff, but turnover is high. The turnover of partners' staff is beyond NCA's control. Likewise, it is difficult to strengthen the capacity of national organisations and the line ministries, often there are new ministers and they change all the staff. NCA needs to get more partners in the area of WASH whilst it is easier to find partners for peace-building activities.

Discussing what is needed to enable local actors to respond to humanitarian crisis, stakeholders identified **funds**, and **capacity building** as the main enabling factors. However, it was clearly stressed that NCA (and other actors) will need to do capacity building continuously and regularly due to the very

volatile and fluid environment. International organisations could also provide local actors more working tools and support at strategic level; however, capacity and human resources need to be available.

One external stakeholder explained that already established organisations should continue to go on **joint missions** with local actors, so they can get involved and then the clusters need to trust them to apply for the HRP. Along these lines, one NCA staff also expressed that NCA engages partners in coordination with church-based organisations, but partners do not engage enough in sub-national coordination, so NCA should support them in getting involved in the local clusters.

Enabling factors could also be to support local

actors in applying for different funds and to diversify. One implementing partner explained that some organisations have many different donors, and can receive direct funds from FAO or UNICEF. Another implementing partner explained that so far they have only applied locally to certain funds and not yet applied internationally by themselves, however did apply nationally to international actors though, who are often requesting them to support and become partners. Nevertheless, many times this implementing partner is unsuccessful and believes that it is due to competition.

NCA also acknowledged that it needs to improve linkages with local authorities. Working through and with local partners is reported to be time consuming but it was accepted that this is a better way to achieve longer-term sustainability. Some stakeholders also suggested NCA should take up a more leading role such as conducting borehole supervision across organisations which would provide economies of scale.

BARRIERS FOR LOCAL ACTORS AND HOW TO OVERCOME THEM

Out of 26 interviewed respondents the following key barriers were identified for local partners. These are in line with the barriers outlined in the 'Missing Out: The role of local actors in the humanitarian response in the South Sudan conflict.'³⁷

1. LACK OF CAPACITY (76% RESPONDENTS)

- Capacity gaps, language / education and culture of humanitarian way (e.g. quality, logframes); Lack of capacity of county government, not enough people and low capacity (doesn't attract highly qualified people because of the low salary and remoteness of the counties); CBOs sometimes only have 4-5 staff
- Crisis broke out, then donors & NGOs came; local partners can't compete with salaries that NGOs pay; so it is difficult to retain good staff; international organisations took qualified people away from the national organisations - stealing the backbone from the national organisations.
- Difference between national NGOs vs international NGO partners: INGO partners are better in reporting, have more capacity to do so.
- Donors are sceptical of the capacity and accountability (where the money goes); and also donors like to give big grants to fewer organisations; because it is easier for them to manage.
- General business skills, need to build their institutions well and have it in place, getting offices can be a challenges and lack of internet
- Inadequate project management systems, linked also to internet access in remote area
- Issues with accountability; it is the local partner's ability to handle bigger donor funding that is a major challenge, because your risk increases with the size of your funding, so some of NCA's partners have very basic book keeping skills; and therefore are not able to take large funding.
- Lack of proposal writing skills, reporting not standard and issue of information management

³⁷ #3 (Perception of low capacity and the lack of opportunities for NNGOs to prove themselves); #4 (Competition between national and international organisations and prioritisation of INGOs in funding proposals); #5 (Lack of technical support for NNGOs); #6 (Losing staff to INGOs who pay higher salaries), #6 (Lack of funding for organisational development) and #9 Limited financial management capacity."

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- Local actors/CBO do not have the NFI items and don't have transport or the knowledge of how to distribute.

2. LACK OF FUNDING (57% RESPONDENTS)

- Ability to get donor funding directly is a barrier, sometimes donors are more comfortable to channel money through international partners; some local organisations (especially the local church) might also not have tried this yet.
- Change in the scenario [dynamics], now everybody also changed the style of interventions and the mode of funding.
- Churches do not have the capacity to maintain their staff (economic challenge)
- Governments and donors have a lot of bureaucracy; and some have negative perceptions of local partners when it comes to responsibility for money and accountability.
- Inflation is problematic and makes programming difficult
- Lack of resources; churches may not have contingency funds and the ability to do an emergency responses in 72hrs; maybe no prepositioned material; or maybe outweighing needs vs resources.
- Predictability of funding challenging which makes it hard to keep staff & partners and maintain partners/capacity
- Clusters talk a lot about national actors and talk about their importance; but if you look at the Core Humanitarian Fund it is still a very small amount of the bigger budget that goes to national actors

3. INACCESSIBILITY AND INSECURITY (23% RESPONDENTS)

- Access because of security concerns very limited
- Access during wet season very challenging
- Ethnic divisions: cannot send staff to large parts of the country because of ethnicity.
- Innate social challenges, where NCA has had partners who have been obstructed from going to certain locations because of their ethnicity
- No NFIs on the ground (Juba), not effective – based on seasons, rainy seasons bring inaccessibility and insecurity
- Transportation

4. NOT VERY STRONG LEVERAGE WITH GOVERNMENTS (8% RESPONDENTS)

- Government could cancel registration, INGO more advocacy and more resilient
- Sometimes new rules e.g. permits re introduced

OVERCOMING BARRIERS

Suggestions on ways to overcome the above barriers were provided by 17 respondents. Three out of the 7 external stakeholders suggested that capacity building of local actors is the best way to remove barriers, which was seconded by 3 out of the 5 NCA staff. NCA staff explained there is need to adapt partners' financial systems to make it appropriate and transparent. One NCA staff explained that some partners have very basic book keeping skills and therefore cannot take large funding amounts, as the risks increase with the size of the funding, NCA overcomes this by reducing the amount of funding provided.

NCA should also help partners write proposals and projects, but with partners doing it independently and NCA providing a supervisory supportive role. It was also suggested that NCA should look at how it can build the partners' institutionally, e.g. providing infrastructure for them to improve their financial reporting system by providing them with computers which could lead them to automating some of their reporting and systems. This is also echoed by an external stakeholder in Aweil (OCHA) who suggested to provide internet access to the church in Aweil centre or CARD Wau to facilitate engagement and interactions. Two other implementing partners (CARD and LWF)

expressed the need to continue strengthening the capacity of local partners through training and other solutions, so that they can apply directly for funds and do implementations.

It was also reported that the Inter-cluster Working Group is putting together a taskforce with objectives to support national NGOs to help bridge that gap; focusing on 1) skills building training, 2) engaging with NGO forum, 3) reaffirming the inter-cluster working group commitments to working on national NGOs engagement plans and raising awareness of these; and 4) increasing more national NGO led initiatives - a lot of organisations already have co-leads, but to continue strengthening it at subnational coordination or working groups.

One NCA staff also mentioned that NCA has continued to push the agenda for more involvement of national partners and advocated for more funds to go to them. The same person also explained that as the situation deteriorated the national actors have become more and more important; because there is not a presence of the international actors in some parts of the country.

7. LESSONS LEARNED

The following bullet points are a compilation of key learning points that the evaluators observed, key informants shared or suggested during their interviews, and some good practices that are considered suitable to NCA's interventions.

WASH

- **Disease surveillance trends** should be one of the performance indicators (outcomes level), but it can also be a useful tool for adapted and rapid action in terms of preparedness and response (before regular seasonal peaks – diarrhoea, malaria, etc.).
 - Consider increasing more vector control activities (mosquito, plus others) in WASH programmes
 - Mosquito diseases are WASH-borne diseases; and NCA should aim to initiate preventive actions in the communities (mainly garbage collection and water drainage). It is important that new facilities do not bring more favourable contexts for mosquito development (although anopheles larvae do not develop in very dirty stagnant water, such as water from bathes and kitchen, but possible if bad evacuation/drainage of water points)
- In terms of preparedness, NCA should **continue to plan some emergency actions before expected periods of increased WASH-born disease** (again the importance of health data): cleaning water points, awareness campaigns, and emergency treatments if required, etc.).
- **Improved Operation & Maintenance support after phase completion** to ensure higher coverage of WASH services, beyond the phase period
 - As this brings limitations in sustainable water supply services, next projects might consider deepening assessment of that specific O&M aspect (through a SWOT analysis for instance and identifying potential actions to take).
- **Implement water quality tests at points-of-use** (e.g. in some sampled shelters) would be useful as it is common knowledge that about half of water contaminations occur after the water collection from pump/tap (during collection in dirty containers, transportation, storage at home and collection of water to drink a glass – putting dirty hands into the water).
 - Explore options of handing out free residual chlorine at standpipes (0.2-0.5mg/l) which could prevent from further contamination.
- **Specific technical recommendations for the Gumuruk SWAT unit:**
 - Fixing the technical issue to double daily water production (less waiting time, i.e. less temptation to go to the river...)
 - Regular technical follow-up with the community technicians
 - Community awareness (intense Hygiene Practice activities) about use of tap water, and no more supply from the river
 - Building a roofing protection for water tanks. In addition, a roofing protection would reduce water temperature. Hot temperature might (i) divert the beneficiaries from immediate consumption, (ii) increase risk of bacteriological contamination and (iii) possibly reduce chlorination. Depending on quality, long-term exposure to UV might also damage

the structure of tanks.

- **Consider more solar powered water points.** These they are more expensive but the question of balancing quantity vs quality should be debated; continue to diversify and shift to new technologies e.g. solar powered water points as NCA did in Imehejek and Lafon in 2017
- Although there are many sustainability challenges; NCA should try to **rebuild pits and support the community in putting in place a service for emptying latrine pits** (e.g. in Twic East or Mahad)
- Ensure handwashing facilities are near latrines
- Advise partners who drill or rehabilitate boreholes for NCA to include NCA's name in the cement
 - Maybe establish **hand pump mechanics associations**, so they are within the community and can share tools. Communities can then pay them a little fee to fix the hand pumps (if more is broken than the hand mechanics within the village can fix/more tools are needed).
 - **Borehole toolkits:** Try to budget for boreholes toolkits for the community.
 - Continue to train hand pump technician from among the community and continue advocating for more responsibility for local government to take on operation and maintenance.
- **More hygiene practice awareness activities** could maybe increase demand and use of latrines (at very low cost compared to hardware activities). Generally speaking latrines are almost non-existent in rural South Sudan, which means there is a need to do a lot in terms of awareness, not only quick messages but participatory process (that requires extensive presence in the field).
- **Post-phase support** to communities not only necessary for Water Supply and Sanitation Operation & Maintenance, but also important for hygiene practices and behaviour change.
- Better document hygiene promotion and community mobilisation activities.

COORDINATION

- NCA should **continue to use their presence in various geographical locations** and strengthen their local networks
 - Continue the same spirit of collaboration and cooperation
- **Consider establishing a hub whenever there is a crisis**, to follow up with NCA partners and deployed NCA staff within close proximity of the interventions.
- **Report more:** The UN-consolidated South Sudan Crisis Response Plan 2014 outlined a coordinated response to the crisis by several organisations, including one of NCA's partners, SUFEM. However, NCA's contributions were not directly reported in the plan. For the following years – 2015 and 2016, NCA was not mentioned as a participatory agency, but NCA was listed as a participatory agency together with ACT in 2017. For the 2018 version of the Humanitarian Response Plan NCA is not listed as a participatory agency. NCA should therefore make efforts to increase its visibility within these plans.

NCA INTERNAL AND GENERAL

- **Improve internal NCA South Sudan communication** across the offices in Warrap, Torit and Juba.
 - Update staff about the Emergency Unit and officers across the country, to ensure everyone knows who to contact
 - If budget limitations restrict capacity building, ensure the skills that are within NCA are shared and coordinate internal trainings:
 - > Some request for training: on handling emergencies, stock management, distributions, and emergencies preparedness
 - > Maybe options for 'lunchbox learning' or recording trainings to share video files (as webinars will probably not work)
- If funds allow, NCA should aim to **have one emergency officer per NCA field office**, e.g. need to recruit someone for Torit.
 - With the influx of returnees from Uganda and Kenya, it is essential that there is someone who can manage this.
- **NCA should revisit the roles and responsibilities** of the Torit and Warrap office.
 - Direct decision-making responsibilities should be reviewed and improved, which ultimately leads to increased efficiency and enable the offices to act promptly.
- **Continue to explore more Cash-based interventions:** it was mentioned that NCA is looking into working more on cash-based programming and already is reaching out to learn from partners who have some more experience with it (e.g. LWF)
- **Data management and naming convention:** NCA moved to Office 365 a while ago, but it was explained that it can take a very long time to upload and download documents due to the challenging internet connection. If it is not possible to work with Office 365, consider having a server
 - Agree on a structured naming convention and state dates on the cover page of the documents, this will enable other staff to better find documents even if a specific person leaves the organisation.

7.1 SUGGESTED FURTHER REFERENCE

Based on the findings and lessons learned, the evaluators listed a few resources that could be of interest to NCA.

Some guidance on SMART indicators

A useful resource that makes it easy for people to find suitable SMART indicators for their project which can be filtered by output, outcome, impact, global cluster and ECHO's Key Outcome Indicators: <http://www.indikit.net/>

Maybe also some additional reference can be drawn from this: **Monitoring and Evaluating Capacity Building: Is it really that difficult?** Link: <https://www.intrac.org/wpcms/wp-content/uploads/2016/09/Praxis-Paper-23-Monitoring-and-Evaluating-Capacity-Building-Nigel-Simister-with-Rachel-Smith.pdf>

Closing the loop: Effective feedback in humanitarian contexts

Guidance intended for people designing /or implementing feedback mechanisms in a humanitarian programme. Link: <https://www.alnap.org/help-library/closing-the-loop-effective-feedback-in-humanitarian-contexts>

If NCA is going to consider more **Real-Time Evaluation**, this could be a useful resource: https://acfid.asn.au/sites/site.acfid/files/resource_document/Real-time-evaluations-of-humanitarian-action.pdf

South Sudan: Community-led Total Sanitation in Northern Bahr El Ghazal

NCA's evaluation ToRs stated '*CLTS and PHAST approach on hygiene promotion*'. Even though CLTS approaches are not adapted to emergency responses, as it is difficult to figure out how the community would build their latrines if they receive 100% assistance in everything else. This might offer some interesting lessons learned on how some challenges of implementing CLTS could be addressed in some areas where NCA works. Link: <https://www.alnap.org/help-library/south-sudan-community-led-total-sanitation-in-northern-bahr-el-ghazal>

Cash-based interventions

If NCA is considering to explore more cash-based interventions the Cash Learning Partnership website can offer useful resources: <http://www.cashlearning.org> and maybe some of these lessons learned in this publication are good to keep in mind too: <http://www.cashlearning.org/downloads/resources/casestudies/ACF%20South%20Sudan%20Case%20Study%20Jan%202012.pdf>

8. SUMMARY OF KEY FINDINGS

RELEVANCE

NCA's emergency preparedness and response programme seems to have been a relevant and important programme as the human suffering caused by conflicts etc. in South Sudan is on a very large scale. Evidence suggests that needs and joint needs assessments have been conducted. The joint needs assessments also underline a positive way of how various stakeholders collaborate; although it is not always clear how NCA has participated or used these reports to design specific responses. Nevertheless, it is also important to note that needs in South Sudan during this emergency preparedness and response programme timeframe the population was constantly moving, which may have contributed to the challenge of conducting needs assessments and documenting them. The implications of this is lack of alignment between needs of the affected population and the services provided to them.

Consideration of vulnerable groups, mainly women, children, the elderly and people with disabilities has taken place within project

proposals and final reports. However, NCA needs to greatly improve its documentation of how these groups have been prioritised and included. Some evidence was found of the involvement of beneficiaries on project design, for example where communities were involved in the selection of borehole sites. The communities also remain involved through water user committees.

Nevertheless, it is important to strengthen the information prior to implementation about rights and entitlements which is in line with the Core Humanitarian Standards (commitment 4) that NCA subscribes to.

Coordination across South Sudan is taking place, with a widespread cluster system and also the Relief and Rehabilitation Commission's overseeing responses from various stakeholders. However, some duplications might have occurred, for actors that do not participate in the cluster system or try to respond maybe 'too' promptly.

EFFECTIVENESS

Overall, evidence suggests that the emergency preparedness and response programme has achieved mixed results in meeting the intended objectives and results. Although one programme it is important to examine the different phases individually. Based on the review of achievements, it seems that the best performing phases were the Juba response and the Phase 2, followed by Phase 1 and 3. The Phase 4 appears to have been the lowest performing phase, but this can also partly be contributed to renewed outbreaks of violence in July 2016 and reduced funds. Currently, Phase 5 also shows lower level of achievements, but this might be because the final report is not finalised yet. However, across

all the phases maybe more was achieved, but due to the lack of monitoring and evaluate data collected it is difficult to further comment. It was also observed outputs were the basis of planning and reporting in the programme and NCA may benefit from making outcomes the focus of programming and reporting. For this reason it is difficult to comment on change achieved based on rigorous measures apart from reported perceptions. Performance on sanitation and hygiene components was less strong compared to access to water and the provision of NFIs. In general, it is important that NCA starts conducting Knowledge, Attitude and Practice surveys at the beginning and end of its projects to be able evidence

potential changes its interventions bring about.

There is some evidence to show the extent to which NCA has been able to adapt its programme. During Phase 4 there were unprecedented humanitarian needs following deterioration in security situation, thus NCA changed its programme to respond accordingly. In addition, during the Juba Crisis NCA also adapted its programme as the movement and needs of the population shifted differently to what was anticipated and after consultations with MFA, NCA's geographical focus was expanded. In general, oral recollection of key informants highlighted that NCA had to adapt its responses throughout the years due to challenges of insecurity and accessibility.

With regards to specific changes to project activities no evidence was found of closely monitoring activities and adaptive programming along the way. Some reflective lessons learned were highlighted in the Phases 1-3, but it is challenging to assess how they have changed programmes. Until this external evaluation was launched in November 2017, no evaluation had taken place.

It seems equally challenging to prove negative effects on the community. Some evidence indicates that NCA built some boreholes also for host communities in order to avoid conflicts between the populations. In addition, it was highlighted that not being able target the entire community can cause negative effects to the

selected beneficiaries, but in order to minimise it NCA involves the communities in identifying the most vulnerable groups to ensure that people understand the beneficiary selection. One negative effect that was highlighted by key informants and observed by the evaluators is that interventions create a culture of dependency. This is not unique to NCA, but humanitarian interventions can lead to people staying together in bigger groupings and people not wanting to return to their previous homes as they would maybe not get assistance there. However, it is important that NCA strengthen the monitoring as it could help to indicate if activities increase the number of beneficiaries in a certain locations and then could act accordingly.

Throughout this evaluation beneficiaries have expressed their appreciation about NCA and its partners' interventions. However, there are many actors working across South Sudan and specific satisfaction of projects is challenging to single out, because it is difficult for people to differentiate the various organisations in an IDP camp and in many locations it has been a year or more since NCA and partners implemented activities.

Many of the beneficiaries consulted are still living in dire situations and still require basic items and facilities including food. In order to identify the extent of these needs and respond based on accurate information it is important to conduct post-distribution monitoring surveys.

CROSS-CUTTING: STANDARDS – CONFLICT SENSITIVITY – BENEFICIARY FEEDBACK

There is reference to relevant technical standards (Sphere, CHS, and IASC) in proposals and project documentation, such as the results frameworks. There may be scope for this to be more contextually relevant in some cases. Sphere indicators for sanitation and hygiene are less frequently referred to. Even if the context (diverse, volatile and large number of people in need) makes it very difficult to fully comply with the standards, NCA should aim to be more systematic and have more robust monitoring to measure its performance against them. Standards do not appear to be integrated into partner agreements or some relevant job descriptions.

Protection of women and girls is identified as a priority cross-cutting theme across proposals, and while there is reference to the UN Security Council Resolution 1325 and the IASC Gender Handbook, they could be more contextually relevant and adapted to align with project requirements. Protection would also be relevant as part of a more holistic approach to protection mainstreaming and gender-based violence mitigation. Even though some disaggregation by sex is done across NCA proposals and reporting, disaggregation by

age, type of household, and type of disabilities is missing. This disaggregated data is critical information to understand both the people that were affected by the violence and the responses required by NCA.

Conflict analysis are taking place; but in such a volatile and fluid context as South Sudan, the frequency should be increased. NCA has been in the country since 1972 and knows the context very well. Also, NCA receives updates through its local partners and OCHA. Nevertheless, it is important to continue to ensure that interventions are based on the most recent changes in the environments.

While NCA's results frameworks include specific outputs on communication and feedback mechanisms with affected populations for some phases, it appears there have been some challenges in establishing complaints mechanisms. This is taking place in a context where it would be particularly important for beneficiaries to have an outlet to report GBV incidences given its high prevalence.

LOCAL CAPACITIES

Local partners know the context and know the people, as they are themselves part of the community. Evidence suggests that to link with churches and local partners is a suitable approach, because organisations get more access and this may lead to continuity and contribute to sustainability. Some barriers that have been identified are that local organisations do not have funds and their accountability systems are often not fully established. Also, international organisations took qualified

people away from the national organisations. To enable local partners and increase their capacity it is perceived that NCA gave trainings and accompanied partner in delivering projects. Also, NCA has worked directly with partners to strengthen their internal systems and supported them in writing proposals and projects. It was identified that NCA should consider letting partners do more independently and act more in an advisory role.

9. RECOMMENDATIONS

RECOMMENDATIONS – RELEVANCE

1. **Ensure that the country office continues to strengthen its needs assessments and follow international standards to improve the quality.** *[Emergency Team and PMER Team]*
 - 1.1 Strengthen the needs assessments by explaining the methods that have been used to conduct it and specify if any assumptions have been made.
 - 1.2 Needs are changing rapidly and it is important to conduct needs assessments continuously throughout the crisis.
 - 1.3 Continue to make sure to participate in joint needs assessments.
 - 1.4 Clarify how findings from needs assessments influence programme design to ensure relevant services are provided.

2. **Demonstrate the use of findings in programme design, beneficiary selection and targeting.** *[Emergency Team and PMER Team]*
 - 2.1 Disaggregate data during data collection, specify not just sex, but also age, type of disability (if applicable) and type of household.
 - 2.2 Describe the process of selecting the most vulnerable target groups, e.g. through community consultation.
 - 2.3 Beware of blanket statements and assumptions of who are the most vulnerable, clearly define these
 - 2.4 Ensure consultations with the communities are taking place and document how it has been done before the submission of project proposals.

3. **Continue participation in national and sub-national platforms (e.g. cluster meetings) and advocate for partners' participation.** *[Emergency Team and Implementing Partners]*
 - 3.1 Produce and share evidence in order to influence other stakeholders on needs identified and on the ways forward NCA considers relevant and appropriate to address those needs.
 - 3.2 Make sure to share NCA's experiences during the meetings.
 - 3.3 Share activity updates with the cluster, especially if using own prepositioned supplies.
 - 3.4 Ensure if NCA's main focal point (staff or partner) for a specific cluster cannot attend a meeting to send a substitute.

RECOMMENDATIONS – EFFECTIVENESS

1. **Improve NCA's programme and project results frameworks.** *[Emergency Team and PMER Team]*
 - 1.1 Make outcomes the focus of programming and reporting
 - 1.2 Develop specific and measurable outcome statements and measurements including baselines
 - 1.3 Set SMART (Specific, Measurable, Achievable, Realistic and Timely) indicators and minimum standards for targets.
 - 1.4 Ensure Source of Verifications are realistic and exist.
 - 1.5 Measure only aspects required focusing on NCA's strategic priorities.

2. **Set up monitoring systems and a monitoring plan for data collection.** *[Emergency Team, PMER Team and MEAL Advisors from Oslo]*
 - 2.1 Develop monitoring tools and monitoring plan which specifies who is responsible and at what frequency.
 - 2.2 Conduct detailed initial and final KAP surveys.
 - 2.3 Invest more resources in post-distribution monitoring: do it more on a regular basis.
 - 2.4 Continue to roll out the use of technology to improve data collection. (if possible)

3. **Focus more on evaluation and learning from past and on-going interventions.** *[Emergency Team, PMER Team and MEAL Advisors from Oslo]*
 - 3.1 Integrate feedback into direct distributions or more field visits: As it is difficult for people to remember activities that took place a year ago, try to include more integrated internal evaluations in to field visits, a lot smaller in scale but more frequently and routinely done could help to get good insights about the programmes.
 - 3.2 It is understood that it is not easy to think differently than emergency response when immediate needs are everywhere; but emergency response also includes preparedness actions especially for outbreak prevention and control. It is valuable to step back sometimes and reflect. Maybe one mid-term evaluation after Phases 2 or 3 (or a RTE at some points) would have been good to refocus or readjust somehow the emergency preparedness and response programme.
 - 3.3 Due to the nature of South Sudan as a large country and some areas difficult (and/or costly) to reach, maybe it would be worth considering internal evaluations or real-time evaluations, or integrating a few systematic questions for feedback on a more frequent basis when monitoring visits are taking place for example.
 - 3.4 If commissioning external evaluation ensure to focus the ToR on the key questions that the team wants to answer so that the evaluators can focus on it rather than answering lots of questions but not into depth.

4. **Ensure emergency WASH programmes have stronger focus on Sanitation and Hygiene (critical for safe environment of life and dignity of beneficiaries).** *[Emergency Team, Implementing Partners and WASH Advisors from Oslo]*

- 4.1 Explore the option of investing some more budget from water supply activities (resulting in less people covered) to implement KAP surveys that can guide hygiene practices activities, leading to more productive hygiene practices.
 - 4.1.1 Strengthen coordination with other WASH clusters actors which would enable NCA to reduce that gap and find a balance between Water and Sanitation; and hardware vs software.
 - 4.2 In the context of hygiene promotion, explore possibilities to work with the education cluster to utilise learning spaces for hygiene sensitisation.
 - 4.3 Measuring the effectiveness of hygiene promotion activities could be assessed according to NCA's ability to reduce or mitigate hygiene-related illnesses.
 - 4.3.1 Collect and monitor disease data. (through NCA's programme monitoring, and data from health centres and health authorities)
 - 4.4 Ensure emergency handwashing facilities (such as the Tippy-Tap systems) are installed when latrines are constructed.
5. **Diversify funding sources to ensure sustainability.** *[Emergency Team, Finance Team and Advisors from Oslo]*
- 5.1 Continue and focus more on applying to grants from other donors such as ECHO or UN Agencies.
 - 5.2 Donor applications will be strengthened by improved monitoring and evidence collection to demonstrate the effect that NCA's interventions have.

