

Program Evaluation of Sustaining and Expanding Water Supply, Sanitation, and Hygiene Promotion Services to the Vulnerable and Underserved Communities in Rural Areas of South and Central Darfur





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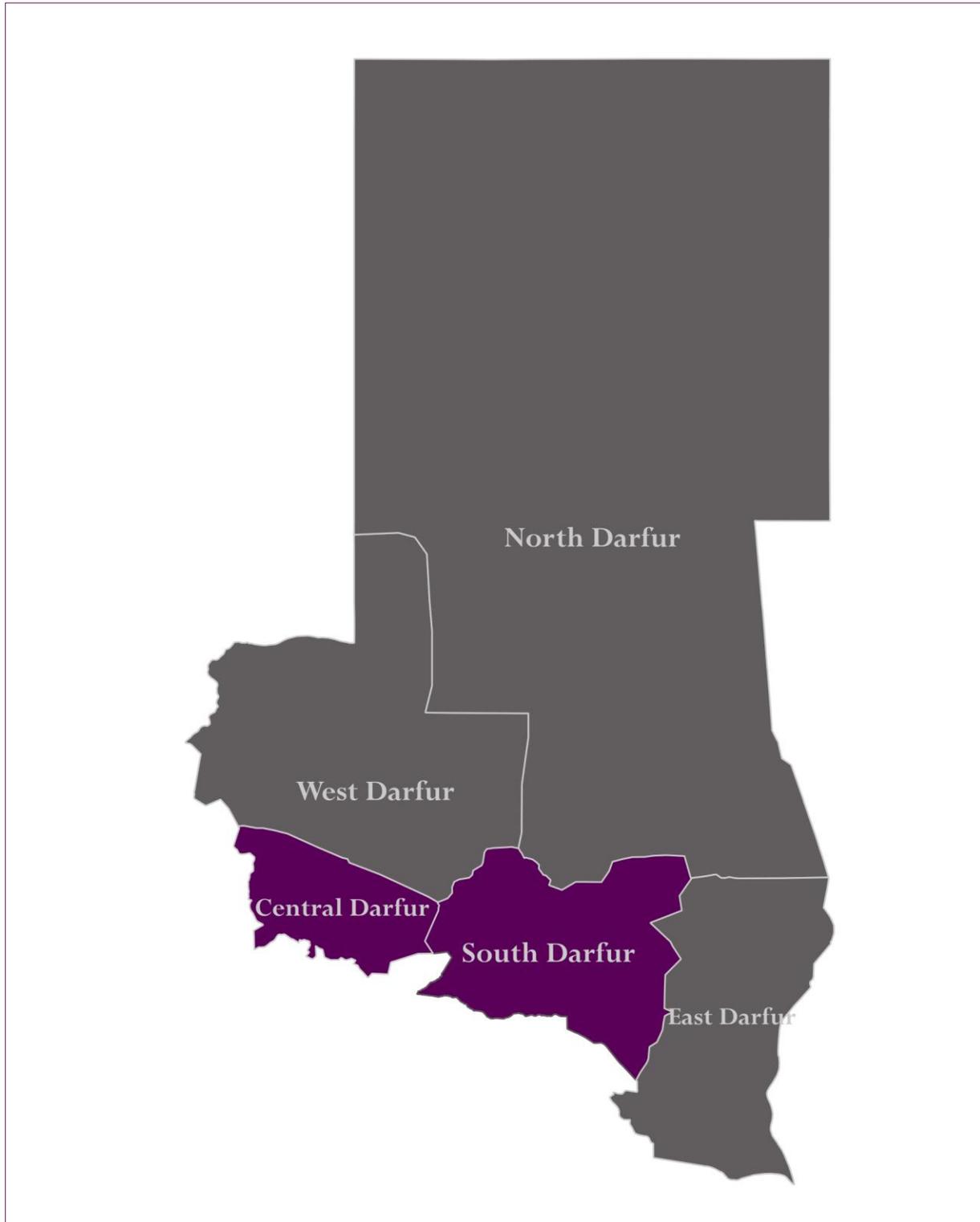
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Acronyms

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



Map of Project Locations





Recommendations

- Always aim to specifically define the subset of the most vulnerable people present amongst the IDP/refugee populations to ensure that those groups are specifically reached during program implementation and to amplify achievements.
- Future programs should attempt to increase women's representation in Water Management Structures. Additionally, gender aspects and indicators, in particular, should be given due consideration in future programming. This will help in determining more concisely the impacts the program has had on the female population, which is disproportionately affected by conflict.
- The close collaboration with relevant stakeholders should be.
- Continue efforts to construct additional water points in target communities in order to increase accessibility of safe water sources and increase HH's water consumption as per the SPHERE Standard.
- Further strengthen the capabilities of beneficiaries and continue capacity building of Water Management Structures in the target communities. This includes training on repairs and providing spare parts and equipment for water sources.
- Focus on sustaining the progress made regarding the accessibility of water supply services while at the same time increasing the quality of such services.
- Ensure adequate project staff members for the efficient oversight of the project.
- Assess the capabilities of the local government to help ensure that program achievements can be sustained after the end of the project cycle.



Executive Summary

Since 1972, Norwegian Church Aid has been providing emergency assistance in Sudan. With funding from NRK Telethon, the organization implemented a project entitled “*Sustaining and Expanding Water