RECOMMENDATIONS – STANDARDS

1. **Ensure NCA's commitment to the Core Humanitarian Standards is integrated throughout the project life cycle.** *[Emergency Team and Finance Team]*
 - 1.1 Make sure NCA staff and implementing partners explain to beneficiaries their rights and entitlements before and during the interventions.
 - 1.2 Integrate application and adherence to key humanitarian standards into the expected obligations of partner within relevant sections of agreements for emergency response (such as under 'obligations of the partner').
 - 1.3 Continue to train partners on key humanitarian principles and standards.
2. **Develop a more comprehensive approach to conduct gender analysis across all proposed activities (especially with regards the areas of collecting water, the usage of latrines and hygiene promotion).** *[Emergency Team and GBV Advisor]*
 - 2.1 While NCA refers to the UN Security Council Resolution 1325 and the IASC Gender Handbook in its proposals it would be good to adapt it to be more contextually relevant and specific to the circumstances of the project.
 - 2.2 NCA should consider initiating advocacy activities that promote gender equity, in addition to the focus on meeting psychosocial needs.
 - 2.3 Develop referral pathways for GBV cases and participate in the Protection cluster.

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3. **Establish beneficiary feedback and complaints mechanisms.** *[Emergency Team, PMER Team, and Humanitarian Advisors from Oslo]*
 - 3.1 NCA has started to establish feedback and complaints mechanism, and should continue to do so.
 - 3.2 Reach out to some partners to learn from their established feedback and complaints mechanisms and how they are implementing it e.g. CAFOD's community monitoring evaluation volunteers.
 - 3.3 Ensure that forms are not only developed, but systems are put in place and allocate time to collect, monitor and respond to it.
 - 3.4 Develop a 'tip-sheet' that can help staff and partners respond to some of the more recurrent and common complaints that beneficiaries may raise, not to regard all complaints as the same, but rather to enable NCA and partners to be aware of the right way to address it or which procedures to follow.

RECOMMENDATIONS – LOCAL CAPACITIES

1. **Continue to focus on working with and through the national actors and to advocate within the international community of their importance.** *[Emergency Team, Implementing Partner and Finance Team]*
 - 1.1 Establish longer-term partnership agreements to make partners see NCA's commitment, not necessarily fund based but more with a strategic focus. It could improve the speed of drawing up agreements as the 'ground strategic direction' are lined out and could possibly lead to faster response time.
 - 1.1.1 Explore options for quicker contracting of partners' partners; possibly direct contracting would enable efficiencies
 - 1.1.2 Consider establishing 'preferred-supplier'-type relationship with core partners.
 - 1.2 Develop a minimum standard partnership policy for emergencies and consider developing a rapid partnership assessment tool
 - 1.2.1 Develop a 'Welcome-Pack' for new partners, including key documents, specific templates and some lessons learned from other partners.
 - 1.3 Explore options to work with sector specific civil-based society actors.
 - 1.4 Assess if NCA can support some of the smaller partners with basics such as internet or means of communication; if NCA does not have funds for these aspects – maybe NCA could link the partners with other organisations that might fund it
 2. **Continue to train partners.** *[Emergency Team, Implementing Partner and Finance Team]*
 - 2.1 Train partners on the use of new information technology systems to be more proactive with regards to early warning data collection.
 - 2.2 Monitor capacity building and create smart indicators.
 - 2.3 NCA could explore to train some of their core partners in a sort of 'Training of Trainers' to enable one of NCA's partners to become a focal point for other partners
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3. **Support partners to diversify their funds and apply to other donors.** *[Emergency Team, Implementing Partner and Finance Team]*
 - 3.1 Recommend partners to other donors: in order to help partners diversify their funds and not be so dependent on NCA, maybe explore how NCA can recommend and put partners in touch with other organisations
 - 3.2 Recommend INGO to partners like a 'match-maker'. NCA should continue to refer local partner to other international organisation if NCA cannot provide something or refer them to OCHA if they need something.
 - 3.3 Encourage partnerships between local NCA partners by connecting them if they can learn from each other about a specific topic.

10. ANNEXES

ANNEX 1: FINAL EVALUATION TOR



NORWEGIAN CHURCH AID
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EVALUATION OF THE EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM IN SOUTH SUDAN, TERMS OF REFERENCE

TYPE OF EVALUATION	EXTERNAL
Sector	Emergency Preparedness and Response
Funding	NOK 117,000
Period under Review	January 2014 – August 2017
Dates of Review	October- November 2017
Purpose of Review	Ensure organizational learning from the implementation of the NCA “Emergency Preparedness and Response” program in South Sudan to improve future programming
Objectives of Review	<ol style="list-style-type: none"> 1. Assess the relevance of the emergency response programme priorities and outline the extent to which these meet the needs and priorities of the right holders. 2. Assess the effectiveness of the NCA emergency response and the extent to which the programme objectives, outputs, outcomes and results have been achieved. 3. Assess the role of local actors and particularly Churches in emergency preparedness and response and potential barriers to the localisation agenda. 4. Assess the extent to which NCA “Emergency Preparedness and Response” addressed or mainstreamed cross cutting issues such as protection/UNSCR 1325 on women, peace and security, conflict sensitivity/“Do No Harm, in its planning, implementation and monitoring. 5. Outline opportunities, key issues, challenges and lessons learnt and make recommendations for strategy improvement and future planning.

1. BACKGROUND AND CONTEXT

The violent clashes which broke out in Juba on 15th December 2013 created a crisis which resulted in loss of thousands of lives, destruction of properties and displacement of many communities. Following the initial crisis, NCA set up a fully-fledged emergency response programme to provide humanitarian assistance to conflict and crisis affected populations. Previously, emergency programme was an integral part of NCA development programme with more emphasis on preparedness and risk reduction.

As humanitarian needs continued to pile, the programme expanded in geographical scope, funding and partnerships. NCA emergency programme has continued to respond to the needs of conflict and crisis affected populations in former states of Eastern Equatoria, Jongelei, Western Bahr El Ghazal and Greater Pibor Area.

A pattern of violence manifested in initial crisis recurred in July 2016 with a larger surge of displacement. This latest surge in violence caused internal displacement of an estimated 2 million South Sudanese and an additional 2 million crossing into the neighboring countries of Kenya, Uganda, Ethiopia and Sudan. Currently, an estimated 6.01 million (50% of the population) people are food insecure following the food crisis of early 2017. The crisis is compounded by the declining economic and food crisis in the country. This is the greatest number of people ever to experience severe food insecurity (IPC Phases 3, 4 and 5) in South Sudan.

NCA Emergency Preparedness and Response Programme focusses on providing lifesaving assistance to conflict and displaced populations in South Sudan. Currently, NCA South Sudan Humanitarian assistance programme has a focus on Water, Sanitation and Hygiene, NFIs, emergency food assistance. The emergency programme is aligned to the overall vision of the Country Strategy, 2016-2020. The overall goal of Emergency Preparedness and Response Programme is provision of lifesaving assistance and protection of vulnerable and conflict affected populations

NCA Emergency WASH Support programme focusses on improvement of access to safe water and sanitation services with strong emphasis on sustainability and local community participation and involvement. The scope of NCA WASH programme covers initiatives such as improvement of access to safe water through drilling and rehabilitation of existing boreholes which includes training of hand pump mechanics, establishment/ training of water management committees and providing support for operation and maintenance of existing water facilities.

On Sanitation improvement, NCA mainly focuses on supporting communities to improve access to safe, sustainable facilities and this is mainly done through public hygiene awareness raising, CLTS and PHAST approach on hygiene promotion. Often NCA encourages communities to use local inputs for sanitation improvements while offering incentives for community teams to facilitate this objective.

On NFIs, NCA often has contingency stocks of non-Food items in main operational areas in Warrap, Torit, and Jongelei as well as in Juba for quick impact assistance to displaced populations. NCA has contingency stocks of shelter and basic household materials such as blankets , sleeping

mats, cooking utensils and hygiene kits that are distributed to populations in need. In exceptional cases, NCA provide emergency food rations to extremely vulnerable populations in need. Throughout the response the participation of respective communities, women and youth has been an integral key component of the implementation. The mode of implementation is dual with Local actors, ecumenical churches as well as with and through International ecumenical partners.

2. PURPOSE OF REVIEW

This evaluation will feed into the NCA Global Strategy and the NCA 2016-2020 “Humanitarian Strategy and it is expected that lessons learned and recommendations from this evaluation will better empower NCA to respond to future large-scale humanitarian crises with an improved quality of services. In accordance with the global “Charter for Change” under the auspices of the World Humanitarian Summit, NCA is advocating for an increased role for local actors in disaster response and will therefore need to assess the role of local actors and identify areas for strengthening weaknesses and leveraging on opportunities. The evaluation is also necessary for informing strategy development for the 2018 emergency programme.

This evaluation will assess relevance, effectiveness and the extent to which the emergency programme has addressed pertinent cross cutting themes and issues. On relevance, it will assess the extent to which the stated objectives remain valid and relevant within the operational context and to right holder’s needs. On effectiveness, the evaluation will assess the extent to which the programs have achieved the stated outcomes, outputs and planned results. Lastly, it will enable NCA to consolidate lessons and best practices as well as provide recommendations for future planning and programme steer.

3. OBJECTIVES

This evaluation will mainly focus on three key criteria under the DAC-OEDC evaluation criteria, relevance, effectiveness, impact and partly sustainability. Given the context in South Sudan, where access is limited, not much emphasis will be made to efficiency. The specific objectives of the evaluation are;

- i. Assess the relevance of the emergency response programme priorities as implemented through MFA agreements (i, ii, iii, iv and Juba response), and the extent to which they matched to the expressed needs of the right holders
- ii. Assess the effectiveness of the NCA emergency response and the extent to which the programme objectives, outputs, outcomes and results have been achieved.
- iii. Assess the extent to which NCA “Emergency Preparedness and Response” addressed or mainstreamed cross cutting issues such as protection/UNSCR 1325 on women, peace and security, conflict sensitivity/“Do No Harm, in its planning, implementation and monitoring.
- iv. Assess the role of local actors and particularly Churches in preparedness and response work and identify barriers to the localization agenda
- v. Document strengths, opportunities, challenges, best practices, and other lessons learnt, that can be used to improve the future emergency programming strategy formulation and institutional learning for NCA South Sudan country office.

4. DURATION

The review is expected to start on 1st December and end on 15th December 2017 and will take approximately 2 weeks to complete.

Planning process including developing questions for the evaluation, developing tools and getting feedback and consultations with NCA HQ and Juba will take place between 5th – 15th of January.

The field evaluation is scheduled to start on the 1st of February

The final report is expected to be handed over to NCA by 30th March 2018

5. METHODOLOGY:

NCA will be responsible for the sector management of this evaluation process and all field visits will be accompanied with NCA staff who will ensure that there is liaison with the Security and safety advisor before field travel and will communicate back according to our field security SOPs .

Before travel to the field, the consultant will have a briefing session with the emergency manager and programme advisor to discuss and agree on the evaluation process. Before the start of the evaluation, the lead evaluator will be required to provide an inception report, including detailed methodology of how he/she will carry out the evaluation including the development of assessment tools, formulating research questions, and field level preparation and organization of the evaluation including processes for data collection and data capture.

The evaluator is expected to develop a detailed inception report, including methodology, all necessary tools, and a detailed outline/structure of the evaluation report. These aspects will also be discussed with the emergency manager and programme advisor at Juba level.

The consultant is required to conduct a desk review with documents provided by NCA and documents furnished from the consultants own references. All references are required to be listed in the final report. The emergency manager will assist with NCA documentation needed. The consultant would be expected to use participatory research and learning methods to collect information from beneficiaries. The information collected must be qualitative and quantitative depending on intended needs of the information. The consultant is expected to plan his/her work and ensure sufficient time is spent in the field collecting data. All enumerators, data clerks and auxiliary staffing will be selected and managed by the consultant. There will be a validation workshop at the end of the field data collection where the consultant will make a presentation of summary findings and conclusion.

The consultant will present the final report to the Evaluation coordinator for signoff by the Evaluation steering group.

6. ROLES AND RESPONSIBILITIES

Specifically, NCA will be responsible for the following:

- Provide all relevant documentation for the consultant;
- Provide security updates and orientation;
- Provide all logistical arrangements including internal travel and accommodation in South Sudan, organize meetings and field visits as required;
- Inputs to the design and methodology of the inception report, including providing informational material and feedback;
- Comments and inputs to the draft report; and
- Approve all the deliverables.

7. OUTPUTS/DELIVERABLES

- An inception report and presentation of the methodology that will be used (approach, criteria, tools including primary Data collection tools / Forms) by the evaluator at the start of the evaluation. The inception report must be approved by the evaluation steering group of NCA, before the evaluation can go on.
- Detailed budget.
- Summary slides for preliminary data and findings presented from the key objectives of the evaluation
- Four (4) bound hard copies of the final report.
- Soft copy of the final report.
- Study materials including soft copies of all data sets both quantitative and qualitative.
- List of key informants/interviewees (to be agreed with NCA Emergency Programme Manager);
- List of key meetings held (date and place and attendees) list to be annexed to the report
- Draft Report; maximum 25 pages excluding annexes
 - > The Final Evaluation Report should be written in English and follow the 1-3-25 rule of thumb in accordance with NCA's evaluation policy– One page: Key recommendations; three pages: Executive Summary; and 25 pages: detailed presentation of findings. Plus annexes as relevant
 - > Executive Summary (Maximum 3 pages)
 - > Background Information: Brief on the programme and context, evaluation purpose and objectives.
 - > Methodology: design, sampling technique and sample size and limitations.
 - > Key challenges
 - > Summary analysis based on review objectives
 - > Summary of Findings: (referring to Key objectives 1-4)
 - > Summary of recommendations (not more than 4)
 - > Lesson learnt best practices and opportunities for improvement.

- > Conclusion
- > Annexes. In annexes, the report will include: the Terms of reference, data collection tools (maintenance records, etc.), the sources of information used (primary and secondary).

8. DESIRED PROFILE OF REVIEWER/ QUALIFICATIONS

- Post-graduate degree in social sciences, Disaster and Emergency studies, humanitarian law or emergency and humanitarian related subjects
- At least five years of experience in conducting evaluations with international NGOs/INGOs
- Previous experience of evaluating humanitarian programmes in South Sudan or eastern Africa region
- Good understanding of Arabic or local languages would be an added advantage
- Excellent research and analysis skills
- Excellent interpersonal skills
- Excellent written and spoken English
- Excellent report writing, data collection, data analysis skills
- Familiarity with community-based and participatory approaches
- Knowledge and experience in conducting evaluations in South Sudan
- Prior experience in conducting evaluations using different emergency preparedness and response assessment tools.
- High level, up-to-date knowledge and understanding of emergencies in conflict and humanitarian context

ANNEX 1 MFA FUNDING SUMMARY

The NCA Emergency Response program has been funded by Norwegian MFA as follows;

MFA QZA 13/0132	Phase 1	NOK 10 Million
MFA QZA 13/0132	Phase 2	NOK 20 Million
MFA SSD 15/0015	Phase 3	NOK 15 Million
MFA QZA 16/0183	Phase 4	NOK 10 Million
MFA QZA 16/0183	Juba response	NOK 7.178.860
MFA QZA 17/0163	Phase 5	NOK 7.5 Million

ANNEX 2 – EVALUATION QUESTIONS

EVALUATION QUESTIONS:

Questions guiding the evaluation exercise will include but are not limited to the ones listed below:

RELEVANCE:

- Has a comprehensive needs assessment been conducted? (CHS 1)
- Has it been used to inform response planning? (CHS 1)
- Are multiple sources of information, including affected people and communities, local institutions and other stakeholders consulted during assessments (needs, risks, capacities vulnerabilities and context), project design and implementation (CHS 1)
- To what extent did the WASH response specifically target and reach vulnerable groups like women, the elderly, the disabled and any other marginalized groups in the projects' area? (CHS 1) Effectiveness:
- To what extent have the planned outcomes and outputs of the results framework of the different phases been achieved or are likely to be achieved? (CHS 2)
- Are globally recognized technical standards, such as Sphere, IASC gender guidelines, used and achieved (CHS 2)
- Are monitoring results used to adapt programmes? (CHS 2) Cross cutting issues:
- To what extent have the projects under review promoted the intentions of UNSCR 1325 on women, peace and security?
- Has a conflict analysis been carried out for each geographical project area?
- To what extent were the interventions based on sufficient, precise and updated analysis of the context and relevant conflict dynamics?
- Do communities and people affected by crisis (including the most vulnerable) identify any negative effects resulting from NCA and partners' responses?
- Were complaints mechanisms established for the projects? Are all groups within the affected community aware of how to give feedback on the response and do they feel safe using those channels?

LOCAL CAPACITIES:

- Do local partners (organizations and churches) with responsibilities for responding to crises consider that their capacities have been increased as a result of cooperation with NCA? (CHS 3)
- How can better engage with Church / Local actors to better improve their capacity for better preparedness and response?
- In what ways has working through local partners influenced the responses timeliness, effectiveness, impartiality, neutrality and independence? (DAC criteria and humanitarian principles).

LESSONS LEARNED /RECOMMENDATIONS:

- What are the key learning /recommendation points to improve future NCA WASH program performance?

ANNEX 3 - ITINERARY

8. ITINERARY

SER	BROAD TIMELINES	ACTIVITY DESCRIPTION	LOCATION
1	27th -30th November 2017	1. Contract discussed, payment terms agreed and signed	London/Juba/ Olso
2.	1st- 15th December	3. Electronic desk review documents discussed and sent 4. Commence Desk review outline 5. Detailed Work Plan & methodology developed and sent	
3.	5th - 15th January	6. Report outline discussed report 7. Skype meeting to discuss expectation , travel plans 8. Prepare Evaluation questions and share with NCA 9. Develop and discuss tools for data collection	London/Juba/ Olso
4.	16th - 30th January 2018	10. Discuss expectations, field travel plans management 11. Feedback to detailed methodology, work plan and evaluation questions 12. Agree final field work plan and timelines 13. Travel to Juba	London/Juba/ Olso
6.	1st – 30th February 2018	14. Discuss methodology with Juba team 15. Start Field assessment 16. Carry out interviews and field data collection 17. Present preliminary findings and receive feedback	Juba , Wau , Aweil , Pajok, Juba
5	1st – 21st March 2018	18. Carry out data analysis 19. Prepare and present draft report 20. Receive feedback to draft report 21. Prepare final report 22. Final report submission 23. steering group meeting to endorse final report 24. Finalize payments 25. End of review	London

ANNEX 2: INCEPTION REPORT

INCEPTION REPORT

FOR THE EVALUATION OF NORWEGIAN CHURCH AID'S EMERGENCY PREPAREDNESS AND RESPONSE PROGRAMME IN SOUTH SUDAN

This report was produced for:

Norwegian Church Aid

Date: May 2018

By:

Action Against Hunger UK's Monitoring, Evaluation and Learning Services

Authors:

DR ROBINA SHAHEEN, HANNAH WICHTERICH AND DEEPAK SARDIWAL



SUMMARY TABLE:

Programme Title	Emergency Preparedness and Response
Location	South Sudan
Duration	January 2014 – August 2017
Donor & Contribution/s	Norwegian Ministry of Foreign Affairs: (i) MFA QZA 13/0132 Phase 1 NOK 10 Million (ii) MFA QZA 13/0132 Phase 2 NOK 20 Million (iii) MFA SSD 15/0015 Phase 3 NOK 15 Million (iv) MFA QZA 16/0183 Phase 4 NOK 10 Million (v) MFA QZA 16/0183 Juba response NOK 7.178.860 (vi) MFA QZA 17/0163 Phase 5 NOK 7.5 Million
Implementing office	Norwegian Church Aid – South Sudan
Evaluators	Action Against Hunger UK’s Monitoring, Evaluation and Learning Services
Evaluation Type	External Evaluation
Evaluation Dates	20.12.2017 - 30.05.2018 (in country February 2018)

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3. ACRONYMS

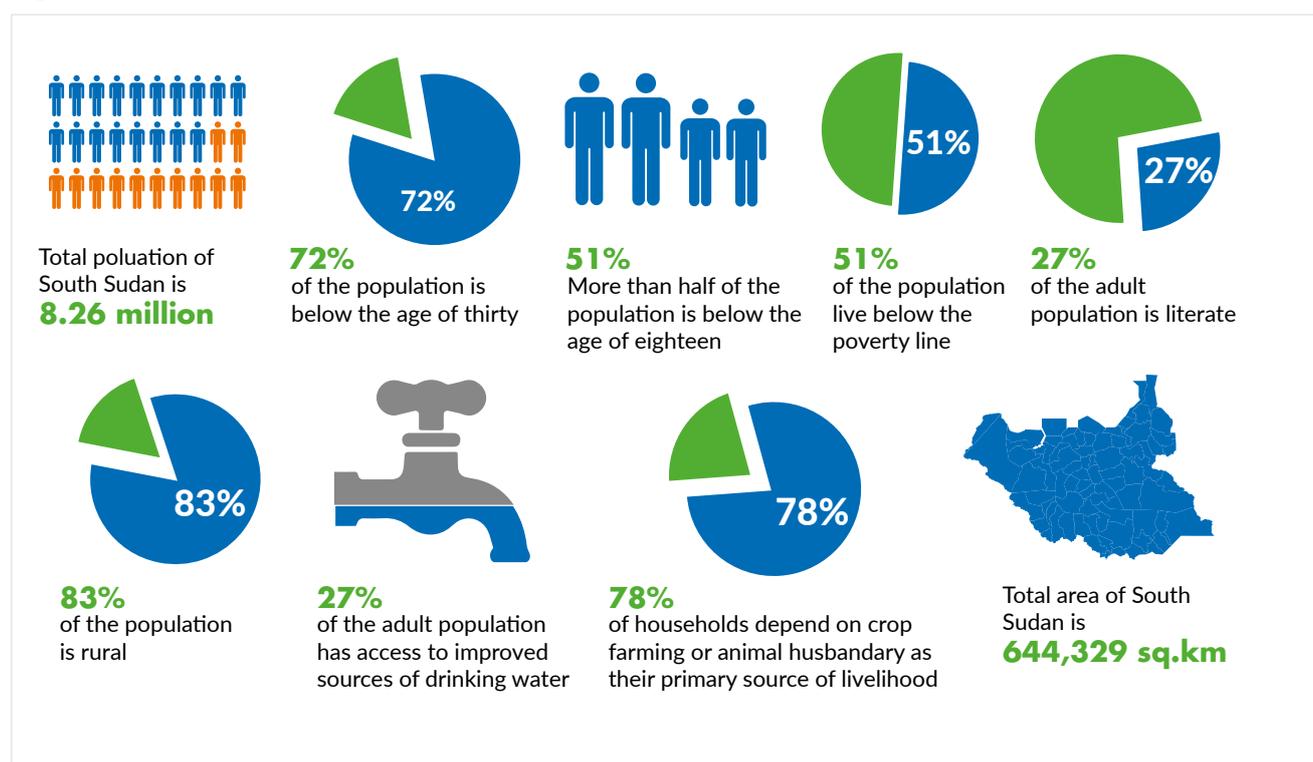
AAH	Action Against Hunger
ACT Alliance	Action by Churches Together
CLTS	Community-Led Total Sanitation
FGD	Focus Group Discussions
GBV	Gender-based violence
HDI	Human Development Index
HH	Households
HQ	Headquarters
IDP	Internally-Displaced Person
IPC	Integrated Food Security Phase Classification
NCA	Norwegian Church Aid
NFIs	Non Food Items
NOK	Norwegian Krone
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PHAST	Participatory Hygiene and Sanitation Transformation
PoC	Protection of Civilian
UN	United Nations
UNDP	United Nations Development Programme
US\$	United States Dollar
WASH	Water, Sanitation and Hygiene

4. INTRODUCTION

4.1. CONTEXT

With a Human Development Index (HDI) ranking of 181st for 2016 (UNDP, 2016)³⁸, South Sudan faces substantial socio-economic challenges as it grapples with an ongoing civil war now in its fifth year. More than half of the population (51%, see figure 1) is living below the poverty line while water, sanitation and hygiene (WASH) indicators point to serious shortcomings on access, particularly for sanitation (UNICEF, 2017)³⁹. South Sudan's Humanitarian Response Plan for 2018 indicates a serious humanitarian situation in the country. It requests US\$1.7 billion to meet the humanitarian requirements of 6 million people; globally, only the response plans for Syria (US\$3.4 billion) and Yemen (US\$2.3 billion) have higher financial requirements (UNOCHA, 2017)⁴⁰.

Figure 6: Socio-economic indicators for South Sudan



Source: South Sudan National Bureau of Statistics

Over the past year, the humanitarian crisis in South Sudan has deepened and spread. 7 million people are in need of humanitarian assistance and protection across the country as a result of

³⁸ http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf

³⁹ <http://www.childrenofsouthsudan.info/wp-content/uploads/2017/10/3.-WASH-brief-September-2017.pdf>

⁴⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/South_Sudan_2017_Humanitarian_Needs_Overview.pdf

armed conflict, inter-communal violence, economic crisis, disease outbreaks and climatic shocks. The violent clashes which broke out in Juba on 15th December 2013 created a crisis which resulted in the loss of thousands of lives, destruction of properties and displacement of many communities. A pattern of violence manifested in initial crisis recurred in July 2016 with a larger surge of displacement. More than three million people have been forced to flee their homes since the conflict began in December 2013, including 1.9 million people who have been internally displaced and a similar figure who have fled as refugees to neighbouring countries.

Following the initial crisis, Norwegian Church Aid (NCA) set up a fully-fledged emergency response programme to provide humanitarian assistance to conflict and crisis-affected populations in January 2014. This constituted a shift in emphasis for NCA's South Sudan programme, which had previously prioritised development, preparedness and risk reduction. NCA has expanded its geographical scope, funding and partnerships in addition to pivoting more towards emergency response. NCA's humanitarian assistance programme in South Sudan currently focuses on Water, Sanitation and Hygiene, Non Food Items (NFIs) and emergency food assistance. The emergency programme is aligned to the overall vision of the NCA's South Sudan Country Strategy, 2016-2020.

Currently, an estimated 6.01 million (50% of the population) people are food insecure following the food crisis of early 2017. The crisis is compounded by the declining economic and food crisis in the country. This is the greatest number of people ever to experience severe food insecurity (IPC Phases 3, 4 and 5) in South Sudan. More than one million children under age 5 are estimated to be acutely malnourished, including more than 273,600 who are severely malnourished⁴¹.

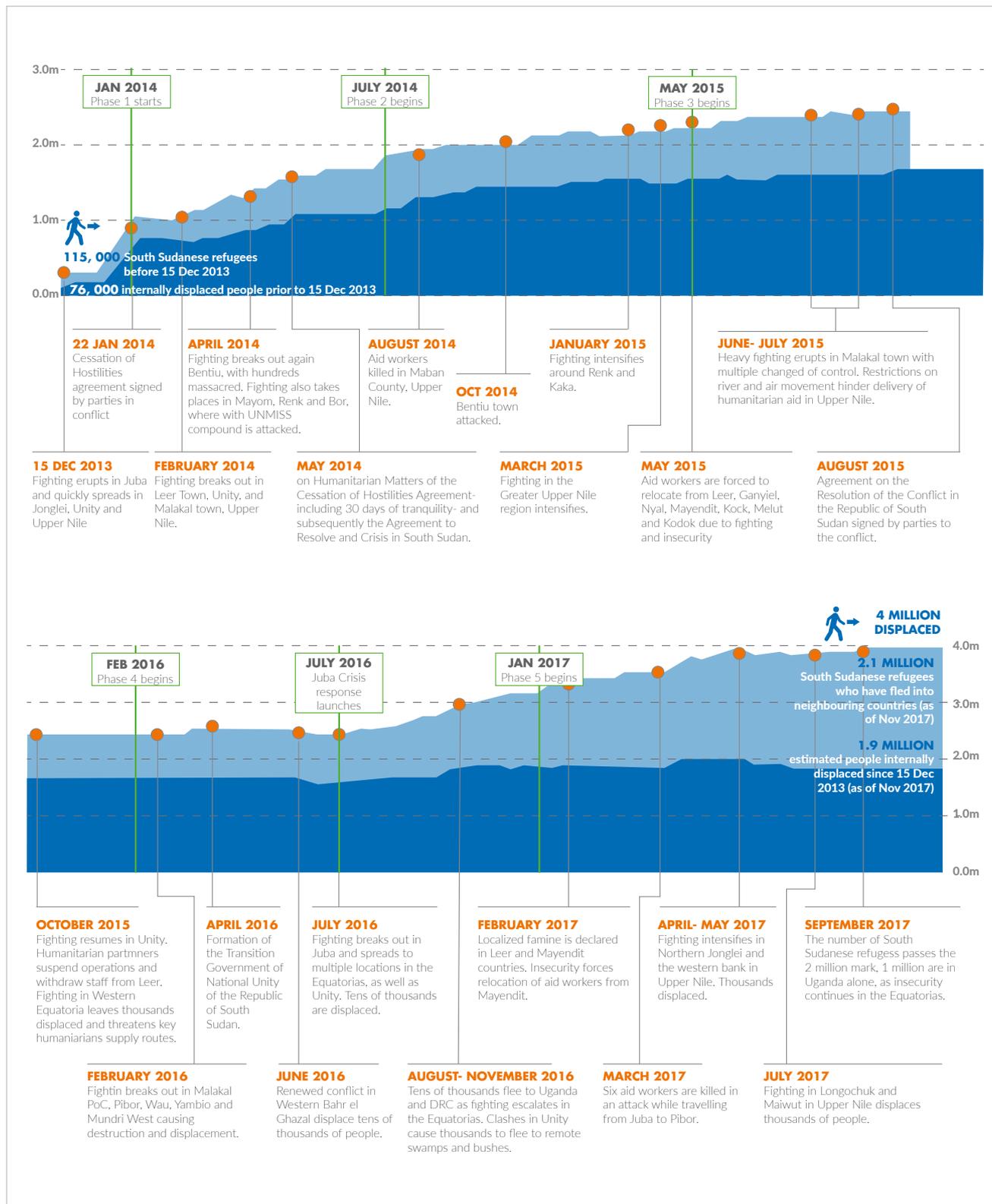
Recent surveys show that more than 30% of the people in South Sudan do not have access to a safe water supply. The limited access to water and sanitation has contributed to poor child health – a third of children under the age of five suffer from diarrhoea. Because of the limited number of water points, water has also been a source of internal conflict between communities. The cholera outbreak in 2016 caused more cases and spread to more locations than in 2015⁴². NCA has been working in South Sudan to provide desperately needed clean water, latrines, and hand washing stations to help prevent the spread of disease.

This evaluation focuses on NCA's Emergency Preparedness and Response Programme, described below.

⁴¹ South Sudan [Humanitarian Needs Overview](#), OCHA

⁴² <https://www.kirkensnodhjelp.no/en/where-we-work/south-sudan/>

Figure 7: Timeline of events in South Sudan, December 2013-September 2017



Source: OCHA Humanitarian Response Plan for South Sudan 2018

4.2. OVERVIEW OF THE EMERGENCY PREPAREDNESS AND RESPONSE PROGRAMME

NCA started the 'Emergency Preparedness and Response Programme' in January 2014 after violence erupted in December 2013, and it was implemented until August 2017. The overall objective of the programme is **provision of lifesaving assistance to conflict and displaced populations in South Sudan.**

The programme focuses on:

Improvement of access to safe water and sanitation services with a strong emphasis on sustainability and local community participation and involvement, through the Community-Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST) approaches on hygiene promotion.

Provision of Non-Food Item (NFIs): NCA often has contingency stocks of non-food items in its main operational areas in Warrap, Torit, and Jongelei, as well as in Juba for quick impact assistance to displaced populations. NCA has contingency stocks of shelter and basic household materials such as blankets, sleeping mats, cooking utensils and hygiene kits that are distributed to populations in need.

Emergency Food Rations: In exceptional cases, NCA provides emergency food rations to extremely vulnerable populations in need.

The amount spent by NCA on the various thematic areas is shown in Table 1. Spending on WASH interventions across the five phase was 64% as compared to 34% on NFI and 2% on Health.

Table 18: Programme expenditure, by phase and thematic area, January 2014-August 2017

	PHASE 1	PHASE 2	PHASE 3	JUBA CRISIS	PHASE 4	PHASE 5	PHASE 1-5 & JUBA CRISIS	WEIGHTED AVERAGE
WASH	493,916	1,781,319	948,629	356,339	460,231	2,047,289	6,087,723	64%
NFIs	850,174	765,003	414,255	273,044	378,924	600,390	3,281,790	34%
Health	0	171,239	21,613				192,852	2%
% WASH	37%	66%	69%	57%	55%	77%		
	1,344,090	2,717,561	1,384,497	629,383	839,155	2,647,679	9,562,365	

Note: The figures presented represent project direct costs only. Figures are in US\$ unless otherwise stated. For phase 5, budgeted figures are presented; a USD/NOK exchange rate of 8.3 was used.

Source: NCA project finance reports

In addition to above, NCA works on sensitisations on gender-based violence/protection of women's rights; establishing feedback and communication mechanisms with affected populations (community dialogue sessions; establishment of complaint mechanisms); training partners on emergency distribution, technical/oversight support for compliance to Sphere/IASC/CHS standards, facilitation of increased involvement in the overall coordination of response in South Sudan through participation in cluster and government coordination meetings and some limited emergency health.

TARGET GROUPS

The main target groups for this Emergency Preparedness and Response Programme are conflict-affected and vulnerable people, especially Internally-Displaced People (IDPs) (staying in UN protection of civilian (PoC) sites, host communities, seeking shelter in church compounds), returnees, host communities. Within these groups of people, NCA aims to target the most vulnerable: children, women, the elderly, and persons with disability.

PROGRAMME PHASES, PLANNED OUTCOMES AND TARGETS

The programme has been funded by the Norwegian Royal Ministry of Foreign Affairs – Department for UN, Peace and Humanitarian Issues and has a total value of approximately NOK 70 million. It has been implemented through a phased approach, with the following time lines, budget allocation and planned outcomes per phase (see Table 2 below). In addition, the evaluators added a column to provide definitions of key terms, as specified and used by NCA in their proposals. The purpose of this is to ensure that there is a common understanding of these terms, for measurement purposes and to avoid ambiguity, between the evaluation team and NCA.

Table 19: Programme Phases, planned outcomes and targets

PHASE	FUNDING	OUTCOME	OUTCOME TARGETS	DEFINITIONS OF TERMS – SPECIFIED IN PROPOSALS USED BY NCA
<p>PHASE 1:</p> <p>January to June 2014</p> <p>Goal:</p> <p>IDPs and host communities in severely conflict affected areas in South Sudan have access to essential and life-saving services that ensure safety and human dignity</p>	<p>NOK 10 million</p>	<p>1.1: The basic survival needs of vulnerable persons met through essential and immediate non-food items.</p>	<p>90,000</p>	<p>Basic survival needs:</p> <p>NCA is aiming to meet the most immediate and basic needs of right holders such as 15L/P/ Day in WASH programming and other minimum targets as outlined in Sphere.</p> <p>Vulnerable persons:</p> <p>especially GBV against women not specified in proposal</p> <p>Essential and immediate non-food items:</p> <p>clean water for drinking and washing, health, hygiene, basic household kits, shelter and most of all protection</p>
		<p>1.2: The immediate needs for clean and safe water and personal hygiene and sanitation effectively met for 20,000 vulnerable women, men, girls and boys in conflict-affected communities.</p>	<p>20,000</p>	<p>Immediate needs:</p> <p>NFIs such as sleeping mats, mosquito nets, jerry cans, blankets, cooking and feeding utensils, basic household kits, shelter and most of all protection</p> <p>Clean and safe water and personal hygiene and sanitation:</p> <p>clean water for drinking, washing, health and hygiene;</p> <p>15 litres per person per day, and less than 500 meters to water point</p> <p>Which communities were included that were conflict affected:</p> <p>local communities and IDP camps in Upper Nile, Unity and Jonglei States</p>

<p>PHASE 2:</p> <p>July 2014 to April 2015 (initially December 2014)</p> <p>Goal:</p> <p>IDPs and host communities in targeted conflict affected areas in South Sudan have access to essential and life-saving services that ensure safety and human dignity</p>	<p>NOK 20 million (proposed NOK 30m)</p>	<p>2.1: The basic survival needs of 90,000 vulnerable women, men, girls and boys met through essential and immediate non-food items</p>	<p>90,000</p>	
		<p>2.2: The immediate needs for clean and safe water and personal hygiene and sanitation effectively met for 100,000 vulnerable women, men, girls and boys in conflict-affected communities as per SPHERE and IASC guidelines.</p>	<p>100,000</p>	<p>SPHERE and IASC guidelines: which specific aspects of the guidelines did NCA commit to complying with</p> <p>In the final Phase 2 report to MFA reporting is specified as: "NCA apply the recommendations in the SPHERE guidelines as the distance from the dwelling to the water point does not exceed 500 meters and that maximum 500 people use a water hand pump to avoid long queuing in front of the borehole. Public and household latrines will be installed maximum 50 meters from the dwellings minimizing the risk for abuses for women and girls visiting the sanitary facilities.</p> <p>(ii) Average water used per person per day for drinking ,cooking ,personal hygiene and laundry in relation to SPHERE standards (iii) Average time required for one water collection journey in relation to SPHERE standards (iv)Number of water facilities maintained by local communities</p> <p>Ratio/no of toilets to users are in accordance to SPHERE standards.</p>
		<p>2.3: Churches have strengthened capacity as a partner to work in the ongoing humanitarian response.</p>		<p>Capacity:</p> <p>capacity building in Code of Conduct, SPHERE Standards, IASC guidelines and ICVA -Linking relief, rehabilitation and development (LRRD)</p> <p>Improved capacity to manage, monitor and report results of supported emergency interventions.</p>

<p>PHASE 3:</p> <p>May 2015 to December 2015</p> <p>Goal: IDPs and host communities in targeted conflict affected areas in South Sudan have access to essential and life-saving services that ensure safety and human dignity</p>	<p>NOK 15 million</p>	<p>3.1: The basic survival needs of 50,000 IDPs, returnees and vulnerable host communities met through essential and immediate non-food items.</p>	<p>50,000</p>	
		<p>3.2: The immediate needs for clean and safe water and personal hygiene and sanitation effectively met for 150,000 vulnerable women, men, girls and boys in conflict-affected communities as per SPHERE and IASC guidelines.</p>	<p>150,000</p>	
<p>PHASE 4:</p> <p>January to December 2016 (addendum in June 16)</p> <p>Goal: IDPs, returnees and host communities in targeted conflict affected areas in South Sudan have access to essential and life-saving services that ensure safety and human dignity</p>	<p>NOK 10 million (proposed NOK 20m)</p>	<p>4.1: Girls, boys, women and men affected by crisis receive lifesaving appropriate wash support and relevant to their immediate needs.</p>		<p>Crisis: not specified in proposal</p> <p>Lifesaving appropriate wash support:</p> <p>timely access to safe and sufficient water</p> <p>access to safe, gender appropriate and user friendly sanitation facilities at household level</p> <p>better understanding of identified key causes and barriers to water borne diseases</p> <p>immediate needs: not specified in this proposal, reference to SPHERE and IASC guidelines</p>
		<p>4.2: The basic survival needs of 15,000 IDPs, returnees and vulnerable host communities met through essential and immediate non-food items.</p>	<p>15,000</p>	

<p>JUBA CRISIS:</p> <p>July 2016 to March 2017 (initially December 2016)</p> <p>Goal:</p> <p>To provide immediate humanitarian assistance to 13,100 displaced and conflict affected Women, Girls, Boys and Men in Juba.</p>	NOK 7.2 million	Juba Crisis 1: 13,100 affected people are ensured with safe, equitable and sustainable access to sufficient quantity of water for drinking, cooking and personal and domestic hygiene.	13,100	<p>Safe, equitable and sustainable access to sufficient quantity of water:</p> <p>sufficient water of appropriate quality for drinking, cooking and personal and domestic hygiene as per WASH Cluster standards.</p> <p>Drinking, cooking and personal and domestic hygiene:</p> <p>minimum of 15 litres per person per day of safe drinking water.</p>
		Juba Crisis 2: 5,000 affected people have access to safe, sanitary and hygienic living environment through provision of sanitation services that are secure, sanitary, user friendly and gender- appropriate.	5,000	<p>Safe, sanitary and hygienic living environment:</p> <p>sanitation services that are secure, sanitary, user friendly and gender- appropriate.</p> <p>Affected people use safe, female-friendly community latrines and hand-washing facilities that respect the privacy of users</p>
		Juba Crisis 3: 5,100 affected people have access to improved hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis.	5,100	<p>Improved hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis:</p> <p>simple, culturally appropriate awareness-raising messages.</p>
		Juba Crisis 4: Systematic communication with 5100 affected populations established using relevant feedback and communication mechanisms, throughout all phases of the emergency response.	5100	<p>Systematic communication:</p> <p>systematically consulted, inbuilt consultation programmes and benefitting from people affected by crisis before designing and while implementing programme / project</p> <p>Relevant feedback and communication mechanisms:</p> <p>feedback received (including complaints) which have been acted up</p> <p>All phases of the emergency response:</p> <p>needs assessment, implementation and evaluation</p>
		Juba Crisis 5: The basic survival needs of 5100 affected people are met through essential and immediate non-food items.	5100	

<p>PHASE 5:</p> <p>January to August 2017</p> <p>Goal:</p> <p>65,850 female and male IDPs, returnees and host communities in targeted conflict affected areas in South Sudan have access to essential and life-saving services that ensure safety and human dignity.</p>	<p>NOK 7.5 million (proposed NOK 28m)</p>	<p>5.1: 47,850 girls, boys, women and men affected by crisis receive lifesaving appropriate WASH support relevant to their immediate needs.</p>	47,850	<p>Lifesaving appropriate WASH support relevant to their immediate needs:</p> <p>a timely access to safe and sufficient water of appropriate quality for drinking, cooking and personal and domestic hygiene (minimum of 15L/P/D)</p> <p>access to gender-appropriate, user-friendly and safe sanitation services (note: national or sub-national cluster or sector standards will apply – to be elaborated)</p>
		<p>5.2: The basic survival needs of 18,000 IDPs, returnees and vulnerable host communities met through essential and immediate non-food items.</p>	18,000	<p>IDPs:</p> <p>not specified in proposal</p> <p>Returnees:</p> <p>not specified in proposal</p> <p>Vulnerable host communities:</p> <p>not specified in proposal</p>

Each of the above outcomes have defined outputs for each phase (as per NCA’s log frames). It is important to note that the phases of the programme might rely on lessons learned from previous phases, but that each phase is its own project. The phases fall all under the ‘WASH emergency agreement with MFA’, which is a global agreement that focuses on global initiatives, and capacity development. Many of the NCA projects are funded under this agreement.

For a better understanding of planned results areas across the five phases and the Juba crisis the evaluators have used the information provided in NCA’s results frameworks, and compiled these in one table. This can be found in Annex 1 and will be used to assess the extent to which NCA has achieved the planned results for each phase.

4.3. IMPLEMENTING PARTNERS AND GEOGRAPHICAL COVERAGE

In order to achieve these outcome, NCA works through pre-identified local partners, mainly church-based organisations and technical resource partners. NCA believes churches have credibility and legitimacy; and play a key role in peacebuilding and reconciliation. Churches and local partners also have knowledge on local context and dynamics and are able to access and reach areas not easily accessible. NCA is also part of the ACT Alliance (Action by Churches Together, umbrella organisation of Christian organisations) and collaborates with Caritas. Further information is provided in Table 3.

Table 20: Intervention component by phase, state and implementing partner

PHASES	STATES	MAIN IMPLEMENTING PARTNERS	INTERVENTION COMPONENTS			
			WASH	NFI	BENEFICIARY COMMUNICATION AND FEEDBACK	PARTNER CAPACITY BUILDING
1	Eastern Equatoria	NCA Eastern Equatoria field office	X	X	X	X
Phase 1 & 2	Jonglei	Africa Inland Church		X	X	X
Phase 1 & 2	Upper Nile	CAFOD		X	X	X
Phase 1 & 2	Unity	Caritas National		X	X	X
Phase 1 & 2	Unity	Lutheran World Federation		X	X	X
Phase 1 & 2	Jonglei	Lutheran World Federation		X	X	X
Phase 1 & 2	Jonglei	NCA Jubek head office		X	X	X
Phase 1 & 2	Northern Bahr el Ghazal	NCA Warrap field office		X	X	X
Phase 1 & 2	Warrap	NCA Warrap field office		X	X	X
3	Upper Nile	CAFOD	X	X	X	X
3	Lakes	CAFOD	X	X	X	X
3	Central Equatoria	Caritas National		X	X	X
3	Unity	Christian Aid	X			X
3	Northern Bahr el Ghazal	Christian Aid	X			X
3	Jonglei	Episcopal Church of Sudan		Drugs (supply of medicine)	X	X
3	Jonglei	Lutheran World Federation	X	X	X	X
3	Jonglei	NCA Jubek head office	X	Seeds	X	X
3	Warrap	NCA Warrap field office	X	X	X	X

3	Northern Bahr el Ghazal	NCA Warrap field office	X			X
3	Jonglei	Presbyterian Relief and Development Agency	X	Fishing kits and seeds	X	X
3	Central Equatoria	Sudanese Fellowship Mission	X			X
3	Eastern Equatoria	Sudanese Fellowship Mission	X			X
4	Lakes	CAFOD		X	X	X
4	Western Bahr el Ghazal	Caritas Wau		X	X	X
4	Unity	Christian Aid		Fishing kits	X	X
4	Central Equatoria	ECS Diocese of Yei		X	X	X
4	Jonglei	Lutheran World Federation		X	X	X
4	Eastern Equatoria	NCA Eastern Equatoria field office		X	X	X
4	Central Equatoria	NCA Eastern Equatoria field office		Seeds and tools	X	X
4	Warrap	NCA Warrap field office		X	X	X
Juba Crisis	Jonglei	Lutheran World Federation	X		X	
Juba Crisis	Northern Bahr el Ghazal	NCA head office	X			X
Juba Crisis	Jonglei	NCA head office	X			X
Juba Crisis	Jonglei	NCA Jubek head office	X		X	X
Juba Crisis	Jonglei	Sudanese Fellowship Mission	X		X	X
Juba Crisis	Central Equatoria	Sudanese Fellowship Mission	X	X	X	X

5	Eastern Equatoria	NCA Eastern Equatoria field office		X	X	X
5	Northern Bahr el Ghazal	NCA head office		NFIs, Emergency food, Seeds and tools	X	X
5	Warrap	NCA Warrap Office		X	X	X

5. IDENTIFIED GAPS FROM PRELIMINARY DESK REVIEW

A preliminary desk review of project documents provided by NCA was conducted. The purpose was for the evaluators to further familiarise themselves with the various phases of the emergency preparedness and response programme in South Sudan, and to get an insight of NCA and their partners' past experiences with the implementation. This information was used to develop some preliminary observations and contributed to further development of the evaluation design and data collection instruments.

The desk review consisted of three main sources of information:

- Documents from online research: humanitarian situation and issues, socio-economic information, coordination mechanisms, humanitarian evaluations, geography of South Sudan;
- Documents provided by NCA Norway and NCA South Sudan. This comprised a combination of project documents, including proposals and results frameworks, and NCA strategy documents.

The evaluation team began the document review by mapping the evaluation sub-questions with the documentation required. Over 130 documents were then provided to the evaluators by NCA for the desk review. A checklist was also developed, based on the documents provided, outlining the types of documents available for each phase of the programme, which helped to identify the document gap. The team proceeded to identify, read and ultimately prioritise the most relevant documentation corresponding to the evaluation focus areas as reflected in the sub-questions agreed with NCA.

On completion of this exercise, other documentation was then reviewed which further enhanced understanding on the programme context and specific aspects of the programme, such as expenditure composition⁴³.

The desk review also consisted of relevant published humanitarian reports and evaluations specific to South Sudan to situate this evaluation within the wider humanitarian response in

the country and identify any relevant findings that may guide the approach to this evaluation. The desk review indicates, in some cases, lack of evidence in relation to for example the results achieved which may have been overcome by more detailed documentation such as project reports. As an example, the project report for phase 4 consisted of less than 3 pages. At the same time, needs assessments and monitoring reports including beneficiary feedback did not feature prominently within the desk review (due to lack of documentation available).

Some preliminary findings emerging from the review are given below.

RELEVANCE

It was challenging for the evaluation team to comment on the sub-questions relating to needs assessments due to lack of documentation available in the inception phase (with the exception of Phase 1). It will be important for the team to gain access to any other relevant needs assessments that may be available either with NCA or other stakeholders.

The WASH response proposals and reports refer to vulnerable groups. However, the data collection exercise will need to collect more information on NCA's targeting approach and alignment to needs assessments. It was noted that data disaggregation within programming and reporting did not extend to particular categories of vulnerable populations, such as the elderly and disabled. It is limited to a male/female distinction for the most part. This may have constrained NCA's ability to target and reach the most vulnerable. It will be important to include these groups in future data collection exercise.

There is some evidence of NCA engaging in coordination mechanisms (e.g. the WASH cluster and the South Sudan NGO Forum). It was also observed NCA is not a participating agency in the UN-coordinated response plans for South Sudan. Some project outputs were not realised as other partners were already providing assistance and the evaluation team will need to investigate possible duplication with other actors at the data collection stage. On coordination, it was noted that linkages to the protection cluster was less apparent in proposals and we would aim to obtain a better understanding during data collection if this is holding back progress in any areas, such as gender-based violence mitigation. It would also be worth exploring whether there are opportunities to work with education cluster to utilise learning spaces corresponding to sensitisation activities since this forms part of the WASH approach in South Sudan. Annual reports have been shared by NCA, which will be taken into consideration as these provide more details about coordination with other stakeholders.

There is mention of consultation with beneficiaries on project design in project documentation. However, no evidence was found within the documentation to support this. As such, this will need to be factored into the data collection instruments to ascertain the extent of this activity

⁴³ Additional hardcopies to be reviewed, are available at NCA in Juba.

EFFECTIVENESS

NCA have either completely achieved some of the outputs, or partially whilst some have not been achieved (please see Annex 2 on the mapping of outcomes and outputs). There is evidence that a gender lens has been adopted in the programme and it would be necessary to confirm this at the data collection stage. On meeting intended outcomes, the documentation suggests performance on sanitation and hygiene components was less strong compared to access to water and the provision of NFIs. It was observed outputs were the basis of planning and reporting in the programme and NCA may benefit from making outcomes the focus of programming and reporting. It also means that the evaluation team will need to focus on collection of data related to outcomes where possible.

LOCAL CAPACITIES

The desk review indicates NCA places importance to raising the capacity of implementing partners. However, it was observed that capacity development of partners was generally not integrated into project results frameworks, although it was often referred to as a priority activity. Documentation on implementing partner agreements and final partner reports was lacking (refer to Annex 2) to provide a more detailed overview. The evaluation team will need to collect data regarding local capacities from primary sources and combine this with findings from the document review on the current engagement of local actors in the humanitarian response in South Sudan. Proposals outline some of the specific advantages and strengths of church-based actors and the evaluation team will explore this in more detail during the data collection stage. On mitigating against gender-based violence, there may be potential to explore in more depth the partnerships, established for this purpose, with specialised organisations providing assistance to women affected by GBV.

BENEFICIARY FEEDBACK

While results frameworks include specific outputs on communication and feedback mechanisms with affected populations for some phases, from project reports it appears there have been some challenges with establishing complaints mechanisms. This is taking place in a context where it would be particularly important for beneficiaries to have an outlet to report GBV incidences given its high prevalence. It would be necessary to delve into the issues during data collection and to collect primary data on beneficiary feedback.

HUMANITARIAN STANDARDS

Standards: There is reference to relevant technical standards in proposals, and these are included in results frameworks. There may be scope for this to be more contextually relevant in some cases. Sphere indicators for sanitation and hygiene are less frequently referred to. Monitoring against standards is apparent but there may be opportunities to be more systematic and have more robust monitoring. Standards do not appear to be integrated into partner agreements or some relevant job descriptions. For data collection, it would be necessary to enhance understanding of NCA's approach to humanitarian standards, including the process for monitoring and reporting on standards, and their application by partners and staff.

Conflict sensitivity: These is some conflict analysis within proposals and an example of a more holistic report on communal conflict for a specific geographic location. The data collection will need to explore how such analysis has been applied during implementation.

6. PURPOSE AND SCOPE OF THE EVALUATION

6.1. EVALUATION PURPOSE

The evaluation is intended to provide NCA with insights into their Emergency and Preparedness Programme in South Sudan since its inception in 2013. There are three main purposes to this evaluation exercise. The evidence generated is intended to:

- 4. Inform NCA's existing and forthcoming strategies:** The findings and recommendations from the evaluation will directly inform NCA's South Sudan country strategy 2016-2020 and the emergency programming of South Sudan. The finding and recommendations might also indirectly inform the humanitarian strategy of NCA and how NCA work to achieve the commitments of grand bargain/charter for change. However, it is acknowledged that the humanitarian strategy is not due to be revised in the forthcoming future.
- 5. Strengthen future humanitarian responses:** The evaluation is needed to provide valuable lessons that will further empower NCA to deliver similar large scale humanitarian programmes and will contribute towards increased quality of future emergency and preparedness programmes.
- 6. Provide assessment on the role of local national actors in the response:** In line with their commitment to the "Charter for Change" and with sector debates on the 'localisation agenda'⁴⁴, NCA is calling for increased involvement of local actors in responding to emergency. The evaluation is therefore required to assess the opportunities and challenges in involving local actors, in order to inform NCA's future actions and strategy.

6.2. EVALUATION USERS

The main users of this evaluation are NCA staff in South Sudan and Oslo, who have worked on the emergency preparedness and response programme and are likely to design new strategies and programmes. Additional users include the local partners and churches that NCA works with in South Sudan. Also, users may include organisations working in a similar area, the humanitarian community and donors.

⁴⁴ The evaluators will need to clarify how 'localisation' is defined by NCA.

6.3. SCOPE OF THE EVALUATION

Timeframe: The evaluation will cover all the five phases and the Juba response of the evaluation from January 2014 to August 2017.

Geographical coverage for primary data collection: Data collection from intervention sites will be limited to the sites suggested by NCA due to security considerations and accessibility. These are Juba, Magwi, Wau, Aweil, Gumuruk and Panyagor.

6.4. EVALUATION OBJECTIVES

The objectives of the evaluation are to assess the relevance and effectiveness of the programme, and the extent to which cross-cutting themes and issues, relevant to the emergency programme, were addressed. Each of these are discussed in more detail as follows:

6. **Relevance:** The evaluation will assess the extent to which the stated programme objectives remain valid and relevant as compared with the operational context and needs of target groups (right holders).
7. **Effectiveness:** The evaluation will assess the extent to which the programme has achieved the results. By results it is meant the targets planned to be achieved at the outcome, and output levels.
8. **Cross-cutting themes:** The evaluation will assess the extent to which cross-cutting themes including protection, the role of women, and conflict sensitivity were addressed throughout the programme.
9. **Role of local actors:** The evaluation will assess the role of local actors (with focus on Churches) within the phases of the programme and their capacity to respond to humanitarian crisis at local and national levels, including identifying barriers to and progress towards the wider 'localisation agenda'.
10. **Identify and consolidate lessons and best practices and provide recommendations** for future planning and design of emergency programmes.

6.5. EVALUATION CRITERIA

The evaluation will be in-line with OECD-DAC criteria. Out of the five criteria, the evaluation will focus mainly on relevance, effectiveness, impact and sustainability.

RELEVANCE

According to the OECD-DAC criteria, relevance is *‘the extent to which the activities undertaken are suited to the priorities and policies of the target group, recipient and donor.’*⁴⁵ In the evaluation of the Emergency Preparedness and Response Programme, target groups are people affected by conflict and crisis, including internally displaced people. The activities delivered in the programme focused on improving water and sanitation services, and provision of non-food items, and in exceptional cases provision of emergency food rations. The evaluation will look at the extent to which these activities were and remained relevant to the people affected by conflict and crisis in the areas of implementation.⁴⁶

EFFECTIVENESS

Effectiveness is measured by assessing the extent to which aid activities achieve their intended objectives.⁴⁷ The evaluation will assess programme achievements compared with intended outputs, outcomes and results documented in key programme documents. These are linked with the key activities delivered by the programme, i.e. WASH, NFIs and emergency food assistance.

IMPACT

Impact is measured by identifying the changes produced by the programme and the extent to which they can be contributed to the programme⁴⁸. The evaluation will focus on the perception of beneficiaries and other stakeholders in relation to the difference that programme activities have made as compared to before. Finally, as the programme focus is to provide lifesaving assistance, consideration will be given to the number of people that benefitted from the programme, compared with the number of people in need (should this data be available), in order to assess impact.

SUSTAINABILITY

Sustainability is measured by considering the likelihood of the benefits of a programme to continue when it ends⁴⁹. This criterion will be only looked at partially, considering the nature of the emergency responses, which is designed to address immediate needs and to provide lifesaving assistance. Nevertheless, NCA’s programme has emphasised sustainability of their WASH related activities (e.g. improved access to safe water and sanitation facilities) and through their work with local partners, which will be considered.

⁴⁵ DAC Criteria for Evaluating Development Assistance <http://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>

⁴⁶ The former states of Eastern Equatoria, Jongelei, Western Bahr El Ghazal and Greater Pibor area.

⁴⁷, ⁴⁸, ⁴⁹ Ibid.

6.6. EVALUATION QUESTIONS

In achieving the above objectives, the evaluation will focus on addressing the following key questions:

Table 21: Evaluation criteria, overall questions and sub-questions

OECD-DAC EVALUATION CRITERIA	OVERALL QUESTIONS	SUB-QUESTIONS
1. Relevance	1.1 Was the emergency programme relevant to the context and needs of the target groups (right holders)?	1.1.1 Has a comprehensive needs assessment been conducted? (CHS 1) 1.1.2 Has it been used to inform response planning? (CHS 1) 1.1.3 Are multiple sources of information, including affected people and communities, local institutions and other stakeholders consulted during assessments (needs, risks, capacities vulnerabilities and context), project design and implementation? (CHS 1) 1.1.4 To what extent did the WASH response specifically target and reach vulnerable groups like women, the elderly, the disabled and any other marginalised groups in the projects' area? (CHS 1) 1.1.5 What other sources of support were available to rights holders, and to what extent were NCA coordinating with other agencies to avoid duplication and ensure all needs are met? 1.1.6 Were rights holders consulted on the design of the programme?
2. Effectiveness and impact	2.1 Did the programme meet the intended objectives and results in terms of planned outputs, and outcomes, and to sufficient quality?	2.1.1 To what extent were the objectives achieved / are likely to be achieved?
		2.1.2 To what extent have the planned outcomes and outputs of the results framework of the different phases been achieved or are likely to be achieved (CHS 2)? and to sufficient quality, in relation to: <ul style="list-style-type: none"> • Improved access to safe water (including training and establishment of water committees) • Improved access to safe, sustainable facilities • Responding to the needs of displaced people (e.g. shelter and basic household materials that were distributed) • What internal and external factors influenced the achievement (or not) of the intended results in terms of outputs, outcomes? 2.1.2 Are monitoring results used to adapt programmes? (CHS 2)? 2.1.3 Do communities and people affected by crisis (including the most vulnerable) identify any negative effects resulting from NCA and partners' responses? 2.1.4 What is the satisfaction level of right holders from the programme? e.g. NFI content, type off food assistance provided, location of boreholes, quality of training provided, awareness raising activities and messages, selection criteria for food assistance)

3.1 Standards	3.1.1 What systems or procedures were put in place to ensure compliance with international standards (e.g. SPHERE, CHS)?	3.1.1.1 Are globally recognised technical standards, such as Sphere, IASC gender guidelines, used and achieved (CHS 2)?
		3.1.1.2 To what extent has the programme promoted the intentions of UNSCR 1325 on women, peace and security?
3.2 Conflict sensitivity		3.2.1 Has a conflict analysis been carried out for each geographical project area?
		3.2.2 To what extent were the interventions based on sufficient, precise and updated analysis of the context and relevant conflict dynamics?
3.3 Beneficiary feedback		3.3.1 Were complaints mechanisms established for the projects? Are all groups within the affected community aware of how to give feedback on the response and do they feel safe using those channels?
4. Local capacities		4.1 Do local partners (organisations and churches) with responsibilities for responding to crises consider that their capacities have been increased as a result of cooperation with NCA? (CHS 3)
		4.2 How can NCA better engage with Church / Local actors to better improve their capacity for better preparedness and response?
		4.3 In what ways has working through local partners influenced the responses timeliness, effectiveness, impartiality, neutrality and independence? (DAC criteria and humanitarian principles).
		4.4 What are the unique advantages of local actors in delivering humanitarian action, within the given context?
		4.5 What is needed to enable local actors to respond to humanitarian crisis, within the given context, or to identify entry point and key actions to scale up influence in their dialogue with other relevant actors?
		4.6 What are the barriers for local actors to engage in humanitarian response (delivered by international actors)?
		4.7 What steps have been taken to remove barriers and ensure local actors can be involved?
5. Lessons Learned /recommendations		5.1 What are the key learning /recommendation points to improve future NCA WASH program performance?

7. METHODOLOGY

This section outlines the methodology that will be used to undertake the evaluation.

7.1. APPROACH TO DATA COLLECTION

A **mixed method approach** will be used to collect data and respond to the evaluation questions. We will predominantly use qualitative data considering the evaluation objectives and questions. Where possible, qualitative findings will be quantified. Secondary data sources will be complemented with primary data.

Participatory approach will be used to collect the data. During focus group discussions, the facilitator will ensure that all group members can contribute to the discussion by paying attention to who is dominating discussions and who is not contributing. If needed, follow up discussions will be organised with participant who did not share their views, appreciating that there are various reasons why people don't participate. Consideration will also be given to the location used for these discussions and to the group composition in terms of gender, age and disability, in order to create a comfortable environment for all participants.

7.2. DATA COLLECTION METHODS

The data collection will include a desk review of all key documents, analysis of relevant monitoring data and collection of primary data additional data collection led by the evaluators in the form of semi-structured interviews, focus group discussions and follow up structured interviews if needed.

Each of these methods is discussed in detail below.

DESK REVIEW

All relevant planning, process, reporting and guideline documents will be reviewed in order to take stock of the work done by NCA and its partners. The programme results frameworks, outlining the programme objectives, outputs and outcomes will be reviewed in order to assess achievements against original targets. The organisational NCA's South Sudan country strategy 2016-2020 will also be reviewed in order to assess the complementarities between the programme and overall organisational objectives, and in order to situate the evaluation findings within the wider organisational context. In addition, documents such as NCA's Global Strategy and NCA's 2016-2020 Humanitarian Strategy will also be reviewed.

The type of documents of documents that will be reviewed include:

- Approved proposal

- Results frameworks
- M&E framework
- Assessments
- Baseline reports
- Beneficiary consultation reports
- Agreements with partners
- Activity tracking/ monitoring reports
- Interim reports
- Final reports
- Beneficiary feedback reports
- Partner final reports
- Other studies and research undertaken

A list of documents that have preliminarily been reviewed and will continue to be reviewed and supplemented with additional documents can be found in Annex 2.

In order to extract the relevant information from the documents a document review framework has been prepared, please also refer to Annex 3.

ROUTINE MONITORING DATA

If relevant routine programme monitoring data is available, we will analyse this to address any relevant questions. It is not clear to the evaluators what monitoring is available and of what quality. We will therefore discuss this with NCA and make an informed decision about whether this data source can be used and for what purpose. It is however important to identify what routine data has been collected by the programme and the extent to which it has been analysed and findings used to adapt the programme across the various phases of implementation.

OBSERVATIONS

Observations will be used to provide additional contextual data about the physical environment or relevant visible events, and parts of the WASH components. In particular, it may help in gathering insights about a particular location and observing the physical condition of the environment, the people and their living conditions. It can enable the collection of additional and sensitive information without necessarily talking to the affected people.

SEMI-STRUCTURED INTERVIEW

An initial interview guide has been developed guided by the evaluation questions and based on findings from the initial document review. The data collected from interviews will be used to triangulate and validate the findings from the desk-based review and other relevant data sources. The interviews will address the relevant questions will be conducted with stakeholders that have been involved in the programme. This includes NCA staff, programme partners and other

relevant stakeholders. At a minimum one programme staff at each location of implementation will be included, as well staff at the HQ or Capital level who have been involved in the design of the programme. Beneficiary representatives targeted by the programme (right holders) from the areas of implementation will be interviewed, ensuring equal participation of women and men.

Table 22 : Respondents to be interviewed

CATEGORY OF RESPONDENT	FORMAT	NO OF INTERVIEWS	WHO?
NCA staff in Norway	Telephone/skype individual	1-3	Head of Section, Eastern Africa, Head of evaluation/research, Any other relevant advisors
NCA staff in South Sudan	Face to face individual staff interviews – in the head office in Juba, if possible also with staff from the field offices: Alek and Torit	6-8	Strategic and operational staff. Head of Operations, Emergency Manager, Thematic/project/grant managers (WASH Manager), Coordinators, monitoring & evaluation, human resources, administration, procurement/finance
NCA's implementing partners	Individual face to face interviews	6-8	These implementing partners came up frequently, but others could be included: Sudanese Fellowship Mission , Caritas South Sudan, Lutheran World Federation, Christian Aid, CAFOD, Episcopal Church of Sudan (ESC), churches/parishes, or others
External partners	Individual face to face interviews	10-12	Senior representatives of: UNICEF, other cluster leads, national /local authorities (Ministry of Water Resources and Irrigation), ACT Alliance/Caritas, SSCC, NFI and WASH Cluster coordinators, UNOCHA
Representatives of beneficiaries	Individual face to face interviews	5 (one per site)	Community leaders spanning different projects/ locations
Female beneficiaries	Individual face to face interviews	5 (one per site)	Female beneficiaries from various project sites

This list will be reviewed and elaborated in coordination with NCA.

FOCUS GROUP DISCUSSIONS

Focus group discussions (FGD) will be used to collect data from right holders, in all five locations. Consideration will be given to gender, age, and disability, while adhering to principles of conflict sensitivity and 'do no harm'. FGD will enable us to gather people from similar backgrounds or experiences to share their perceptions regarding the relevance and effectiveness of the programme. The benefit of using FGD in this case is that it allows participants to agree or disagree with each other, providing insight to a wider range of opinion and ideas, and the variations that exist in relation to specific issues, hence they will allow the researcher to identify issues that need to be explored further.

Latest humanitarian data indicates that up to 85% of the affected population is female. It is therefore suggested to reflect this in the weight given to the male-female ratio of focus group discussions.

However, the evaluators are not currently equipped with a detailed gender related analysis documentation, so it might need to be discussed with NCA.

Also, as the intervention has focused more on WASH as compared to NFIs, it is suggested to also adapt the sample accordingly to address the relevant stakeholders proportionally as well.

The FGDs will be separated into male and female groups, per male focus group it is recommended to have 6- 8 male; for the female groups it is recommended 8-10 female.

One female (for the female FGDs) and one male enumerator (for the male FGDs) will be hired to support the evaluators with conducting the discussions.

If feasible, all focus group should have 1 elderly member of the community and 1 person with disability present. This number is based on the census that for example a region like Wau records that 2.6% of the population in Wau are 65+* ⁵⁰. If this is deemed inappropriate it is recommended to discuss with NCA which site location would have the highest percentage of elderly and people with disability, and then have separated group discussions.

The evaluators think it is not suitable for children to be part of these kind of focus group discussions and would therefore suggest to exclude them, however, participants are of course allowed to bring their children along.

The location for the sample were chosen by NCA under the criteria that they represent areas which are accessible, relatively secure and where NCA have most recently implemented programmes during phase 5. It was highlighted by NCA that the 5 field locations to be visited are likely to have beneficiaries who can objectively be able to provide feedback to evaluator as programmes have been implemented within a reasonable recall period. With regards to other locations for programme under phase 1- 4, NCA felt that it has taken a considerable period of time since implementation took place and right holders may have moved on and many right holders may not be in the same locations.

Thus the selected sites are: **Aweil, Wau, Gumuruk, Panyagor and Wau.**

In addition, key informant interviews will be held in Juba with NCA staff, implementing partners and external partners.

⁵⁰ *the assumption is made that NCA regards 65+ as the elderly.

Table 23: Planned FGDs, observations and interviews per site

	AWEIL		WAU		TORIT		GUMURUK		TWIC EAST	
	PHASE 4		PHASE 4&5		PHASE 4&5		PHASE 1, 3-5		PHASE 1, 3-5	
	Male	Female								
IDP	1	1	1	1			1	1	1	1
Returnees			1	1			1	1		
Host communities					1	1				
Total number of FGD	Approx. 2		Approx. 4		Approx. 2		Approx. 4		Approx. 2	
Household interviews	Yes (approx. 10)									
Observations	Yes									
Interviews	Yes									

Figure 8: South Sudan Map with highlighted Phase 5 locations



STRUCTURED INTERVIEWS

If needed, follow up structured interviews will be conducted to further explore issues that emerge from the FGDs. This could include sensitive issues that were not discussed in-depth during the group sessions, or areas where strong disagreement between participants in the FGD were observed, and hence could benefit from further exploration. Follow up interviews will also be arranged with stakeholders that were unable or unwilling to participate in the FGD, to ensure their opinions are included.

HOUSEHOLD INTERVIEWS

Household interviews adopting open- and closed-ended questions will be conducted in the various site locations. Approximately 10 households per site will be interviewed.

7.3. EVALUATION MATRIX

An evaluation matrix (see Annex 4) has been developed to present which data collection methods will be used to answer which evaluation questions. The matrix indicates the possible triangulation between different data sources and helps the evaluators to develop the necessary questionnaires, interview guides, and observation tools, to ensure necessary data is gathered.

In addition, it presents indicators that are going to be assessed in order to answer the evaluation questions.

7.4. ANALYSIS

The analytical framework guiding the process is based on the key evaluation questions, sub-questions and related objectives/criteria. Our methods of analysis will include the following:

Thematic analysis: A coding framework based on the research questions will be developed and data collected from interviews, FGDs, observations and document review will be coded and analysed. The coded data will be categorised and the categories will be determined by the codes. We will use Excel to collate and code the data. Developing and using a coding framework will ensure consistency of coding across the team and hence greater reliability of the findings.

Triangulation⁵¹: involves using multiple data sources to produce understanding about the topic under discussion. We will use this method to corroborate findings and ensure that we obtain a rich, rigorous and comprehensive account against the questions being addressed. We proposing using triangulation as we understand that a single method is not adequate to provide a comprehensive picture and therefore using multiple methods helps facilitate deeper understanding. We will use methods triangulation which means checking consistency of findings generated across different data collection methods (document review, interviews, FGDs and observations).

⁵¹ <http://www.qualres.org/HomeTria-3692.html>

Findings will be presented for each evaluation objective, and the related questions namely: relevance, effectiveness, cross-cutting themes, the role of local actors and key learning points to improve future WASH programmes. In relation to the role of local actors, we will aim to make use of other evaluation studies of similar initiatives of preparedness and the role of local actors. Good practices and challenges will be highlighted for each. Key patterns will be identified and clustered by category and thematic area. These will then be re-arranged by linking them to the lines of inquiry agreed in this Inception Report. Finally, lessons that emerged from the evaluation process will be presented in view of providing actionable recommendation future similar programmes.

7.5. REPORTING

Reporting will be done at three key stages of the evaluation process, as detailed below:

- **Inception Report and Presentation** will be compiled following the desk review stage, detailing the methodology, including the evaluation approach, criteria and data collection tools, to be approved by NCA prior to starting the data collection.
- **Preliminary findings presentation** will be compiled following the data collection stage, to share data from the evaluation exercise, according to the key evaluation objectives.
- **Final evaluation report:** The findings from the evaluation study will be compiled into a final report, following NCA's evaluation policy and comprised of the following sections:

1. **Key Recommendations**
2. **Executive Summary**
3. **Background Information:**
 - Programme and context
 - Evaluation purpose
 - Evaluation objectives and criteria
4. **Methodology:**
 - Approach and design
 - Sampling technique and sample size
 - Limitations
5. **Key challenges**
6. **Analysis and discussion**
7. **Summary of Findings**
8. **Summary of recommendations**
9. **Lesson learned**
 - Good practices
 - Areas for improvement
10. **Conclusions**

11. Annexes:

- Terms of Reference
- Data collection tools
- List of key informants/interviewees
- List of key meetings held

Based on the finalised report we will produce a **lessons paper** based on findings from the evaluation. This can be used by NCA to share the lessons from the evaluation.

7.6. VISUALISATION

Given the qualitative nature of this evaluation, data will likely be under the form of narrative examples of what worked and how. A mix of tree maps, word clouds, concept maps or other appropriate visual means will be used to highlight the most relevant patterns of evidence.

7.7. LIMITATIONS

This section outlines the main limitations to the data collection and evaluation approach.

Limited quantitative data from monitoring is available to the evaluators. If key monitoring data cannot be shared by the time the evaluators are working on the data analysis for the draft report this would impede to some extent the triangulation of qualitative information collected during the field visit.

Locations for field visits have been pre-selected by NCA, which could lead to a potential bias. While the evaluators acknowledge that due to the security situations in South Sudan and the duration of the various phases, these selected areas might be the most feasible option, it needs to be highlighted that it limits the primary data collection to only Phase 5 and not the time span that is being evaluated. In terms of observational visits to physically verify results at output level, other phases could have still been appropriate. It becomes more significant for Action Against Hunger to receive all relevant documentation for phase 5.

Due to a limitation of time and budget, there will be only a small sample of household interviews conducted during this evaluation. Information will be collected through FGD only with beneficiaries. On exceptional cases semi-structured follow up interviews will be conducted.

Security situation in South Sudan can be volatile and might restrict the travel to meet beneficiaries from the programme. In addition, not obtaining authorisations to visit all the sample locations will be a limitation.

The distances between the locations is quite vast and the travel time could take longer than estimated. This will be discussed with NCA South Sudan office to see if travels to field can be optimised and time saved to meet more beneficiaries and partners.

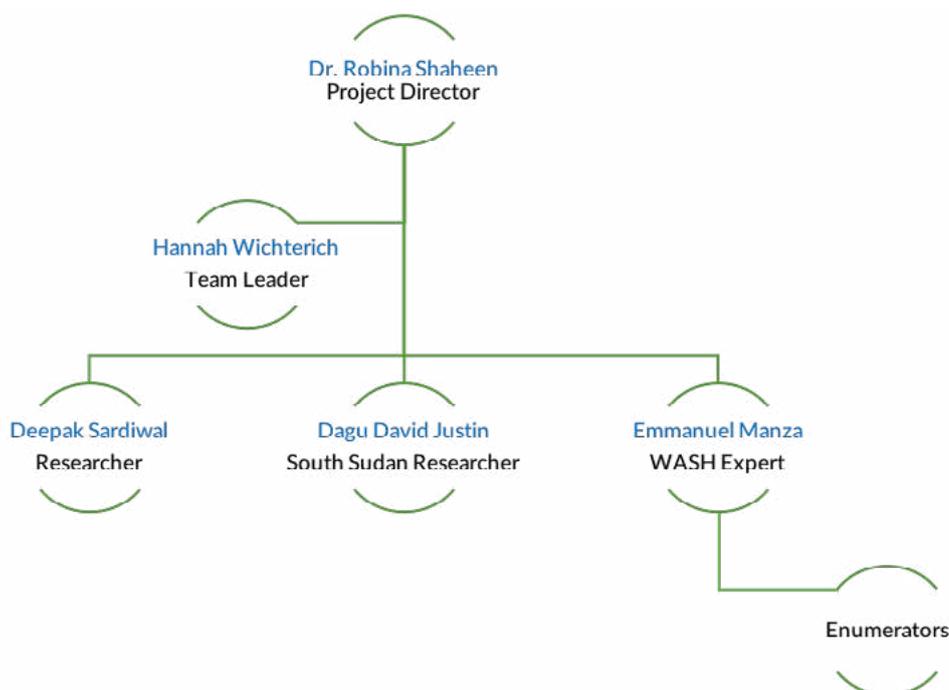
8. ROLES AND RESPONSIBILITIES

8.1. ACTION AGAINST HUNGER

Action Against Hunger will be responsible for conducting the desk review with documents provided by NCA and documents furnished from the consultants own references. All references are required to be listed in the final report. The emergency manager will assist with NCA documentation needed. The evaluators will be expected to use participatory research and learning methods to collect information from beneficiaries. The consultant is expected to plan his/her work and ensure sufficient time is spent in the field collecting data. All enumerators, data clerks and auxiliary staffing will be selected and managed by the consultants. There will be a stakeholder workshop at the end of the field data collection where the consultants will make a presentation of preliminary perception and possible indications for room for improvement.

The consultants will present the final report during an online webinar to the Evaluation manager for signoff by the Evaluation steering group.

Figure 9: Action Against Hunger's Team composition



8.2. NCA

NCA will be responsible for the sector management of this evaluation process and all field visits will be accompanied with NCA staff who will ensure that there is liaison with the Security and safety advisor before field travel and will communicate back according to our field security SOPs.

Before travel to the field, the consultant will have a briefing session with the emergency manager and programme advisor to discuss and agree on the evaluation process. Before the start of

the evaluation, the lead evaluator will be required to provide an inception report, including detailed methodology of how he/she will carry out the evaluation including the development of assessment tools, formulating research questions, and field level preparation and organization of the evaluation including processes for data collection and data capture.

- Specifically, NCA will be responsible for the following:
- Provide all relevant documentation for the consultant;
- Provide security updates and orientation;
- Provide all logistical arrangements including internal travel and accommodation in South Sudan, organize meetings and field visits as required;
- Inputs to the design and methodology of the inception report, including providing informational material and feedback;
- Comments and inputs to the draft report; and
- Approve all the deliverables.

8.3. LOGISTICS AND SECURITY CONSIDERATIONS

The evaluators will be under NCA's full duty of care, and will follow NCA's standard operating procedures. NCA will provide a security briefing before the departure of the international consultant and upon arrival of the consultant in Juba.

9. KEY DELIVERABLES AND WORK PLAN

9.1. KEY DELIVERABLES

The following are the evaluation outputs the evaluators will submit to NCA:

Table 24: Key Deliverables

DELIVERABLE	DEADLINE
1. Inception Report with approved evaluation questions	15.01.2018
2. Data collection tools	18.01.2018
3. Desk review findings in the form of PowerPoint	Agreed to not do / 'park' initial gaps from preliminary desk review
4. Preliminary findings presentation (Juba)	27.02.2018
5. Draft Evaluation Report	20.03.2018
6. Presentation of the Findings	23.03.2018
7. Final Evaluation Report	29.03.2018

9.2. WORK PLAN

PHASES	DAY	DATE	ACTIVITY	WHO?
Desk Review and Inception Report	Monday	18.12.2017	Contract between Action Against Hunger and NCA signed	AAH & NCA
	Wednesday	20.12.2017	Final discussion and agreement on Evaluation Questions	AAH & NCA
	Thursday	21.12.2017	Desk Review	AAH
	Friday	22.12.2017	Desk Research/Inception Report	AAH
	National Holidays	25.12.2017-01.01.2018	Break	
	Tuesday - Friday	02.01.2018-12.01.2018	Agree final field work plan and timelines	AAH
	Monday	15.01.2018	Submission of inception report to NCA	AAH
Data tools and field plan finalisation	Tuesday-Tuesday	16.01.2018-30.01.2018	Discuss expectations, field travel plans	AAH & NCA
			Agree final field work plan and timelines	AAH & NCA
			Finalisation of data collection tools (18.01.2018)	AAH & NCA
			Preliminary Findings presentation (24.01.2018 tbc)	AAH & NCA
			Interviews with NCA Oslo staff	AAH & NCA
			Travel to Juba	AAH
Field Visits and National Workshop	Wednesday	31.01.2018	NCA Security Briefing and staff briefing in Juba	AAH
	Thursday	01.02.2018	Briefings with NCA country office in country Interviews with Cluster Coordinator -WASH	
	Friday	02.02.2018	Interviews with NCA intervention staff and NCA Oslo staff	AAH
			Interviews with Cluster Coordinators -NFI	AAH
	Saturday	03.02.2018		
	Sunday	04.02.2018		
	Monday	05.02.2018	Key Informant Interviews with NCA staff, partners and external stakeholders	AAH
	Tuesday	06.02.2018	Key Informant Interviews with NCA staff, partners and external stakeholders	AAH
	Wednesday	07.02.2018	Key Informant Interviews with NCA staff, partners and external stakeholders	AAH
	Thursday	08.02.2018	Travel to Aweil // Key Informant Interviews, FGD, HHI and observations in Aweil	AAH, NCA & National consultant
	Friday	09.02.2018	Key Informant Interviews, FGD, HHI and observations in Aweil and Rom Mading	AAH, NCA & National consultant
	Saturday	10.02.2018	Key Informant Interviews, FGD, HHI and observations in Aweil and Nyamlel	AAH, NCA & National consultant
Sunday	11.02.2018	Travel from Aweil to Wau	AAH, NCA & National consultant	

	Monday	12.02.2018	Key Informant Interviews, FGD, HHI and observations in Wau	AAH, NCA & National consultant
	Tuesday	13.02.2018	Key Informant Interviews, FGD, HHI and observations in Wau	AAH, NCA & National consultant
	Wednesday	14.02.2018	Write up // Travel back to Juba	National consultant // AAH
	Thursday	15.02.2018	Travel to Torit // Key Informant Interviews, FGD, HHI and observations in Torit	National consultant // AAH
	Friday	16.02.2018	Key Informant Interviews, FGD, HHI and observations in Torit // Travel back to Juba	National consultant // AAH
	Saturday	17.02.2018		
	Sunday	18.02.2018		
	Monday	19.02.2018	Travel to Gumuruk // Key Informant Interviews, FGD, HHI and observations in Gumuruk	AAH, NCA & National consultant
	Tuesday	20.02.2018	Key Informant Interviews, FGD, HHI and observations in Gumuruk // Travel to Twic East	AAH, NCA & National consultant
	Wednesday	21.02.2018	Key Informant Interviews, FGD, HHI and observations in Twic East	AAH, NCA & National consultant
	Thursday	22.02.2018	Key Informant Interviews, FGD, HHI and observations in Twic East // Travel back to Juba	AAH, NCA & National consultant
	Friday	23.02.2018	Write up / Preliminary analysis	AAH & National consultant
	Saturday	24.02.2018		
	Sunday	25.02.2018		
Data Analysis and Draft Evaluation Report Writing	Monday	26.02.2018	Debriefing with NCA intervention staff and preparation of stakeholders workshop	National consultant // AAH
	Tuesday	27.02.2018	Stakeholders workshop and debrief with NCA evaluation steering committee	National consultant // AAH
	Wednesday	28.02.2018	Travel back to the UK	AAH
	Thursday	01.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Friday	02.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Saturday	03.03.2018		
	Sunday	04.03.2018		
	Monday	05.03.2018	Data Analysis and Draft evaluation report writing	AAH

	Tuesday	06.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Wednesday	07.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Thursday	08.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Friday	09.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Saturday	10.03.2018		
	Sunday	11.03.2018		
	Monday	12.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Tuesday	13.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Wednesday	14.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Thursday	15.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Friday	16.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Saturday	17.03.2018		
	Sunday	18.03.2018		

NCA and Stakeholders Review time	Monday	19.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Tuesday	20.03.2018	Submission of the draft report to the evaluation manager and NCA staff report review	AAH & NCA
	Wednesday	21.03.2018	NCA staff report review	NCA
	Thursday	22.03.2018	NCA staff report review	NCA
	Friday	23.03.2018	NCA staff report review and AAH presentation of preliminary findings	AAH & NCA
	Saturday	24.03.2018		
	Sunday	25.03.2018		
Finalisation of Evaluation Report	Monday	26.03.2018	NCA submission of collated review comments - AAH final Report writing incorporating feedback	AAH & NCA
	Tuesday	27.03.2018	Final Report writing incorporating feedback	AAH
	Wednesday	28.03.2018	Final Report writing incorporating feedback	AAH
	Thursday	29.03.2018	Final Report writing incorporating feedback - Submission of final report and lessons paper to NCA	AAH & NCA

10. EVALUATION BUDGET

Removed for publishing.

11. QUALITY ASSURANCE AND MANAGEMENT OF RISKS

11.1. RISK MATRIX AND MITIGATION STRATEGIES

Table 25 Matrix showing risks which may influence successful delivery of project objectives and related mitigation strategies

RISK	PROBABILITY OF RISK	POTENTIAL IMPACT	MITIGATION
Insufficient information available for the development of context appropriate tools	Low	Tools/procedures developed are not appropriate to the context; collection of biased/ inaccurate data; validity of results reduced	Instruments will be designed by national consultant with specific experience of context; feedback from NCA and other relevant stakeholders will be incorporated to ensure consistent messaging and use of language.
Consultancy activities (including development of surveys/data collections etc.) delayed	Medium	Design delayed preventing data collection; data collection teams unable to reach sample size; data analysis limited; validity of results reduced	Agree and monitor consultancy timelines and milestones, as well as data collection strategy between all partners, ensuring complementarity with project deliverables and activities; develop contingency plans in case teams unable to access certain areas/reach necessary sample size
Inconsistent/ inaccurate data collection	Medium	Unable to compare data due to discrepancies in data collection/ definitions used; inability to analyse and compare data, or report accurately against activities and outputs	Provide definitions for relevant concepts and questions as part of methodology; incorporate feedback from relevant stakeholders into guidance/ methodology to ensure buy-in;
Staff capacity within the team reduced (e.g. as the result of a medical emergency)	Low	Consultancy team unable to deliver project outputs on time;	Full assessment of the risks posed to field team conducted prior to commencing project and mitigations implemented to ensure the safety of the team; backstopping provided by Action Against Hunger MEL Services in the event that team capacity is reduced.

11.2. QUALITY ASSURANCE PLAN

Action Against Hunger will go through a thorough screening and reference check of the national consultants that are contracted to ensure high quality and appropriateness for the work to be undertaken.

The evaluators will train all enumerators before data collection and will undertake spot checks in order to ensure collection of reliable and quality data. In addition, the evaluators will refine and pilot the data collection tools together with the national consultants, as well as in discussion with

NCA, to ensure suitability.

Action Against Hunger will follow its M&E Guideline’s tool on preparing quantitative and qualitative data for entry & analysis to ensure that findings made through interpretation of qualitative data are trusted:

- “Maintain detailed records of all the interviews and group discussions and document the process of analysis that was undertaken;
- For any specific topic, undertake group-to-group validation. Whenever a topic comes up, it generates a consistent level of energy among a consistent proportion of the participants across nearly all the groups;
- Compare findings from different interviews and focus groups. If they coincide, that strengthens credibility that important issues have been identified. Remember, though, that people talk about things very differently in different contexts: any differences you find are an important source of data in themselves;
- Conduct checking by feeding findings of the analysis back to the participants, through focus groups for example, and assessing how far they consider them to reflect the issues from their perspective;
- Understand deviant cases (those that don’t fit with findings), and account for why they differ. Explaining this will strengthen analysis.” ⁵²



In addition, AAH’s project director will provide technical direction and support, with responsibility to the overall quality implementation of the evaluation, including a critical review of all deliverables before submission. This will ensure that high quality products are produced throughout the evaluation, and that they are technically sound and credible.

Bi-weekly meetings between NCA and AAH will be set up to allow regular discussions on progress of the evaluation and facilitate mutual understanding.

During the final stakeholder workshop with NCA in South Sudan, the evaluators will also present their initial perceptions and reflections of the field work in order to validate the preliminary findings with the NCA staff and discuss any discrepancies.

⁵²*Action Against Hunger M&E Guidelines, MSTK 10: Preparing Quantitative And Qualitative Data For Entry & Analysis, page 1

11.3. ETHICAL CLEARANCE

The evaluators will adhere to the following ethics whilst undertaking this assignment

- **Do no harm** (physical, emotional, sexual) to anyone with whom we come into contact as a result of this assignment.
- **Attitude:** We will ensure that our team is honest at all times and do our best to put our respondents at ease. This includes actively listening being polite and considerate to respondent needs and time.
- **Professional standards:** We will maintain professional boundaries at all times and will collect and check data so that it is accurate and of highest quality.
- **Informed consent and confidentiality:** We will ensure that all our team members read out the informed consent instructions for each of the research tools and that respondents sign the relevant informed consent sheets. All names will be anonymised to ensure respondent confidentiality.
- **Impartiality:** We will ensure there is no risk of discrimination against anyone involved on the basis of sex, religion, language, ethnicity, sexuality or any other grounds.
- **Data security:** We will ensure relevant protocols are in place to ensure that the data is secure.

12. WAY FORWARD

The suggested next steps are:

1. AAH to receive feedback from NCA on Inception Report
 - NCA to submitted project documentation until the end of Phase 5, until August 2017
 - NCA to share additional and missing documents
2. AAH and NCA to discuss Inception Report in a call
3. AAH to revise Inception Report
4. AAH to refine data collection tools together with national consultants and NCA
5. AAH with the support of NCA to arrange logistics for international consultants
6. NCA and AAH to arrange field logistics and AAH to set up interviews and meetings before arriving in South Sudan

13. ANNEXES

Inception Report annexes can be shared upon request.

ANNEX 3: FINAL DATA COLLECTION TOOLS

NCA SOUTH SUDAN - STAFF INTERVIEWS

INTRODUCTION

1. Thank interviewee for agreeing to participate in the interview and making time available
2. This interview is part of the Norwegian Church Aid (NCA) Emergency Preparedness and Response program evaluation aiming to generate credible evidence for results achieved or not achieved by NCA, in order to assist decision-making on concrete improvements for its program in South Sudan moving forward.

All questions asked are within the context of the Emergency Preparedness and Response program that was implemented through various phases from January 2014 – and is still ongoing, but we are looking at the period until August 2017.

The evaluation report will be ready by the end of March 2018.

3. Interviews are conducted by independent evaluators from Action Against Hunger to ensure neutrality and objectivity, and will take about one hour and a half (unless agreed otherwise with the interviewee).
4. Data and information collected through the interviews are strictly confidential and will be consolidated to an integrated overall report. In instances where personal quotes or reflections are used interviewee names will be anonymised.
5. If you do not want to answer a question, you can just say skip.
6. With your permission I will record the interview. Please say no, if you do not want to be recorded.
7. Do you have any questions at this point, or can we start?

INTERVIEW DETAILS	
Date	
Time	
Interviewer	
Method (e.g. Skype)	
Any issues	

INTERVIEWEE DETAILS	
Name	
Gender	
Job title	
Organisation	
Length of service with organisation	
Link/involvement with NCA's Emergency and Preparedness programme	

INTERVIEW QUESTIONS

RELEVANCE

1. Who (what groups of people) has NCA's emergency preparedness and response programme been targeting?
 - a. Has this changed from the first phase to the present? If so how and why?
2. How has NCA selected and identified the target groups (beneficiaries) for the emergency response programme? Has this process changed since the first phase of the programme in early 2014? If so how, why and with what effects?
 - a. If needs assessments mentioned: how was the affected population involved in these needs assessments? [Ask who these people were]
 - b. How were these needs assessments [or joint needs assessments] used to inform NCA's plans and priorities for the emergency preparedness and response program? [Does this differ from phase to phase- i.e. did they do more and more of this from one phase to the next or less?]
3. How and to what extent has NCA build on pre-existing capacities such as skills and knowledge of the affected population during its programme activities?

For example: to repair a hand-pump teach local builders what they don't know about it rather than what they already do

4. Overall, in your view has the affected population received assistance according to their needs from NCA? What score would you give?

1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree
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- a. Prompt: How do you know this? [ask for examples of need and assistance provided in response]
5. How does NCA decide which specific vulnerable groups to target?

[ask how they define vulnerable groups and ask for examples]
6. Do you collect disaggregated data? If yes, which categories are being recorded (e.g. sex, age, disability and other criteria (e.g. household status?)) - What do you do with the data?

[ask for template if possible]

EFFECTIVENESS AND IMPACT

7. Please describe and give examples of what changes have been brought about by the following programme components for:
 - a. Water, Sanitation and Hygiene (WASH)
 - b. NFI kits
 - c. Establishing feedback and communication mechanisms with affected population
 - d. Working through/together with local partners
 - e. Capacity building of implementing partners
 - f. Protection of women’s rights

8. What factors contributed to the successful implementation of the programme activities? Please think of the different components and give examples for each:
 - a. Water, Sanitation and Hygiene (WASH)
 - b. NFI kits
 - c. Establishing feedback and communication mechanisms with affected population
 - d. Working through/together with local partners
 - e. Capacity building of implementing partners
 - f. Protection of women’s rights

9. What factors hindered successful implementation of activities? Please think of the different components: *[Ask for examples of effects of these hindering factors – what was done to overcome the challenges?]*
 - a. Water, Sanitation and Hygiene (WASH)
 - b. NFI kits
 - c. Establishing feedback and communication mechanisms with affected population
 - d. Working through/together with local partners
 - e. Capacity building of implementing partners
 - f. Protection of women’s rights

10. Were programme activities completed within the agreed timeframe? *[Ask for reasons if not. Please refer to specific phases of the programme where applicable.]*

11. What do you (NCA) mean when you talked about enhanced emergency capacity of local partners?
 - a. How do you enhance the capacity of local partners? What went well in these activities? What challenges did you experience? What are local partners able to do now that they were not able to do before NCA capacity building?
Please describe and give examples.

12. What score would you give for the following questions:

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
-----------------------	--------------	--------------------------------	-----------	--------------------

In your opinion, does the enhanced emergency WASH capacity of local partners help towards ensuring better:

- a. protection of women's gender rights?
- b. Preparedness?
- c. Resilience?
- d. emergency response?

Please explain.

13. Is there a difference in working with local partners and other international partners? Please explain your response.

EFFECTIVENESS AND IMPACT / STANDARDS

14. How was progress against planned outputs monitored? Did this change between phases of the programme?

[Ask them to explain their monitoring and reporting processes- you could verify this by asking to see monitoring reports, databases, data collection forms, ask about frequency of monitoring, who does it, challenges faced, what is monitored, purpose of monitoring, how are findings used- ask for examples of use]

15. How does NCA review and reflect on its response related activities while these are underway?

Prompt: To what extent has NCA's response been adapted over time to meet potential changing needs? *[Ask for examples of adaptations made.]*

16. Some results frameworks for the programme refer to indicators established by global humanitarian standards – e.g. SPHERE. Which ones do you focus on in particular? How were these indicators monitored and reported on?

17. Overall, has NCA learned from its experience to improve its humanitarian response? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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[Ask for examples of improvements]

18. Has NCA's response had any negative effects on the affected population or any other stakeholders? Please explain your response and give examples.

19. What score would you give for the following questions:

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
-----------------------	--------------	--------------------------------	-----------	--------------------

a. Overall, has the affected population received assistance from NCA according to their needs?

> **Prompt:** How do you know this? *[ask for examples of need and assistance provided in response]*

b. Did they get access to assistance at the right time from NCA?

c. Has NCA's response been of good quality (have mistakes been made)?

> How do you define good

d. Has NCA's response been of sufficient quantity (have there been unmet gaps)?

STANDARDS

- 20. Do staff at NCA country teams sign a code of conduct or similarly binding document? If yes, what are the key aspects of the code of conduct? Are any specific standards mentioned such as SPHERE or CHS? If yes, which ones and which part of them?.
- 21. Has NCA adopted gender-sensitive approaches in its programme? If yes, please explain and give examples.
- 22. To what extent has the programme reaffirmed the important role of women in the prevention and resolution of conflicts?
- 23. Does NCA take special measures to protect women and girls from gender-based violence? If yes, how does NCA do it? Please give detail examples.

BENEFICIARY FEEDBACK

- 24. What is NCA doing / has NCA done to inform the affected population of its rights and entitlements; to share information about its response; and to facilitate participation?
- 25. What feedback and complaints mechanisms does NCA have in place?
 - a. Have NCA's FCMs been used ?
 - b. Have FCM's been helpful both for the affected population? If yes why- what have these enabled the affected population to do?
 - c. Have FCM's been helpful for NCA? If yes why- what have these enabled the NCA to do?
 - d. Does NCA provide the affected population with other opportunities to ask questions and to influence NCA's response?
- 26. Overall, does the affected population have access to safe feedback and complaints mechanisms? What score would you give?

1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree
-----------------------	--------------	--------------------------------	-----------	--------------------
- 27. Overall, does the affected population have access to responsive feedback and complaints mechanisms? What score would you give?

1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree
-----------------------	--------------	--------------------------------	-----------	--------------------
- 28. To what extent has the NCA team involved communities in response-related activities? Please explain.
 - a. Did NCA face any challenges in implementing these activities? If yes, which ones and how did NCA overcome these?
- 29. To what extent has the NCA team increased the communities resilience and preparedness? Please explain and elaborate what you mean when you say resilience and preparedness.
 - a. Did NCA face any challenges in implementing these activities? If yes, which ones and how did NCA overcome these?

LOCAL CAPACITIES

30. How have you selected partners working with you on the emergency response?
- Was a capacity assessment of partners undertaken? [Ask them to describe the process- what was done with the results of the capacity assessment- is this an ongoing process, is progress to assess changes in capacity monitored]
31. What do you think are the main barriers for local actors to engage in humanitarian responses? How could these be overcome?
32. Has NCA built the capacities of local authorities, leaders and other relevant local organisations? Which ones?
33. How and when has NCA's response been coordinated with other humanitarian actors?
- Who are these?
34. Have there been notable gaps and overlaps in the humanitarian response of which NCA is a part? What was the effect on responses of this?
35. Overall, has the affected population (thus far) received coordinated, complementary assistance (from NCA and the wider humanitarian community)? What score would you give?
- | | | | | |
|-----------------------|--------------|--------------------------------|-----------|--------------------|
| 1 - strongly disagree | 2 - disagree | 3 - neither agree nor disagree | 4 - agree | 5 - strongly agree |
|-----------------------|--------------|--------------------------------|-----------|--------------------|
- Did this differ across phases?

NCA NORWAY - STAFF INTERVIEWS

INTRODUCTION

- Thank interviewee for agreeing to participate in the interview and making time available.
- This interview is part of the Norwegian Church Aid (NCA) Emergency Preparedness and Response program evaluation aiming to generate credible evidence for results achieved or not achieved by NCA, in order to assist decision-making on concrete improvements for its program in South Sudan moving forward.

All questions asked are within the context of the Emergency Preparedness and Response program that was implemented through various phases from January 2014 - and is still ongoing, but we are looking at the period until August 2017.

The evaluation report will be ready by the end of March 2018.

- Interviews are conducted by independent evaluators from Action Against Hunger to ensure neutrality and objectivity, and will take about one hour and a half (unless agreed otherwise with the interviewee)
- Data and information collected through the interviews are strictly confidential and will be consolidated to an integrated overall report. In instances where personal quotes or reflections

are used interviewee names will be anonymised.

5. If you do not want to answer a question, you can just say skip.
6. With your permission I will record the interview. Please say no, if you do not want to be recorded.
7. Do you have any questions at this point, or can we start?

INTERVIEW DETAILS	
Date	
Time	
Interviewer	
Method (e.g. Skype)	
Any issues	

INTERVIEWEE DETAILS	
Name	
Gender	
Job title	
Organisation	
Length of service with organisation	
Link/involvement with NCA's Emergency Preparedness and Response programme	

INTERVIEW QUESTIONS

1. Please briefly explain the organisational structure of NCA? How are the head office in Oslo and the country offices linked, and roles and responsibilities divided?

RELEVANCE

2. In general, how are beneficiaries identified and selected for NCA projects?
 - a. If needs assessments mentioned, ask: How would you describe are needs assessments or joint needs assessments used at NCA?
3. Has a needs assessment been done for each phase? If not, why not? How many needs assessments do you think have been done for the emergency preparedness response programme?
4. Overall, has the affected population received assistance appropriate to their needs from NCA? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
-----------------------	--------------	--------------------------------	-----------	--------------------

Prompt: How do you know this?

EFFECTIVENESS AND IMPACT

5. What parts of the emergency preparedness and response programme do you think went well? ... and why? Please think of the different phases, give specific examples and consider the different components:
 - a. Water, Sanitation and Hygiene (WASH)
 - b. NFI kits
 - c. Establishing feedback and communication mechanisms with affected population
 - d. Working through/together with local partners
 - e. Capacity building of implementing partners
 - f. Protection of women's rights
6. What parts of the projects do you think could have been improved? Why and how? Again, please think of the different phases, give specific examples and consider the different components:
 - a. Water, Sanitation and Hygiene (WASH)
 - b. NFI kits
 - c. Establishing feedback and communication mechanisms with affected population
 - d. Working through/together with local partners
 - e. Capacity building of implementing partners
 - f. Protection of women's rights
7. In your opinion, what factors hindered successful implementation activities? Please think of the different components: *[Ask for examples of effects of these hindering factors – what was done to overcome the challenges?]*
8. If you could give a colleague working on a similar intervention one piece of advice to help them work more effectively, what would that be?

EFFECTIVENESS AND IMPACT

9. Could you please explain the link between monitoring data that is collected in South Sudan and the head office in Oslo? Who does what and when?
10. What is the monitoring data used for at the various levels? Please explain:
 - a. At national NCA level?
 - b. At international NCA level?
 - c. Any other level?
11. How does NCA review and reflect on its response related activities while it is underway?
 Prompt: To what extent has NCA's response been adapted over time to meet potential changing needs? *[Ask for examples of adaptations made.]*
12. Overall, has NCA learned from its experience to improve its humanitarian response? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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[Ask for examples of improvements]

13. Has NCA's response had any negative effects on the affected population or other stakeholders? Please explain your response and give examples.

14. What score would you give for the following questions:

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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- a. Overall, has the affected population had access to the assistance they needed ?
- b. Did they receive assistance at the right time from NCA?
- c. Has NCA's response been of good quality (have mistakes been made?)? (how do you define good quality?)
- d. Has NCA's response been of sufficient quantity (have there been unmet gaps?)? (how do you define sufficient quantity?)

STANDARDS

15. Has NCA adopted gender-sensitive approaches in its programme? If yes, please explain and give examples.

16. To what extent has the emergency response and programme reaffirmed the important role of women in the prevention and resolution of conflicts?

- a. Does NCA take special measures to protect women and girls from gender-based violence? If yes, how does NCA do it? Please give detail examples. [Ask about challenges faced and how overcome]

CONFLICT SENSITIVITY

17. Has a conflict analysis been carried out for each phase? If yes, at what time and how would you rate its quality? (What do you mean?)

18. How was analysis used to design activities? Did the analysis provide accurate information about the project area, was this information up to date, was enough information gathered?

19. In your opinion, were any conflict sensitivity issues not addressed by NCA? If yes, please describe.

BENEFICIARY FEEDBACK

20. What feedback and complaints mechanisms does NCA have in place?

21. Overall, does the affected population have access to **safe feedback and complaints mechanisms**? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
-----------------------	--------------	--------------------------------	-----------	--------------------

22. Overall, does the affected population have access to responsive feedback and complaints mechanisms? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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23. To what extent has the NCA team involved communities in response-related activities? Please explain.

- a. Did NCA face any challenges in implementing these activities? If yes, which ones and how did NCA overcome these?
24. To what extent has the NCA team involved communities in increasing their resilience and preparedness? (how to define each?)
- a. Did NCA face any challenges in implementing these activities? If yes, which ones and how did NCA overcome these?

LOCAL CAPACITIES

25. How have you selected partners working with NCA on the emergency preparedness and response program? Do you select local and international differently?
26. Was a capacity assessment of partners undertaken? [Please describe the process- what was done with the results of the capacity assessment- is this an ongoing process, is progress to assess changes in capacity monitored]
27. How and when has NCA's response been coordinated with other humanitarian actors?
- a. Who are these?
28. Have there been notable gaps and overlaps in the humanitarian response of which NCA is a part? What was the effect on responses of this?
29. What do you think have been the main barriers for local actors to engage in humanitarian responses? How could these be overcome?
30. Overall, has the affected population (thus far) received coordinated, complementary assistance (from NCA and the wider humanitarian community)? What score would you give?

1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree
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NCA IMPLEMENTING PARTNERS - INTERVIEWS

INTRODUCTION

1. Thank interviewee for agreeing to participate in the interview and making time available
2. This interview is part of the Norwegian Church Aid (NCA) Emergency and Preparedness programme evaluation aiming to generate credible evidence for results achieved or not achieved by NCA, in order to assist decision-making on concrete improvements for its programme in South Sudan moving forward.

All questions asked are within the context of the Emergency Preparedness and Response program that was implemented through various phases from January 2014 – and is still ongoing, but we are looking at the period until August 2017.

The evaluation report will be ready by the end of March 2018.

3. Interviews are conducted by independent evaluators from Action Against Hunger to ensure neutrality and objectivity, and will take about one hour (unless agreed otherwise with the interviewee).
4. Data and information collected through the interviews are strictly confidential and will be consolidated to an integrated overall report. In instances where personal quotes or reflections are used interviewee names will be anonymised.
5. If you do not want to answer a question, you can just say skip.
6. With your permission I will record the interview. Please say no, if you do not want to be recorded.
7. Do you have any questions at this point, or can we start?

INTERVIEW DETAILS	
Date	
Time	
Interviewer	
Method (e.g. Skype)	
Any issues	

INTERVIEWEE DETAILS	
Name	
Gender	
Job title	
Organisation	
Length of service with organisation	

INTERVIEW QUESTIONS

1. Since when have you been working with NCA and did you work with NCA on its ‘Emergency Preparedness and Response Programme’?
 - a. On which specific phase of the programme did you work on?
 - b. What specific components did you work on with NCA, and in which geographical areas?

LOCAL CAPACITIES

2. What expertise did you bring to the programme and on what basis were you selected/ partnering? Prompt: knowledge of local context, connection to the community, local languages, specific area of expertise?
3. Did you get training from NCA? If yes, in what areas? And when?
 - a. Did NCA suggest this training or did you ask for it? How were your training needs identified? Did you get any other support from NCA? *[Ask for details]*
 - b. Are there any other areas you would like to get trained in? Or need support for? Have you

informed NCA about your needs? What has been their response? Do you think NCA could provide that? If not, who do you think could?

4. In your opinion, what do you do now, that you could not have done before working with NCA?
 - a. To what extent has NCA strengthened your and your teams capacities (skills and knowledge)?
 - b. Which staff from your organisation has taken part in skills and knowledge building / training sessions?
5. How has your and NCA's response been coordinated with other humanitarian actors? At what levels - local district level and/or national? Who are these, please give examples? Are/were you involved in any coordination discussions? If yes, please explain.
6. Do you think there are notable gaps and overlaps in the humanitarian response over the last 4 years?
7. Overall, has the affected population (thus far) received coordinated, complementary assistance (from NCA and the wider humanitarian community)? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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RELEVANCE

8. Where you involved in the process of identifying and selecting beneficiaries for the emergency preparedness and response programme? If yes, please explain how this was done and when?
 - a. Did this happen before or after response activities started?
 - b. If needs assessments mentioned, ask: How was the affected population involved in these needs assessments?
 - c. How and to what extent were you and NCA building on the capacities (skills and knowledge) of the affected population? Prompt: How do they know this ? *[Ask for examples]*
9. Could you please explain how you and NCA decide which specific vulnerable groups to target? *[Ask for their involvement in this- how do they define vulnerable groups? Ask for examples.]*
10. In your opinion, was the programme based on analysis of the area (context with regards to the affected population and good understanding of the conflict dynamics in the specific area)?
 - a. Do you think the information that the programme was built on was sufficient, up to date and accurate?

EFFECTIVENESS AND IMPACT

11. What parts of the projects do you think went well? ... and why?⁵³ Please give specific examples and consider the different components: Water, Sanitation and Hygiene (WASH) / NFI kits/ Establishing feedback and communication mechanisms with affected population / Capacity building of implementing partners / Protection of women's rights.
12. What parts of the projects do you think could have been improved? Why and how? Again, please give specific examples and consider the different components: Water, Sanitation and Hygiene (WASH) / NFI kits/ Establishing feedback and communication mechanisms with

⁵³To be tailored according to the partner that is going to be interviewed.

affected population / Capacity building of implementing partners / Protection of women's rights.

13. What change do you think has been achieved?

14. What, if any, monitoring do you conduct to assess if activities are being implemented? Please describe.

15. How do you and NCA review and reflect on progress made while activities are being implemented?

a. How do you and NCA use the monitoring data collected?

b. Do you share progress with NCA frequently? How and how frequently?

c. How did NCA help with setting up the monitoring processes?

[Ask for any examples of use and changes made to activities as a result of findings from monitoring data]

16. Overall, did you and NCA adapt the activities based on the monitoring data that was collected? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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17. In your opinion, what are the main gaps that the response did not cover?

18. Have your activities had any negative effects on the population/target groups you have worked with?

19. What score would you give for the following questions:

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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a. Has the affected population received assistance appropriate to their needs from you and NCA? *[how do you know this? [Ask for examples- i.e. this need aligned with this support.]*

b. Did they get access to assistance at the right time from you and NCA?

c. Has your and NCA's response been of good quality (have mistakes been made?)?

- How do you define good quality?

e. Has NCA's response been of sufficient quantity (have there been unmet gaps?)?

- Please explain.

STANDARDS

20. Do you sign a code of conduct or similarly binding document with NCA? If yes, what are the key aspects of these documents? Are any specific standards mentioned such as SPHERE or CHS? If yes, which ones and which part of them?

21. Do you, as part of your project activities, take special measures to protect women and girls from gender-based violence? If yes, how? Please give detail examples. What is done and what is achieved as results?

BENEFICIARY FEEDBACK

22. Are you and/or NCA doing/have done any activities to inform the affected population you work with of its rights and entitlements; to share information about response related activities; and to facilitate affected populations participation in the response?

23. Are there feedback and complaints mechanisms set up by you and/or for affected populations to use? How is the information received from these mechanisms used?

[Ask for example of feedback/complaints received and use of this (anything actioned?)]

Do you think these are safe methods?

Have you been able to respond to the complaints/feedback received? *[Ask for examples]*

24. From your experience did the programme change based on issues affected population mentioned through feedback and complaints mechanisms? Please explain and give examples.

25. What channels of communication are in place for you to feedback (positive and negative issues) to NCA?

a. Do you – as an implementing partner - feel like situations have changed based on things you have mentioned to NCA? Please explain and give examples.

26. Overall, does the affected population have access to **safe feedback and complaints mechanisms**? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
-----------------------	--------------	--------------------------------	-----------	--------------------

27. Overall, does the affected population have access to **responsive feedback and complaints mechanisms**? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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28. In your opinion, how and how much have you involved communities in response-related activities?

[Ask for examples and reasons for involvement, as well as challenges]

29. Do you think the activities have increased communities resilience and preparedness? How do you know?

NCA EXTERNAL STAKEHOLDERS⁵⁴ - INTERVIEWS

INTRODUCTION

1. Thank interviewee for agreeing to participate in the interview and making time available
2. his interview is part of the Norwegian Church Aid (NCA) Emergency Preparedness and Response program evaluation aiming to generate credible evidence for results achieved or not achieved by NCA, in order to assist decision-making on concrete improvements for its program in South Sudan moving forward.

All questions asked are within the context of the Emergency Preparedness and Response program that was implemented through various phases from January 2014 – and is still ongoing, but we are looking at the period until August 2017.

⁵⁴ To be tailored according to the partner that is going to be interviewed.

The evaluation report will be ready by the end of March 2018.

3. Interviews are conducted by independent evaluators from Action Against Hunger to ensure neutrality and objectivity, and will take about one hour (unless agreed otherwise with the interviewee).
4. Data and information collected through the interviews are strictly confidential and will be consolidated to an integrated overall report. In instances where personal quotes or reflections are used interviewee names will be anonymised.
5. If you do not want to answer a question, you can just say skip.
6. With your permission I will record the interview. Please say no, if you do not want to be recorded.
7. Do you have any questions at this point, or can we start?

INTERVIEW DETAILS	
Date	
Time	
Interviewer	
Method (e.g. Skype)	
Any issues	

INTERVIEWEE DETAILS	
Name	
Gender	
Job title	
Organisation	
Length of service with organisation	
Link/involvement with NCA's Emergency Preparedness and Response programme	

INTERVIEW QUESTIONS

30. What do you do together with Norwegian Church Aid? How are you working together?
31. What is your organisation's most important expertise that you bring to other local, national or international organisations, such as NCA, in South Sudan?
32. Do you know how NCA's emergency response has been coordinated with other humanitarian actors at the local and national level?
 - a. Are you involved in any coordination discussions with NCA or which includes NCA? If yes, please explain.
 - b. If applicable, what would you describe as positive results of the cooperation between you and NCA?
 - c. Did you face any challenges in the cooperation with NCA? If yes, please explain.

33. In your opinion, has the affected population (thus far) received coordinated, complementary assistance here in South Sudan (from NCA and the wider humanitarian community)? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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34. Do you think there are notable gaps and overlaps in the humanitarian response over the last four years? [Please give examples]

LOCAL CAPACITIES

35. In your opinion, what is the most important change that working together with other local organisations has brought about?

a. What do you see are the unique advantages of working with and through local actors? How does your organisation do this? Any linkages with NCA's work with local partners- e.g joint capacity building ?

b. What would you describe as the main barriers to working with local partners?

c. The barriers that you just mentioned, how have you and others overcome them?

d. In your opinion, how has NCA been involved with local actors? How was it or was it not complementary to your work?

RELEVANCE / EFFECTIVENESS

36. What do you know about what NCA's emergency preparedness and response program is trying to achieve and what are the priorities? (please give specific example where possible)

37. What change do you think has been achieved?

38. What parts of the projects do you think went well? ... and why?

39. What parts of the projects do you think could have been improved? Why and how?

40. Do you know if NCA takes special measures to protect women and girls from gender-based violence? If yes, how does NCA do it? Please give examples.

41. Do you think NCA's response has had any negative effects on the affected population? If yes, please explain how.

42. Overall, has the affected population received assistance appropriate to their needs from NCA? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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Prompt: How do you know this?

43. In your opinion, was the emergency preparedness and response program based on analysis of the area (context with regards to the affected population and good understanding of the conflict dynamics in the specific area)? Do you think the information that NCA based their program on was sufficient, up to date and accurate?

44. In your opinion, to what extent has the NCA team involved communities in response-related activities?

[Ask for examples and reasons for involvement, as well as challenges]

a. Did NCA face any challenges in implementing these activities? If yes, which ones and how did NCA overcome these?

45. Do you think the activities have increased communities resilience and preparedness?

Prompt: How do you know?

46. In your opinion, how visible do you think is NCA?

BENEFICIARY FEEDBACK

47. In your organisation, what feedback and complaints mechanisms do you have set up for beneficiaries, if any? How is the information received from these mechanisms used?

[Ask for example of feedback/complaints received and use of this (anything actioned?)]

Do you think these are safe methods?

Have you been able to respond to the complaints/feedback received? [Ask for examples]

LESSONS LEARNED /RECOMMENDATIONS

48. If you could give NCA one piece of advice to help them improve their work, what would that be?

NCA – BENEFICIARY REPRESENTATIVES INTERVIEWS

INTRODUCTION

8. Thank interviewee for agreeing to participate in the interview and making time available
9. This interview is part of the Norwegian Church Aid (NCA) Emergency Preparedness and Response program evaluation aiming to generate credible evidence for results achieved or not achieved by NCA, in order to assist decision-making on concrete improvements for its program in South Sudan moving forward.

All questions asked are within the context of the Emergency Preparedness and Response program that was implemented through various phases from January 2014 – and is still ongoing, but we are looking at the period until August 2017.

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10. Interviews are conducted by independent evaluators from Action Against Hunger to ensure neutrality and objectivity, and will take about one hour (unless agreed otherwise with the interviewee).
11. Data and information collected through the interviews are strictly confidential and will be

consolidated to an integrated overall report. In instances where personal quotes or reflections are used interviewee names will be anonymised.

12. If you do not want to answer a question, you can just say skip.
13. With your permission I will record the interview. Please say no, if you do not want to be recorded.
14. Do you have any questions at this point, or can we start?

INTERVIEW DETAILS	
Date	
Time	
Interviewer	
Method (e.g. Skype)	
Any issues	

INTERVIEWEE DETAILS				
State:	County:	Payam:	Bomas:	Village:
Name				
Gender				
Name of community				
What is your role in the community?				
What are your main activities?				
What are main challenges in your community?				
Do they have impact on people's health?				

INTERVIEW QUESTIONS

49. Please explain your relationship with Norwegian Church Aid or implementing partner.

Prompt: what do you do together? Since when?

50. Do community members meet regularly?

51. If yes, for what purpose? How often? Where? At what time of the day? Who participates, how do you tell people about the meeting?
52. How are decisions made in your community? How are decisions communicated to all community members?
53. Which communication channels are best used to reach most of your community members in the shortest amount of time? Why?

RELEVANCE

54. Did anybody come to ask you questions about your needs before activities started?
55. Do you remember how the implementing partners and/or NCA identified and selected people for this project?
 - a. If 'assessments' mentioned, ask: How were community members involved in these assessments? When were these assessments done?
56. How and to what extent was the response build on pre-existing capacities such as skills and knowledge of the people here in your community? (e.g. using former mechanics to help with hand pump repairs)
57. In your opinion, to what extent has the programme team involved you and the community in response-related activities? Did you help to design the project?
58. Has the programme increased your and your community's resilience, meaning the ability of an individual or a community to cope, adapt and quickly recover from stress and shocks caused by a disaster, violence or conflict?⁵⁵
59. To what extent has the programme team increased your and your community's preparedness? Did the team work with you and the community on developing mechanisms and skills to be able to respond yourselves in the event of a crisis? Please explain.
60. In your opinion, was the project based on analysis of the area (context with regards to the affected population and good understanding of the conflict dynamics in the specific area)? Do you think the information that NCA based their programme on was sufficient, up to date and accurate?

EFFECTIVENESS AND IMPACT

61. What do you think the project is trying to achieve and what are the priorities? (please give specific example where possible)
62. What parts of the projects do you think went well? ... and why? Please give specific examples and consider the different components: Water, Sanitation and Hygiene (WASH) / NFI kits/ Establishing feedback and communication mechanisms with affected population / Capacity building of implementing partners / Protection of women's rights.
63. What parts of the projects do you think could have been improved? Why and how?
64. How satisfied are you and your community with the quality of the services received? Please explain.

⁵⁵ https://ec.europa.eu/echo/what/humanitarian-aid/resilience_en

65. What change do you think has been achieved since these projects started?
66. Does anyone ask you about the support that is being provided: i.e is it working for you, are the right things provided etc.? Please explain.
67. Have your needs changed? To what extent have activities changed to respond to these? (prompt: adapted over time?)
68. In broad terms, how has the affected people within the community fed back to the implementing partners and/or NCA on if things were provided on time, they were sufficient (or more or less than needed) quality?
69. Has NCA's response has had any negative effects on the affected population? If yes, please explain how.

70. What score would you give for the following questions:

1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree
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- a. Overall, has your community had access to the assistance they needed?
- b. Did they receive assistance at the right time from NCA?
- c. Has NCA's response been of good quality (have mistakes been made?)?
(how do you define good quality?)
- d. Has NCA's response been of sufficient quantity (have there been unmet gaps?)?
(how do you define sufficient quantity?)
71. Overall, has the implementing partner and NCA learned from its experience of working with the community and has this improved their activities? What score would you give?

1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree
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STANDARDS

72. Does NCA take special measures to focus projects on vulnerable groups, such as women and girls, elderly, people with disability?
If yes, how does NCA do it? Please give detail examples.
73. What measures have been taken to include women participation in the project design and implementation?
74. What measures are taken to protect women?

BENEFICIARY FEEDBACK

75. From your experience, what is NCA doing to inform you and the community of your rights and entitlements; and how did NCA share information about the past response with you?
76. If you or someone in your community wants to share some positive or negative feedback about the programme, how can you do that? Please explain.
- a. What channels of communication are in place to feedback?
- b. Do you feel like situations have changed based on things you or someone in your community has reported to NCA/partners? Please give an example. Do you think your

feedback/complaints are read/listened to and responded to?

77. In your opinion, does your community have access to **safe feedback and complaints mechanisms**? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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78. Does the community get responses to their feedback and complaints? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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LOCAL CAPACITIES

79. Have any South Sudanese actors been involved in the response, e.g. the church?

80. What do you think are specific expertise these local actors brought to the response? Do local actors have specific knowledge of the local context, connection to the community, know the local languages, or have specific area of expertise? Please explain and give examples.

81. How do you feel like the programmes in this area have been coordinated amongst the different actors in and around your community?

Please explain who the different actors are.

a. Do you think there are any overlaps or duplications that you and the communities have noticed?

b. Do you think there are notable gaps in the humanitarian response? Please explain.

82. Overall, have you received coordinated, complementary assistance (from NCA and the wider humanitarian community)? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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83. Overall, in the view of your community do you feel like they have received coordinated, complementary assistance (from NCA and the wider humanitarian community)? What score would you give?

1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
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FEMALE BENEFICIARIES INTERVIEW GUIDE⁵⁶

INTRODUCTION

Thank interviewee for agreeing to participate in the interview and making time available

This interview is part of the Norwegian Church Aid (NCA) Emergency Preparedness and Response program evaluation aiming to generate credible evidence for results achieved or not achieved by

⁵⁶ Source: https://www.unicef.org/protection/files/GBV_Handbook_Long_Version.pdf p.260ff

NCA, in order to assist decision-making on concrete improvements for its program in South Sudan moving forward.

All questions asked are within the context of the Emergency Preparedness and Response program that was implemented through various phases from January 2014 – and is still ongoing, but we are looking at the period until August 2017.

The evaluation report will be ready by the end of March 2018.

Interviews are conducted by independent evaluators from Action Against Hunger to ensure neutrality and objectivity, and will take about one hour (unless agreed otherwise with the interviewee).

Data and information collected through the interviews are strictly confidential and will be consolidated to an integrated overall report. In instances where personal quotes or reflections are used interviewee names will be anonymised.

If you do not want to answer a question, you can just say skip.

With your permission I will record the interview. Please say no, if you do not want to be recorded.

Do you have any questions at this point, or can we start?

INTERVIEW DETAILS	
Date	
Time	
Interviewer	
Method (e.g. Skype)	
Any issues	

INTERVIEWEE DETAILS				
State:	County:	Payam:	Bomas:	Village:
Name				
Gender				
Name of community				
What is your role in the community?				
What are your main activities?				

What are main challenges in your community?	
Do they have impact on people's health?	

OVERALL TOPIC	QUESTIONS					
GENERAL RESPONSE	<p>1. In your opinion, was the project based on analysis of the area (context with regards to the affected population and good understanding of the conflict dynamics in the specific area)? Do you think the information that NCA based their programme on was sufficient, up to date and accurate?</p> <p>2. How and to what extent has NCA build on pre-existing capacities such as skills and knowledge of the people here in your community?</p> <p>3. Has NCA's response has had any negative effects on the affected population? If yes, please explain how.</p> <p>4. What change do you think has been achieved?</p> <p>5. How satisfied are you and your community with the quality of the services received? Please explain.</p> <p>6. Overall, has the affected population (thus far) received coordinated, complementary assistance (from NCA and the wider humanitarian community)? What score would you give? (</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1 - strongly disagree</td> <td>2 - disagree</td> <td>3 - neither agree nor disagree</td> <td>4 - agree</td> <td>5 - strongly agree</td> </tr> </table>	1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree
1 - strongly disagree	2 - disagree	3 - neither agree nor disagree	4 - agree	5 - strongly agree		
DECISION MAKING	<p>7. Are women involved in any community leadership roles? What formal and informal community groups exist? Please give examples.</p> <p>a. Are there the same amount of women and men participants and decision-makers in these community groups?</p>					

	<p>8. Do formal or informal women’s groups or supportive networks exist? How many and what types? What is the purpose of these groups?</p> <p>9. Do formal or informal men’s groups exist? How many and what types? What is the purpose of these?</p> <p>10. Were women involved in decisions about services and facilities in this NCA response? Which women? How many? Are they representative for the community?</p> <p>11. How are non-food items⁵⁷ distributed? Do women have access to the channels of distribution⁵⁸?</p> <p>12. How many female and how many male officers are working here with the community?</p> <p>13. Has the safety (the condition of being protected from or unlikely to cause danger, risk, or injury) of vulnerable populations (women, children, elderly, people with disabilities) been assessed by NCA and implementing partners? How?</p> <p>14. Do you feel like the programme has specific plans of how to tailor the response to each of these groups? Please explain and give examples.</p> <p>15. Were women and men included in planning and decision- making for this programme? Please explain and give examples.</p>
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FOCUS GROUP DISCUSSION⁵⁹

Name of Facilitator:		Name of Recorder:	
Number of Female at FGD:		Number of Male at FGD:	
Location (State & District):		Date:	

INTRODUCTION

1. Thank participants for agreeing to take part in this discussion and making time available
2. This interview is part of the Norwegian Church Aid (NCA) Emergency and Preparedness programme evaluation aiming to generate credible evidence for results achieved or not

⁵⁷ Insert examples of NFIs that fit the location/work done here by NCA and implementing partners.

⁵⁸ Insert examples of distribution channels that fit the location/work done here by NCA and implementing partners.

⁵⁹ Source: https://www.unicef.org/protection/files/GBV_Handbook_Long_Version.pdf p.260ff

achieved by NCA, in order to assist decision-making on concrete improvements for its programme in South Sudan moving forward.

All questions asked are within the context of the Emergency and Preparedness programme
The evaluation report will be ready by the end of March 2018.

3. Discussions are led by independent evaluators from Action Against Hunger to ensure neutrality and objectivity, and will take about one hour and a half (unless agreed otherwise).
4. Data and information collected through the focus group discussion are strictly confidential and will be consolidated to an integrated overall report. In instances where personal quotes or reflections are used interviewee names will be anonymised.

EVALUATION QUESTIONS CRITERIA	QUESTIONS TO BE ASKED
	1. Please explain your relationship with Norwegian Church Aid or/and implementing partner. Prompt: what do you do together? Since when?
	2. How is your community organised? Do community members meet regularly? If yes, for what purpose? How often? Where? At what time of the day?
	3. How are decisions made in your community? How are decisions communicated to all community members? What other (formal and informal) communication channels are available in your community?
	4. Which communication channels are best used to reach most of your community members in the shortest amount of time? Why?
RELEVANCE	
	5. Do you remember how NCA identified and selected you or people in your community for its projects?
	6. If 'assessments' mentioned, ask: Do you remember who was engaged in these assessments? When were these assessments done? What was asked?
	7. In your opinion, was the project based on analysis of the area (context with regards to the affected population and good understanding of the conflict dynamics in the specific area)? Do you think the information that NCA based their programme on was sufficient, up to date and accurate?
	8. How and to what extent has NCA build on pre-existing capacities such as skills and knowledge of the people here in your community?
	9. In your opinion, to what extent has the NCA team involved you and the community in response-related activities?

	10. Has the programme increased your and your community's resilience, meaning the ability of an individual or a community to cope, adapt and quickly recover from stress and shocks caused by a disaster, violence or conflict? ⁶⁰					
	11. To what extent has the programme team increased your and your community's preparedness? Did the team work with you and the community on developing mechanisms and skills to be able to respond yourselves in the event of a crisis? Please explain.					
	12. Overall, do you feel like you received assistance according to your needs from NCA? What score would you give? <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1 – strongly disagree</td> <td>2 – disagree</td> <td>3 – neither agree nor disagree</td> <td>4 – agree</td> <td>5 – strongly agree</td> </tr> </table> Please explain. [Ask for examples]	1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree		
EFFECTIVENESS AND IMPACT						
	13. What do you think the project is trying to achieve and what are the priorities? [please give specific example where possible]					
	14. What parts of the projects do you think went well? ... and why?					
	15. What parts of the projects do you think could have been improved? Why and how?					
	16. Has NCA's response had any negative effects on you or someone in your community? Please explain.					
	17. How satisfied are you with the quality of the services received? Please explain.					
	18. What change do you think has been achieved?					
	19. What score would you give for the following questions: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1 – strongly disagree</td> <td>2 – disagree</td> <td>3 – neither agree nor disagree</td> <td>4 – agree</td> <td>5 – strongly agree</td> </tr> </table> a. Overall, has your community had access to the assistance they needed? b. Did they receive assistance at the right time from NCA? c. Has NCA's response been of good quality (have mistakes been made?)? (how do you define good quality?) d. Has NCA's response been of sufficient quantity (have there been unmet gaps?)? (how do you define sufficient quantity?)	1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree		
BENEFICIARY FEEDBACK						
	20. From your experience, what is NCA doing to inform you and the community of your rights and entitlements; and how does NCA share information about the programme with you?					
	21. If you or someone in your community want to share some positive or negative feedback about NCA's project or their partner's involvement, how can you do that? Please explain.					

⁶⁰ https://ec.europa.eu/echo/what/humanitarian-aid/resilience_en

	22. What channels of communication (e.g. face to face, hotline, suggestion box or others) are in place to feedback positive or negative comments or suggestions about the programme to NCA and partners? Please explain and give examples.					
	23. Do you feel like situations have changed based on things you or someone in your community has reported to NCA/partners? Please give an example. Do you think your feedback/complaints are read/listened to and responded to?					
	24. Overall, does the affected population have access to safe feedback and complaints mechanisms ? What score would you give? <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1 – strongly disagree</td> <td>2 – disagree</td> <td>3 – neither agree nor disagree</td> <td>4 – agree</td> <td>5 – strongly agree</td> </tr> </table>	1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree		
	25. Overall, does the affected population have access to responsive feedback and complaints mechanisms ? What score would you give? <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1 – strongly disagree</td> <td>2 – disagree</td> <td>3 – neither agree nor disagree</td> <td>4 – agree</td> <td>5 – strongly agree</td> </tr> </table>	1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree		
COORDINATION						
	26. In your opinion, how do you would you describe the interactions between local organisations and NCA?					
	27. How do you feel like the programmes in this area have been coordinated amongst the different actors in and around your community? Please explain who the different actors are.					
	28. Do you think there are any overlaps or duplications that you and the communities have noticed? For examples: too many blankets ⁶¹ were handed out, but not enough cooking utensils. Please explain.					
	29. Do you think there are notable gaps in the humanitarian response? Please explain.- how could they be overcome?					
	30. Overall, have you and your community received coordinated, complementary assistance (from NCA and the wider humanitarian community)? What score would you give? <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1 – strongly disagree</td> <td>2 – disagree</td> <td>3 – neither agree nor disagree</td> <td>4 – agree</td> <td>5 – strongly agree</td> </tr> </table>	1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree
1 – strongly disagree	2 – disagree	3 – neither agree nor disagree	4 – agree	5 – strongly agree		
LESSONS LEARNED						
	31. If you could give NCA working on a similar project one piece of advice to help them work more successfully, what would that be?					

⁶¹ To be substituted with the appropriate NFI or service communities have received in that area.

HOUSEHOLD QUESTIONNAIRE⁶²

COVER PAGE AND INFORMED CONSENT -

to be completed before proceeding with questionnaire

Hello. My name is _____. I am part of an evaluation team conducting an evaluation of an Emergency Preparedness and Response Programme implemented between 2014 and 2017. The programme was funded by Norwegian Church Aid (NCA) and its partner(s) [insert name].

The evaluation examines the performance of the programme and aims to provide recommendations which support future improvements to the humanitarian assistance provided by NCA in South Sudan. The evaluation is being conducted by an independent organisation called Action Against Hunger UK. This is to ensure the evaluation is undertaken in an objective manner.

Your household has been selected on a random basis and we would like you to participate in the evaluation by providing us feedback on your experience with NCA and/or its implementing partner(s). We value your feedback, both negative and positive. All questions are within the context of the Emergency Preparedness and Response Programme.

We will use the information we receive to prepare an evaluation report. All the information you provide is confidential. Your responses will be kept anonymous. The report will not mention specific names and there will be no way to identify that you are the one who provided this information.

Participation in the survey is voluntary. We expect it to last around 1 hour. At this time, do you have any questions about the survey?

_____.

I agree to participate in the evaluation by responding to this household questionnaire.

Signature (or fingerprint) of interviewee _____

Date (day, month, year): _____

Respondent agreed to be interviewed: _____ 1= Yes 2= No

Gender of respondent: _____ 1= Male 2= Female

Age of respondent: _____ years

⁶² Take the set of questions that are appropriate to the activities that were implemented in the location where interviews are being held.

SECTION 1: HOUSEHOLD IDENTIFICATION

This section is to be completed for each household visited.

1. Location	State:	County:	Payam:	Bomas:
2. Interviewer name	First name:	Second name:		Village:
3. Date survey was delivered	Day:	Month:	Year:	
4. Time survey commenced				
5. Time survey ended				

The questions in the survey are for the HEAD OF THE HOUSEHOLD. If this person is not available, identify someone in the household who takes on the responsibilities of the head of household in their absence. Respondents must be above 18 years of age.

SECTION 2: HOUSEHOLD CHARACTERISTICS

QUESTION NUMBER (A)	QUESTION(B)	RESPONSE(C)	INTERVIEWER NOTES(D)	GUIDANCE FOR INTERVIEWER(E)
HS2.1	How many people are currently living in the household?			
HS2.2	Please tell me the ages of every person living in the household (including yourself):	#people 0 to less than 5 years ---- #people 6-18 years ---- #people 19-60 years ---- #people 19-60 years ---- #people over 60 years ----		
HS2.3	How many males and females are in the household?	Males ----- Females ----- Do not want to answer -----		Cross check the total aligns with response provided in HS2.1
HS2.4	How long has your household been in this specific location?	1= less than 6 months 2= 7-12 months 3= more than 12 months		Do not read the options. Mark one option only
HS2.5	What gender is the household head?	1= Male 2= Female 3= Do not want to answer		Do not read the options. Mark one option only

HS2.6	Does anyone have a disability in the household?	1= Yes 2= No 3= Don't know		If yes, list the disability. Do not read the options. Mark one option only. Persons with disabilities constitute those who have long term physical, mental, intellectual or sensory impairments which may hinder their full and equal participation in society on an equal basis with others ⁶³
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SECTION 3: WATER SUPPLY

QUESTION NUMBER (A)	QUESTION (B)	RESPONSE (C)	INTERVIEWER NOTES (D)	GUIDANCE FOR INTERVIEWER (E)
HS3.1	What is the main source of water for your household?	1= Piped water into house/compound 2= Community tap/standpipe 3= Community borehole 4= Community well/spring – protected 5= Community well/spring – open 6= Tanker truck 7= Bottled water 8= Surface water (e.g. river, pond) 9= Rain water collection 10= Don't know/no answer 11= Other (specify):		
HS3.2	What does your household use the water for?	1= Drinking 2= Cooking 3= Hygiene 4= Don't know/no answer		Multiple responses are allowed. Hygiene corresponds to bathing, washing and cleaning

⁶³ South Sudan National Disability and Inclusion Policy 2013 Final Draft: <http://mgcswws.org/wp-content/uploads/South-Sudan-National-Disability-and-Inclusion-Policy.pdf>

HS3.3	If any of the four options are not reported for HS3.2, what is the main source of water for these uses?			This is an open-ended question. Write the response in column C
HS3.4	Who supported the construction and/or rehabilitation of your household's main water source?	1= NCA 2= NCA implementing partner 3= UN 4= Other NGO (specify): 5= Community 6= Self/Household 7= Other (specify): 8= Don't know/no answer		Do not read the options. Refer to list of NCA implementing partners for Phase 5
HS3.5	When was your household's main water source constructed and/or rehabilitated?	1= 2017 2= 2016 3= 2015 4= 2014 5= Before 2014 6= Don't know/no answer		Do not read the options. Multiple responses allowed
HS3.6_ RELEVANCE	Did your household need its main water source to be replaced/rehabilitated	1= Strongly agree 2= Agree 3= Strongly Disagree 4= Disagree 5= Neither agree or disagree 6= Don't know/no answer		Do not read the options. Mark one option only
HS3.7_ RELEVANCE	Please explain your response to question HS3.6			This is an open-ended question. Write the response in column C
HS3.8_ RELEVANCE	Could the construction/rehabilitation have taken place earlier?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only

HS3.9_ RELEVANCE	Was your household consulted by NCA/NCA implementing partner on the construction/ rehabilitation of your main water source?	1= Yes 2= No 3= Don't know/no answer If No or Don't Know, skip to question HS3.11		Do not read the options. Mark one option only
HS3.10_ RELEVANCE	If yes to question HS3.9, please explain. When was your household consulted? What information did your household provide? Did your household's involvement lead to any changes to the water source constructed/ rehabilitated?			This is an open-ended question. Write the response in column C
HS3.11_ STANDARDS	How much water (in litres) does your household collect per day for your household's use (drinking, cooking, bathing, washing, cleaning)?			The answer may be given in numbers of containers rather than litres. The interviewer should be able to assess container volume visually or have a series of pictures of the common water containers in that community with the volumes pre-measured
HS3.12_ EFFECTIVENESS	Is the amount of water collected enough for your household needs?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only

HS3.13_ STANDARDS	How far (in metres) is your main water source from your household?	1= Less than 100 metres 2= 101 to 500 metres 3= More than 500 metres 4= Don't know/no answer 5= N/A (water is piped into the household/compound)		Do not read the options. Mark one option only
HS3.14_ EFFECTIVENESS	Are you satisfied with the distance between the main water source and your household?	1= Yes 2= No: It is too far 3= No: It is not safe 4= Don't know/no answer		Do not read the options. Mark one option only
HS3.15	How long does it take to walk to your main water source, queue/ wait, get water and return to your household in the DRY season?	1= 0-less than 30 minutes 2= 30-60 minutes 3= More than 60 minutes 4= Don't know/no answer 5= N/A (water is piped into the household/compound)		Do not read the options. Mark one option only Time spent socialising (outside of queuing) is not included
HS3.16	How long does it take to walk to your main water source, queue/ wait, get water and return to your household in the WET season?	1= 0-less than 30 minutes 2= 30-60 minutes 3= More than 60 minutes 4= Don't know/no answer 5= N/A (water is piped into the household/compound)		Do not read the options. Mark one option only While question HS3.15 asked about the dry season, question HS3.16 refers to the wet season
HS3.17_ EFFECTIVENESS	Are you satisfied with the time it takes your household to collect water?	1= Yes 2= No: It takes too long 3= Don't know/no answer		Do not read the options. Mark one option only
HS3.18	Do you queue before collecting water from your main water source?	1= Yes 2= Sometimes 3= No If No, skip to question HS3.21		Do not read the options. Mark one option only

HS3.19_ STANDARDS	If you queue before collecting water, how long do you wait?	1= Under 5 minutes 2= 5-15 minutes 3= 16-30 minutes 4= More than 30 minutes		Do not read the options. Mark one option only
HS3.20_ EFFECTIVENESS	If you queue, are you satisfied with the waiting time?	1= Yes 2= No: It takes too long; there are many people using the water source 3= No: It takes too long; the water comes out slowly 4= Don't know/no answer 5= N/A (water is piped into the household/compound)		Do not read the options. Mark one option only
HS3.21_ EFFECTIVENESS	Is water available from your household's main water source for the entire day?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS3.22_ EFFECTIVENESS	Is water available from your household's main water source throughout the year?	1= Yes 2= No 3= Don't know/no answer If Yes or Don't Know, skip to question HS3.24		Do not read the options. Multiple responses are allowed
HS3.23	If no, where do you go to collect water when water from your main water source is unavailable?	1= Household 2= Community Committee 3= Local Government 4= Elders 5= Nobody 6= Other (specify): 7= Don't know		This is an open-ended question. Write the response in column C
HS3.24	Who manages and maintains your main water source?	1= Household 2= Community Committee 3= Local Government 4= Elders 5= Nobody 6= Other (specify): 7= Don't know		Do not read the options. Multiple responses are allowed

HS3.25_ EFFECTIVENESS	Are you satisfied with how your household's main water source is maintained?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS3.26_ EFFECTIVENESS	Please explain your response to question HS3.25			This is an open-ended question. Write the response in column C
HS3.27_ EFFECTIVENESS	Has anyone in your household suffered from the following in 2017?	1= Diarrhoea 2= Cholera 3= Typhoid 4= Dysentery 5= Other (specify): 6= No 7= Don't know/no answer If No or Don't know, skip to question HS3.29		Multiple responses are allowed
HS3.28_ EFFECTIVENESS	If one or more illnesses has been selected for HS3.27, please explain Has this been more or less than they did last year? Ask for reasons as to why this might be			This is an open-ended question. Write the response in column C
HS3.29_ EFFECTIVENESS	Have the water supply activities of NCA/NCA implementing partner had any negative effects on your household?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS3.30_ EFFECTIVENESS	Please explain your response to question HS3.29			This is an open-ended question. Write the response in column C

HS3.31_ BENEFICIARY FEEDBACK	Has NCA/NCA implementing partner informed your household about the activities it is implementing to improve water supply in your community?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS3.32_ BENEFICIARY FEEDBACK	What channels of communication are available to your household to provide positive or negative feedback to NCA/NCA implementing partner on their water supply activities?	1= Face to face 2= Hotline 3= Suggestions box 4= Other (specify): 5= None 6= Don't know/no answer		Do not read the options. Multiple responses allowed
HS3.33_ BENEFICIARY FEEDBACK	Has your household given any specific feedback to NCA/NCA implementing partner on its water supply activities?	1= Yes 2= No 3= Don't know/no answer If No or Don't know, skip to question HS3.35		Do not read the options. Mark one option only
HS3.34_ BENEFICIARY FEEDBACK	If yes to HS3.33, please explain. When did your household provide the feedback? Did NCA/NCA implementing partner make any changes to their water supply activities as a result of the feedback?			This is an open-ended question. Write the response in column C

<p>HS3.35_ BENEFICIARY FEEDBACK</p>	<p>Was there anything missing in the humanitarian response? Does your household have any unmet needs regarding water supply? Please explain</p>			<p>This is an open-ended question. Write the response in column C</p>
<p>HS3.36_ BENEFICIARY FEEDBACK</p>	<p>Overall, is your household satisfied with the water supply provided by NCA/NCA implementing agency - what score would you give?</p>	<p>1= Strongly agree 2= Agree 3= Strongly Disagree 4= Disagree 5= Neither agree or disagree 6= Don't know/no answer</p>		<p>Do not read the options. Mark one option only</p>
<p>HS3.37_ BENEFICIARY FEEDBACK</p>	<p>Please explain your response to HS3.36. What changes do you think have been achieved?</p>			<p>This is an open-ended question. Write the response in column C</p>
<p>HS3.38</p>	<p>How was you/ your household selected for help to get water/ water supply?</p>			

HS3.39	<p>Were you given option as to if you wanted cash/vouchers or items (NFI) or options for having local construction materials to build house?</p> <p>Vulnerable households that have received shelter</p> <p>Percentage of households that have received local construction materials to build their houses</p> <p>No. of vulnerable households that have received shelter that have design to address identified safety risks of GBV</p>			
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SECTION 4: SANITATION

QUESTION NUMBER (A)	QUESTION (B)	RESPONSE (C)	INTERVIEWER NOTES (D)	GUIDANCE FOR INTERVIEWER (E)
HS4.1	What type of toilet does your household use?	1= Flush to piped sewer system 2= Flush to septic system 3= Pour-flush to pit 4= Traditional pit latrine 5= VIP latrine 6= No facility: bush/field 7= Other (specify): 8= Don't know/no answer		Do not read the options. Mark one option only VIP: ventilated improved pit
HS4.2	Is it your own household toilet?	1= No: Community latrine 2= No: Shared with family 3= No: Public toilet (in market/clinic) 4= No: Bush/field 5= Yes: Private latrine 6= Don't know/no answer		Do not read the options. Mark one option only
HS4.3	Who supported the construction of the toilets?	1= NCA 2= NCA implementing partner 3= UN 4= Other NGO (specify): 5= Community 6= Self/Household 7= Other (specify): 8= Don't know/no answer		Do not read the options. Refer to list of NCA implementing partners for Phase 5

HS4.4	When were the toilets that your household use constructed?	1= 2017 2= 2016 3= 2015 4= 2014 5= Before 2014 6= Don't know/no answer		Do not read the options. Multiple responses allowed
HS4.5_ RELEVANCE	Did your household need the toilets when they were constructed?	1= Strongly agree 2= Agree 3= Strongly Disagree 4= Disagree 5= Neither agree or disagree 6= Don't know/no answer		Do not read the options. Mark one option only
HS4.6_ RELEVANCE	Please explain your response to question HS4.5			This is an open-ended question. Write the response in column C
HS4.7_ RELEVANCE	Could the construction of the toilets have taken place earlier?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS4.8_ RELEVANCE	Was your household consulted by NCA/ NCA implementing partner on the design of the toilets?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS4.9_ RELEVANCE	If yes to question HS4.8, please explain. When was your household consulted? What information did your household provide? Did your household's involvement lead to any changes to the type of toilets that were constructed?			This is an open-ended question. Write the response in column C

HS4.10_ STANDARDS	How far (in metres) are the toilets from your household?	1= Less than 10 metres 2= 10 to 25 metres 3= 26 to 50 metres 4= More than 50 metres 5= N/A (private latrine) 6= Don't know/no answer		Do not read the options. Mark one option only
HS4.11_ EFFECTIVENESS	Are you satisfied with how far the toilets are from your household?	1= Yes 2= No: It is too far 3= No: It is not safe 4= Don't know/no answer		Do not read the options. Mark one option only
HS4.12_ RELEVANCE	Can everyone in your household access the toilets?	1= Yes 2= No 3 = Don't know/no answer If Yes or Don't know , skip to question HS4.14		Do not read the options. Mark one option only Probe if the household has a disabled member (question HS2.6)
HS4.13_ RELEVANCE	If no to question HS4.12, please explain more. Who in your household cannot access the toilets and what do they do instead?			This is an open-ended question. Write the response in column C
HS4.14_ STANDARDS	How many people share each toilet	1= Less than 5 people 2= 5 to 20 people 3= 21 to 50 people 4= More than 50 people		Do not read the options. Mark one option only If the response is in number of households, assume [X] number of people per household (check per project location)
HS4.15_ EFFECTIVENESS	Are you satisfied with the number of people your household shares the toilets with?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only

HS4.16_ STANDARDS	Are there separate, internally lockable toilets for men and women?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS4.17_ STANDARDS	Please explain your response to question HS4.16			This is an open-ended question. Write the response in column C
HS4.18_ STANDARDS	Do the toilets have lighting and/or was your household provided with a torch?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS4.19_ STANDARDS	Please explain your response to question HS4.18			This is an open-ended question. Write the response in column C
HS4.20_ STANDARDS	How far is the nearest water source from the toilets?	1= Less than 10 metres 2= 11-20 metres 3= More than 20 metres 4= Don't know/no answer		Do not read the options. Mark one option only
HS4.21_ STANDARDS	What hand washing materials are available at the toilets? Ask who provides these- i.e soap and how often is this provided? Do they feel soap is provided enough quantity? Ask them to rate the soap- very good, good, reasonable, poor v.poor and ask for reason to their rating. (this is to get idea of quality)	1= Soap 2= Ash 3= Leaves 4= Mud/clay 5= None 6= Other (specify): 7= Don't know/no answer		Do not read the options. Mark one option only

HS4.22	Who manages and maintains the toilets?	1= Household 2= Community Committee 3= Local Government 4= Elders 5= Nobody 6= Other (specify): 7= Don't know/no answer		Do not read the options. Mark one option only
HS4.23_ EFFECTIVENESS	Are you satisfied with the maintenance of the toilets?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS4.24_ EFFECTIVENESS	Please explain your response to question HS4.23			This is an open-ended question. Write the response in column C
HS4.25_ EFFECTIVENESS	Have the activities on toilets construction by NCA/NCA implementing partner had any negative effects on your household?			Do not read the options. Mark one option only
HS4.26_ EFFECTIVENESS	Please explain your response to question HS4.25			This is an open-ended question. Write the response in column C
HS4.27_ BENEFICIARY FEEDBACK	Has NCA/NCA implementing partner informed your household about the activities it is implementing to improve the provision of latrines in your community?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only

HS4.28_ BENEFICIARY FEEDBACK	What channels of communication are available to your household to provide positive or negative feedback to NCA/NCA implementing partner on the latrines they have provided?	1= Face to face 2= Hotline 3= Suggestions box 4= Other (specify): 5= None 6= Don't know/no answer		Do not read the options. Multiple responses allowed
HS4.29_ BENEFICIARY FEEDBACK	Has your household given any specific feedback to NCA/NCA implementing partner on the latrines provided?	1= Yes 2= No 3= Don't know/no answer If No or Don't know, skip to question HS4.31		Do not read the options. Mark one option only
HS4.30_ BENEFICIARY FEEDBACK	If yes to HS4.29, please explain. When did your household provide the feedback? Did NCA/NCA implementing partner make any changes as a result of the feedback?			This is an open-ended question. Write the response in column C
HS4.31_ RELEVANCE	Was there anything missing? Does your household have any unmet needs regarding going to the toilet? Please explain			This is an open-ended question. Write the response in column C
HS4.32_ STANDARDS	For female respondents only: Do the toilet facilities allow women to appropriately dispose menstrual hygiene materials?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS4.33_ STANDARDS	For female respondents only: Please explain your response to HS4.32.			This is an open-ended question. Write the response in column C

<p>HS4.34_ STANDARDS</p>	<p>For female respondents only: Do the toilet facilities allow women to wash and dry menstrual hygiene materials?</p>	<p>1= Yes 2= No 3= Don't know/no answer</p>		<p>Do not read the options. Mark one option only</p>
<p>HS4.35_ STANDARDS</p>	<p>For female respondents only: Please explain your response to HS4.34.</p>			<p>This is an open-ended question. Write the response in column C</p>
<p>HS4.34_ RELEVANCE</p>	<p>Overall, is your household satisfied with the toilets provided by NCA/ NCA implementing agency - what score would you give?</p>	<p>1= Strongly agree 2= Agree 3= Strongly Disagree 4= Disagree 5= Neither agree or disagree 6= Don't know/no answer</p>		<p>Do not read the options. Mark one option only</p>
<p>HS4.35_ EFFECTIVENESS</p>	<p>Please explain your response to HS4.34. What changes do you think have been achieved?</p>			<p>This is an open-ended question. Write the response in column C</p>
<p>HS4.36</p>	<p>How was you/ your household selected for help to get toilet facility/ handwashing material? Do you think right method was used? (why provide an explanation)</p>			

SECTION 5: HYGIENE

QUESTION NUMBER(A)	QUESTION(B)	RESPONSE(C)	INTERVIEWER NOTES(D)	GUIDANCE FOR INTERVIEWER(E)
HS5.1	Has your household been exposed to hygiene promotion activities in 2017?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only Hygiene promotion is a planned, systematic approach to enable people to take action to prevent and/or mitigate water, sanitation and hygiene-related diseases (SPHERE Handbook)
HS5.2	If yes to question HS5.1, where was this hygiene promotion provided?	1= At the household 2= At a community event 3= At school 4= At church 5= Other (specify): 6= Don't know/no answer		Do not read the options. Mark one option only
HS5.3	If yes to question HS5.1, who provided these hygiene promotion activities	1= NCA 2= NCA implementing partner 3= UN 4= Other NGO (specify): 5= Community 6= Self/Household 7= Other (specify): 8= Don't know/no answer		Do not read the options. Refer to list of NCA implementing partners for Phase 5
HS5.4 EFFECTIVENESS	Did any of the hygiene promotion materials or methods cause any offense to your household?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS5.5_ EFFECTIVENESS	Please explain your response to HS5.4			This is an open-ended question. Write the response in column C
HS5.6_ EFFECTIVENESS	Did the people carrying out the promotion activities have sufficient skills and knowledge?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only

HS5.7	Please explain your response to HS5.6			This is an open-ended question. Write the response in column C
HS5.8_ EFFECTIVENESS	Is there anything your household does now as a result of the hygiene promotion activities that it did not do before?	1= Yes 2= No 3= Don't know/no answer If No or Don't know, skip to question HS5.10		Do not read the options. Mark one option only
HS5.9_ EFFECTIVENESS	What changes have these hygiene promotion activities brought to your household?			This is an open-ended question. Write the response in column C
HS5.10_ EFFECTIVENESS	Was there anything your household was advised to do that it does not? If yes, what are the reasons?			This is an open-ended question. Write the response in column C
HS5.11_ BENEFICIARY FEEDBACK	What channels of communication are available to your household to provide positive or negative feedback to NCA/NCA implementing partner on the hygiene promotion activities provided?	1= Face to face 2= Hotline 3= Suggestions box 4= Other (specify): 5= None 6= Don't know/no answer		Do not read the options. Multiple responses allowed
HS5.12_ BENEFICIARY FEEDBACK	Has your household given any specific feedback to NCA/ NCA implementing partner on its hygiene promotion activities?	1= Yes 2= No 3= Don't know/no answer If No or Don't know, skip to question HS5.14		Do not read the options. Mark one option only
HS5.13_ BENEFICIARY FEEDBACK	If yes to HS5.12, please explain. When did your household provide the feedback? Did NCA/NCA implementing partner make any changes as a result of the feedback?			This is an open-ended question. Write the response in column C

HS5.14	Did NCA/NCA implementing partner build on and use any relevant skills and knowledge your household has on hygiene promotion?			This is an open-ended question. Write the response in column C
HS5.15_ EFFECTIVENESS	Was there anything missing from the hygiene promotion campaigns?	1= Yes 2= No 3= Don't know/no answer		
HS5.16_ EFFECTIVENESS	Please explain your response to HS5.15			This is an open-ended question. Write the response in column C
HS5.17_ EFFECTIVENESS	Overall, is your household satisfied with the hygiene promotion campaigns of NCA/ NCA implementing agency - what score would you give?	1= Strongly agree 2= Agree 3= Strongly Disagree 4= Disagree 5= Neither agree or disagree 6= Don't know/no answer		Do not read the options. Mark one option only
HS5.18_ EFFECTIVENESS	Please explain your response to HS5.17			This is an open-ended question. Write the response in column C
HS5.19_ EFFECTIVENESS	When do you wash your hands?	1= After defecation 2= After cleaning babies' bottoms 3= Before food preparation 4= Before eating 5= Before feeding children 6= Other (specify): 7= Don't know/no answer		Do not read the options. Mark one option only

<p>HS5.20_ EFFECTIVENESS</p>	<p>What do you do when you wash your hands?</p>	<p>1= Use water 2= Use soap (or ash/mud/clay/leaves) 3= Wash both hands 4= Rub hands together at least three times 5= Dries hands hygienically - by air drying or using a clean cloth 6= Other (specify): 7= Don't know/no answer</p>		<p>Do not read the options. Mark one option only</p>
<p>HS5.21</p>	<p>How was you/your household selected for being involved in/targeted by the hygiene promotion campaigns/to receive material? Do you think right method was used? (why provide an explanation)</p>			

SECTION 6: NON-FOOD ITEMS

QUESTION NUMBER(A)	QUESTION(B)	RESPONSE(C)	INTERVIEWER NOTES(D)	GUIDANCE FOR INTERVIEWER(E)
HS6.1	<p>Have your household received any physical items from NCA/NCA implementing partner in 2017?</p> <p>How many of each?</p> <p>Were these enough (quantity needed)? If not how many did you need?</p> <p>How many do you still have of these? If not all or any then why not?</p> <p>Ask them to rate the quality of each item: very good, good, reasonable, poor v.poor and ask for reason to their rating</p> <p>Why do you consider the item to be of POOR or REASONABLE quality?</p> <ol style="list-style-type: none"> 1. Too small 2. Damaged when received 3. Broken while using 4. Other (specify) <p>Item</p> <p>Observed/seen?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>1= Blankets</p> <p>2= Sleeping mats</p> <p>3= Mosquito nets</p> <p>4= Collapsible jerry</p> <p>5= Carrying cases</p> <p>6= Plastic sheeting</p> <p>7= Kitchen items(specifically cooking set)</p> <p>8= Fishing equipment</p> <p>9= Local building materials</p> <p>10= Female hygiene kit</p> <p>11= Other (specify):</p>		Do not read the options. Multiple responses allowed
HS6.2	<p>If yes, when were these items given to your household?</p> <p>Did you feel you got them in time that you needed them? Ask to explain if needed about when they needed and then they received them?</p>	<p>= Jan-Mar 2017</p> <p>= Apr-Jun 2017</p> <p>= Jul-Sept 2017</p> <p>= Oct-Dec 2017</p> <p>= before 2017</p>	Do not read the options. Multiple responses allowed	

HS6.3_ RELEVANCE	Did your household need the items provided?	1= Strongly agree 2= Agree 3= Strongly Disagree 4= Disagree 5= Neither agree or disagree 6= Don't know/no answer		Do not read the options. Mark one option only
HS6.4_ RELEVANCE	Please explain your response to HS6.3			This is an open-ended question. Write the response in column C
HS6.5_ EFFECTIVENESS	Did your household use all the items given? Any that you don't use- why	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS6.6_ EFFECTIVENESS	Please explain your response to HS6.5. How did the items improve the living conditions of your household?			This is an open-ended question. Write the response in column C
HS6.7_ RELEVANCE	Did your household receive anything that it did not need?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS6.8_ RELEVANCE	Please explain your response to HS6.7			This is an open-ended question. Write the response in column C
HS6.9_ EFFECTIVENESS	Was there anything that you needed but didn't get? Of these, what were the THREE most needed items? If yes, please explain and say how this affected you			This is an open-ended question. Write the response in column C
HS6.10_ EFFECTIVENESS	For female respondents only: If your household received a hygiene kit, were the items you received specific to the needs of the female members of your household?	1= Yes 2= No 3= Don't know/no answer		Do not read the options. Mark one option only
HS6.11_ EFFECTIVENESS	For female respondents only: Please explain your response to HS6.10			Identify whether women and girls of menstruating age were provided with appropriate items for menstrual hygiene

<p>HS6.12</p>	<p>How did you hear about the date and location of the DISTRIBUTION?</p> <p>Were you required to register you name to receive these items?</p> <p>How long did you have to wait to receive your items (NFI from HS6_1) after the distribution started?</p> <ul style="list-style-type: none"> • Less than 2 hours • 2 to 6 hours • 7 hours to 1 day (not over night) • Over night <p>This is from the time the beneficiary arrived at the distribution site to the time they received their NFIs goods</p> <p>How would you judge the distribution method used during the distribution?</p> <p>Very good</p> <p>Good</p> <p>Reasonable</p> <p>Poor</p> <p>Very poor</p> <p>Ask for reasons for above answer</p>			
<p>HS6.13</p>	<p>How was you/your household selected for help to get the above items (NFIs)? Do you think right method was used? (why provide an explanation)</p>			

OBSERVATION FORM

1. COMMUNITY LATRINES CONSTRUCTION

Facility name	
Location (State, County, Payam, Bomas, Village)	
NCA programme phase (1, 2, 3, Juba Crisis, 4, 5)	
Observer name	
Gender of observer	
Date (dd/mm/yy)	
Photos of facility shared with ACF UK (Y/N)	

QUESTION NUMBER (A)	QUESTION (B)	RESPONSE(C)	OBSERVER NOTES(D)	GUIDANCE FOR OBSERVER(E)
01.1	What type of community latrine is it?	1= Flush to piped sewer system 2= Flush to septic system 3= Pour-flush to pit 4= Traditional pit latrine 5= VIP latrine 6= Other (specify):		Multiple responses allowed
01.2	Where are the latrines located?			Please be specific
01.3_ STANDARDS	How far away approximately (in metres) is the nearest groundwater source?	_____ metres 1= Don't know		
01.4_ EFFECTIVENESS	Are the latrines functioning?	1= All are 2= Some are 3= None are Please explain in column D		Mark one option only
01.5_ EFFECTIVENESS	Are people using the latrines?	1= Yes 2= No Please explain in column D		Mark one option only
01.6_ EFFECTIVENESS	What is the condition of the latrines?	1= Excellent 2= Good 3= Average 4= Poor Please explain in column D		Consider whether the latrines allow for the safe disposal of excreta, any urine/ faeces spillage, bad smells or flies Mark one option only

O1.7_ EFFECTIVENESS	Are faeces visible in the vicinity of the latrines?	1= Yes 2= No		Within the vicinity corresponds to a distance of approximately 50 metres from the latrines Mark one option only
O1.8_ EFFECTIVENESS	Is urine apparent in the vicinity of the latrines?	1= Yes 2= No		Within the vicinity corresponds to a distance of approximately 50 metres from the latrines Mark one option only
O1.9_ RELEVANCE	Is there any evidence that the latrines have been customised for specific population groups such as the disabled, elderly and young children?	1= Yes 2= No		Mark one option only
O1.10_ RELEVANCE	Can someone with a physical disability access and use any of the latrines?	1= Yes 2= No Please explain in column D		Mark one option only
O1.11_ EFFECTIVENESS	Are there separate, internally lockable latrines for men and women?	1= Yes 2= No Please explain in column D		Mark one option only
O1.12_ STANDARDS	Are the latrines provided with lighting during the dark?	1= Yes 2= No 3= Don't know Please explain in column D		Mark one option only
O1.13_ EFFECTIVENESS	Is there a hand washing facility?	1= Yes 2= No Please explain in column D If No, skip to question O1.18		Mark one option only
O1.14_ EFFECTIVENESS	What is the approximate distance (in metres) from the latrines to the hand washing facility?	1= Less than 10 metres 2= 11-20 metres 3= More than 20 metres		Mark one option only
O1.15_ EFFECTIVENESS	Is water available at the hand washing facility?	1= Yes 2= No		Mark one option only

O1.16	What water source is used at the hand washing facility?	1= Pipe 2= Water brought to barrel 3= Container 4= Other (specify):		Multiple responses allowed
O1.17_ EFFECTIVENESS	Are any of the following available for washing hands?	1= Soap 2= Ash 3= Leaves 4= Mud/Clay 5= Other (specify):		Multiple responses allowed
O1.18_ STANDARDS	Do the latrine facilities allow for the appropriate disposal of women's menstrual hygiene materials?	1= Yes 2= No 3= Don't know Please explain in column D		Mark one option only
O1.19_ STANDARDS	Do the latrine facilities allow for women to wash and dry menstrual hygiene materials?	1= Yes 2= No 3= Don't know Please explain in column D		Mark one option only

2. COMMUNITY WATER POINTS CONSTRUCTION AND/OR REHABILITATION

Facility name	
Location (State, County, Payam, Bomas, Village)	
NCA programme phase (1, 2, 3, Juba Crisis, 4, 5)	
Observer name	
Date (dd/mm/yy)	
Photos of facility shared with ACF UK (Y/N)	

QUESTION NUMBER(A)	QUESTION(B)	RESPONSE(C)	OBSERVER NOTES(D)	GUIDANCE FOR OBSERVER(E)
O2.1	What type of water point is it?	1= Community tap/standpipe 2= Community borehole 3= Community well/spring – protected 4= Tanker truck 5= Other (specify):		Multiple responses allowed
O2.2_ EFFECTIVENESS	Is the water point functioning?	1= Yes 2= No		
O2.3_ EFFECTIVENESS	Are people using the water point?	1= Yes 2= No Please explain in column D		Mark one option only
O2.4	Are livestock using the water point?	1= Yes 2= No		Mark one option only
O2.5_ EFFECTIVENESS	What is the condition of the water point?	1= Excellent 2= Good 3= Average 4= Poor Please explain in column D		Consider whether there are any leaks, the flow of water and the presence of broken hand-pumps Mark one option only
O2.6_ EFFECTIVENESS	Is the water point protected?	1= Yes 2= No Please explain in column D		Look for any fencing or lockable entrance Mark one option only
O2.7_ RELEVANCE	Is there any evidence that the water point has been customised for specific population groups such as the disabled, elderly and young children?	1= Yes 2= No Please explain in column D		Mark one option only
O2.8_ RELEVANCE	Can someone with a physical disability access and use the water point?	1= Yes 2= No Please explain in column D		Mark one option only
O2.9_ EFFECTIVENESS	Is there a storage facility for spare parts for the water point?	1= Yes 2= No		Mark one option only

3. HOUSEHOLD OBSERVATIONAL VISITS

QUESTION NUMBER(A)	QUESTION(B)	RESPONSE (C)	OBSERVER NOTES(D)	GUIDANCE FOR OBSERVER(E)	
3.1 WATER CONTAINERS (NFIS)					
<p>Combine with household surveys. Once the household questionnaire has been completed (to ensure the flow of the interview is not broken), ask the interviewee if you can view the containers the household uses to collect and store water</p>					
O3.1.1	How many containers are there, what type are they, what is their capacity in litres, and what are they used for?	Number	Container type (jerry can/ bucket etc)	Capacity in litres	Purpose (storage/ transportation)
		1			
		2			
		3			
		4			
		5			
		6			
O3.1.2	Are the drinking water containers covered or narrow necked?	1= All are 2= Some are 3= None are			Mark one option only
3.2 HAND WASHING BEHAVIOUR					
<p>Combine with household surveys. Once the household questionnaire has been completed (to ensure the flow of the interview is not broken), ask the interviewee if you could observe them washing their hands as they would normally. A score of 8 points or more (out of a possible 10) qualifies as appropriate hand washing behaviour</p>					
Uses clean water	Uses soap or a suitable alternative (ash/ clay)	Washes both hands	Rubs hands together at least three times	Dries hands with fresh air or using a clean cloth	
2 points	2 points 1= uses soap 2= uses ash/ clay	2 points	2 points	2 points	

ANNEX 4: LIST OF KEY STAKEHOLDERS INTERVIEWED

DATE	LOCATION	METHOD	INTERVIEW GUIDE	F	M	ORGANISATION / LOCATION	TITLE
06.02.2018	Juba	Face-2-Face	Beneficiaries representative	2	5	Mahad Camp (Juba)	Beneficiaries representative
09.02.2018	Rum-Mading	Face-2-Face	Beneficiaries representative		2	Payam Administration Rum-Mading	Beneficiaries representative
09.02.2018	Nyamlel	Face-2-Face	Beneficiaries representative		1	Apuokdhel - IDP camp, North Aweil	Beneficiaries representative
09.02.2018	Nyamlel	Face-2-Face	Beneficiaries representative	1	1	Malek Miir	Beneficiaries representative
21.02.2018	Duk County	Face-2-Face	Beneficiaries representative		1	Duk county - Poktap - School	Beneficiaries representative
22.02.2018	Twic East	Face-2-Face	Beneficiaries representative		1	Panyagor Primary School	Beneficiaries representative
12.02.2018	Wau	Face-2-Face	Beneficiaries representative		2	Wau - Nazareth camp	Camp representatives
09.02.2018	Rum-Mading	Face-2-Face	Beneficiaries representative / Women leader	1		Rum-Mading - IDPs	Beneficiaries representative / Women leader
09.02.2018	Rum-Mading	Face-2-Face	Beneficiaries representative / Women leader	1		Rum-Mading - IDPs	Beneficiaries representative / Women leader
20.02.2018	Gumuruk	Face-2-Face	Beneficiaries representative / Women leader	1		Midwife / women leader	Beneficiaries representative / Women leader
26.02.2018	Juba	Face-2-Face	Donor representative	1	1	MFA	Ministry of Foreign Affairs Norway, Juba Embassy
01.02.2018	Juba	Face-2-Face	External Stakeholder		1	UNICEF	Programme Officer WASH
02.02.2018	Juba	Face-2-Face	External Stakeholder	1		World Vision - S/ NFI Cluster Co-Lead	National S/ NFI Cluster Co-Coordinator
05.02.2018	Juba	Face-2-Face	External Stakeholder		1	ACT Forum South Sudan	ACT Alliance Coordinator
06.02.2018	Juba	Face-2-Face	External Stakeholder		1	OCHA	Head of Field Coordination
08.02.2018	Aweil	Face-2-Face	External Stakeholder		1	OCHA	Senior Humanitarian Advisor

08.02.2018	Aweil	Face-2-Face	External Stakeholder		1	Relief & Rehabilitation Commission	Director
09.02.2018	Rum-Mading	Face-2-Face	External Stakeholder		1	First Commissioner of the Payam.	First Commissioner
12.02.2018	Wau	Face-2-Face	External Stakeholder		1	RRC Wau	Director
13.02.2018	Wau	Face-2-Face	External Stakeholder		1	OXFAM	WASH cluster lead Wau
13.02.2018	Wau	Face-2-Face	External Stakeholder		1	OCHA	National Field Officer
13.02.2018	Wau	Face-2-Face	External Stakeholder		2	WFP	Head of Wau Sub Office
14.02.2018	Wau	Face-2-Face	External Stakeholder		1	IOM - Wau	Shelter and NFI cluster
15.02.2018	Torit	Face-2-Face	External Stakeholder	1	2	UNMISS - Relief, Reconciliation and Protection (RRP)	Team Leader, Deputy Team Leader, Programme Officer
15.02.2018	Torit	Face-2-Face	External Stakeholder	1		InterSOS	State Focal Point S/NFI cluster coordination
15.02.2018	Torit	Face-2-Face	External Stakeholder		1	RRC Torit	Acting Director
16.02.2018	Torit	Face-2-Face	External Stakeholder	1		UNICEF	WASH Officer
19.02.2018	Gumuruk	Face-2-Face	External Stakeholder		4	Commissioner and RRC Gumuruk	County Commissioner, Commissioner Lothila County and Deputy Director Gumuruk County Deputy Director Gumuruk County and RRC Coordinator
20.02.2018	Twic East	Face-2-Face	External Stakeholder		1	RRC Twic East and Duk	RRC Coordinator
21.02.2018	Duk County	Face-2-Face	External Stakeholder		1	Duk county - Poktap	Commissioner
22.02.2018	Twic East	Face-2-Face	External Stakeholder		1	County Water Department	Commissioner
22.02.2018	Twic East	Face-2-Face	External Stakeholder		1	County Water Department	Commissioner - Twic East
26.02.2018	Juba	Face-2-Face	External Stakeholder		1	WASH Cluster	WASH Cluster
16.02.2018	Torit	Face-2-Face	Implementing Partner		3	Ministry of Physical Infrastructure	Director WASH, Director General and WASH Officer
05.02.2018	Juba	Face-2-Face	Implementing Partner	1		Christian Aid	Country Director
05.02.2018	Juba	Face-2-Face	Implementing Partner		1	Caritas South Sudan	Director

06.02.2018	Juba	Face-2-Face	Implementing Partner	1	2	SUFEM	Director, Finance and Admin Secretary and Project Coordinator - Technical WASH staff
06.02.2018	Juba	Face-2-Face	Implementing Partner	1	2	St Monica Agency for peace and Development	Director, Programme Officer, and Programme Manager
06.02.2018	Juba	Face-2-Face	Implementing Partner		1	Don Bosco	Parish Priest
07.02.2018	Juba	Face-2-Face	Implementing Partner		1	LWF	Country Representative
08.02.2018	Aweil	Face-2-Face	Implementing Partner		1	Church in Aweil Town	Church representative
09.02.2018	Nyamlel	Face-2-Face	Implementing Partner		1	Support for Peace and Education Development Programme (SPEDP)	WASH Engineer SPEDP
12.02.2018	Wau	Face-2-Face	Implementing Partner		2	Christian Action for Relief and Development (CARD)	Director and Education Manager
12.02.2018	Wau	Face-2-Face	Implementing Partner		1	Caritas Wau	Church representative
15.02.2018	Torit	Face-2-Face	Implementing Partner		1	Caritas Torit	Emergency Coordinator
19.02.2018	Gumuruk	Face-2-Face	Implementing Partner		5	Church Committee	Church representative
20.02.2018	Gumuruk	Face-2-Face	Implementing Partner		2	Water committee	Water committee - Implementing partners
20.02.2018	Twic East	Face-2-Face	Implementing Partner		3	LWF	Area Coordinator, Humanitarian Response and DRR officer, and NFI and WASH officer
20.02.2018	Twic East	Face-2-Face	Implementing Partner		1	LWF	NFI assistant
21.02.2018	Twic East	Face-2-Face	Implementing Partner		1	LWF	Humanitarian Response and DRR officer
26.02.2018	Juba	Face-2-Face	Implementing Partner		1	CAFOD	Programme Advisor
02.02.2018	Juba	Face-2-Face	NCA Oslo		1	NCA Norway, Oslo	Senior Advisor for Eastern Africa
21.02.2018	n/a	Skype	NCA Oslo	1		NCA Oslo	WASH Advisor
28.02.2018	Juba	Face-2-Face	NCA Oslo	1		NCA Oslo	Head of Division East Africa
01.03.2018	n/a	Skype	NCA Oslo	1		NCA Oslo	Methodology and Results Advisor for Eastern Africa
02.02.2018	Juba	Face-2-Face	NCA South Sudan		1	NCA SSD, Juba	Emergency Response Officer

05.02.2018	Juba	Face-2-Face	NCA South Sudan		1	NCA SSD, Juba	Acting Country Director
07.02.2018	Juba	Face-2-Face	NCA South Sudan		1	NCA SSD, Juba	Emergency Coordinator
13.02.2018	Wau	Face-2-Face	NCA South Sudan		1	NCA SSD, Kuajok	Emergency Officer and WASH cluster focal point
15.02.2018	Juba	Face-2-Face	NCA South Sudan		1	NCA SSD, Torit	Acting Field Coordinator
16.02.2018	Torit	Face-2-Face	NCA South Sudan		1	NCA	Peace Building and Quality Assurance Officer, acting as NFI focal point in emergencies.
16.02.2018	Torit	Face-2-Face	NCA South Sudan	1		NCA Torit	Stock Keeper and Logistics
23.02.2018	Juba	Face-2-Face	NCA South Sudan		1	NCA SSD, Juba	Programme Advisor
27.02.2018	Juba	Face-2-Face	NCA South Sudan		1	NCA SSD / Juba	PMER Officer (Planning / Monitoring / Evaluation and Reporting)
28.02.2018	Juba	Face-2-Face	NCA South Sudan	1		NCA SSD, Juba	Head of Programmes
28.02.2018	Juba	Face-2-Face	NCA South Sudan		1	NCA SSD / Juba	Logistics Assistance
28.02.2018	Juba	Face-2-Face	NCA South Sudan	1		NCA SSD / Juba (former)	former Country Director NCA SSD
				2	7		
				0	7		

ANNEX 5: DETAILED FIELD AND INTERVIEW ITINERARY

PHASES	DAY	DATE	ACTIVITY	WHO?
Desk Review and Inception Report	Monday	18.12.2017	Contract between Action Against Hunger and NCA signed	AAH & NCA
	Wednesday	20.12.2017	Final discussion and agreement on Evaluation Questions	AAH & NCA
	Thursday	21.12.2017	Desk Review	AAH
	Friday	22.12.2017	Desk Research/Inception Report	AAH
	National Holidays	25.12.2017-01.01.2018	Break	
	Tuesday - Friday	02.01.2018-12.01.2018	Agree final field work plan and timelines	AAH
	Monday	15.01.2018	Submission of inception report to NCA	AAH
Data tools and field plan finalisation	Tuesday-Tuesday	16.01.2018-30.01.2018	Discuss expectations, field travel plans	AAH & NCA
			Agree final field work plan and timelines	AAH & NCA
			Finalisation of data collection tools (18.01.2018)	AAH & NCA
			Preliminary Findings presentation	AAH & NCA
			Interviews with NCA Oslo staff	AAH & NCA
			Travel to Juba	AAH
Field Visits and National Workshop	Wednesday	31.01.2018	NCA Security Briefing and staff briefing in Juba	AAH
	Thursday	01.02.2018	Briefings with NCA country office in country	AAH
	Friday	02.02.2018	Interviews with NCA intervention staff	AAH & National consultant
	Saturday	03.02.2018		
	Sunday	04.02.2018		
	Monday	05.02.2018	Interviews and observations in Juba	AAH & National consultant, NCA, Partners
	Tuesday	06.02.2018	Interviews and observations in Juba	AAH & National consultant, NCA, Partners
	Wednesday	07.02.2018	HH / FGD / Interviews and observations in Juba	AAH & National consultant, NCA, Partners
	Thursday	08.02.2018	Travel to Aweil / NBEG, Interviews	AAH & National consultant, NCA, Partners

	Friday	09.02.2018	HH / FGD / Interviews and observations in Aweil / NBEG	AAH & National consultant, NCA, Partners
	Saturday	10.02.2018	HH / FGD / Interviews and observations in Aweil / NBEG	AAH & National consultant, NCA, Partners
	Sunday	11.02.2018	HH / FGD / Interviews and observations in Aweil / NBEG, Travel to Wau	AAH & National consultant, NCA, Partners
	Monday	12.02.2018	HH / FGD / Interviews and observations in Wau	AAH & National consultant, NCA, Partners
	Tuesday	13.02.2018	FGD / Interviews and observations in Wau	AAH & National consultant, NCA, Partners
	Wednesday	14.02.2018	FGD / Interviews and observations in Wau, Travel to Juba	AAH & National consultant, NCA, Partners
	Thursday	15.02.2018	Travel to Torit, Interviews in Torit	AAH, NCA, Partners
	Friday	16.02.2018	Interviews in Torit	AAH, NCA, Partners
	Saturday	17.02.2018	Travel to Juba	AAH, NCA, Partners
	Sunday	18.02.2018		
	Monday	19.02.2018	Travel to Gumuruk / HH/ FGD / Interviews and observations in Gumuruk	AAH & National consultant, NCA, Partners
	Tuesday	20.02.2018	HH / FGD / Interviews and observations in Gumuruk, Travel to Panyagor/Twic East	AAH & National consultant, NCA, Partners
	Wednesday	21.02.2018	HH / FGD / Interviews and observations in Twic East	AAH & National consultant, NCA, Partners
	Thursday	22.02.2018	HH / FGD / Interviews and observations in Twic East, Travel to Juba	AAH & National consultant, NCA, Partners
	Friday	23.02.2018	Interviews in Juba, Preparations of stakeholder workshop	AAH & NCA
	Saturday	24.02.2018	Interviews in Juba, Preparations of stakeholder workshop	AAH & NCA
	Sunday	25.02.2018		
Data Analysis and Draft Evaluation Report Writing	Monday	26.02.2018	Interviews in Juba, Debriefing with NCA intervention staff and preparation of stakeholders workshop	AAH & NCA, Partners
	Tuesday	27.02.2018	Stakeholders workshop and debrief with NCA evaluation manager	AAH & National consultant, NCA,
	Wednesday	28.02.2018	Travel back to the UK	AAH
	Thursday	01.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Friday	02.03.2018	Data Analysis and Draft evaluation report writing	AAH
	Saturday	03.03.2018		

	Sunday	04.03.2018		
		05.03.2018 - 12.04.2018	Data Analysis and Draft evaluation report writing	AAH
	Thursday	12.04.2018	Submission of the draft report to the evaluation manager and NCA staff report review	AAH & NCA
Draft report revisions and presentation of findings	Friday	13.04.2018	NCA review	NCA
	Saturday	14.04.2018		
	Sunday	15.04.2018		
	Monday	16.04.2018	NCA review	NCA
	Tuesday	17.04.2018	NCA review	NCA
	Wednesday	18.04.2018	NCA review	NCA
	Thursday	19.04.2018	NCA review	NCA
	Friday	20.04.2018	NCA review	NCA
	Saturday	21.04.2018		
	Sunday	22.04.2018		
	Monday	23.04.2018	NCA review	NCA
	Tuesday	24.04.2018	NCA staff report review and AAH presentation of findings	AAH & NCA
	Wednesday	25.04.2018	NCA review	NCA
	Thursday	26.04.2018	NCA review	NCA
	Friday	27.04.2018	NCA review	NCA
	Saturday	28.04.2018		
	Sunday	29.04.2018		
Finalisation of Evaluation Report	Wednesday	30.04.2018 - 29.05.2018	Final Report writing incorporating feedback	AAH
	Thursday	30.05.2018	Submission of final report and lessons paper to NCA	AAH & NCA

ANNEX 6: LIST OF DOCUMENTATION REVIEWED

1. NCA DOCUMENTATION

1.1. STRATEGY:

Norwegian Church Aid (2012) *Country Plan 2013-2015 South Sudan*. November 2012.

Norwegian Church Aid (2015) *Norwegian Church Aid South Sudan Strategy 2016-2020*. September 2015. <https://www.kirkensnodhjelp.no/contentassets/feb3fc23897344e5914afb1a9d2e0bed/south-sudan-country-strategy-2016-2020.pdf>

1.2 REPORTING AND STUDIES:

Norwegian Church Aid (2015) *4 Year Consolidated Country Report: 2011-2014 NCA South Sudan*. June 2015.

Norwegian Church Aid (undated) *2015 Annual Narrative Report: NCA South Sudan*.

Norwegian Church Aid (undated) *Norwegian Church Aid South Sudan: Annual Report 2016*.

Norwegian Church Aid (undated) *Why We Still War: An Analysis of Communal Conflicts in Gogrial, Eastern Equatoria and Pibor County of South Sudan*.

1.3 PHASES:

NCA proposals and logframes (phase 1 to phase 5 and Juba Crisis)

NCA partner proposal (SUFEM, Cholera response, 2015)

NCA partner agreements (project-specific) with SUFEM (majority), Aweil Catholic Parish and Caritas Dioceses of Wau South Sudan

NCA interim reports, narrative (Juba Crisis)

NCA final reports, narrative and financial (phase 1 to phase 4 and Juba Crisis)

Independent auditor reports (phase 1 to phase 4 and Juba Crisis)

1.4 HUMAN RESOURCES:

Advertisement for WASH Manager, Juba, January 2016 http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwiDpr_jvlnAhUCblAKHec5DfcQFgguMAE&url=http%3A%2F%2Fcomms.southsudanngoforum.org%2Fuploads%2Fdefault%2Foriginal%2F1X%2F445e96eb50321d67d2c6da388c0611961a8dabcb.pdf&usg=AOvVaw3Unfq1fb5nQH3m_XqyX0Og

Advertisement for WASH Officer, Gogrial State, September 2017 <http://comms.southsudanngoforum.org/t/advertisement-for-wash-officer-gogrial-state-norwegian-church-aid/12714>

2. EXTERNAL DOCUMENTATION

Christian Aid et al (2016) *Missed Out: The role of local actors in the humanitarian response in the South Sudan conflict*. April 2016. <https://www.christianaid.org.uk/resources/about-us/missed-out-role-local-actors-humanitarian-response-south-sudan-conflict>

CHS Alliance (2014) *Core Humanitarian Standard on Quality and Accountability*. <https://corehumanitarianstandard.org/the-standard>

Government of the Republic of South Sudan (2013) *South Sudan National Disability and Inclusion Policy Final Draft*. Ministry of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management. <http://mgcswss.org/wp-content/uploads/South-Sudan-National-Disability-and-Inclusion-Policy.pdf>

IPC (2018) *South Sudan Key IPC Findings: January-July 2018*. February 2018. <https://reliefweb.int/report/south-sudan/south-sudan-key-ipc-findings-january-july-2018>

Oxfam (2018) *Hungry for Peace: Exploring the Links between Conflict and Hunger in South Sudan*. February 2018. <https://policy-practice.oxfam.org.uk/publications/hungry-for-peace-exploring-the-links-between-conflict-and-hunger-in-south-sudan-620430>.

South Sudan WASH Cluster (undated). *Strategic Operational Framework 2018*. <https://www.humanitarianresponse.info/en/operations/south-sudan/document/wash-cluster-south-sudan-strategic-operating-framework-2018-draft>

Sphere Project (2011) *Humanitarian Charter and Minimum Standards in Humanitarian Response*. <http://www.sphereproject.org/resources/download-publications/?search=1&keywords=&language=English&>

[category=22](#)

Sphere Project (2017) *Sphere Handbook Draft 2 for consultation*. **October 2017**. <http://www.sphereproject.org/handbook/revision-sphere-handbook/>

UN (2000) *Security Council Resolution 1325. Adopted by the Security Council at its 4213th meeting*. **October 2000**. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N00/720/18/PDF/N0072018.pdf?OpenElement>

UN OCHA (2014). *South Sudan Crisis Response Plan 2014*. **June 2014**. <https://reliefweb.int/report/south-sudan/south-sudan-crisis-response-plan-2014>

UN OCHA (2017). *Humanitarian Response Plan January-December 2018: South Sudan*. **December 2017**.

<https://reliefweb.int/report/south-sudan/south-sudan-2018-humanitarian-response-plan-hrp-january-december-2018-december>

UN OCHA (2018) *South Sudan Humanitarian Bulletin. Issue 03*. **March 2018**. <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-bulletin-issue-03-23-march-2018>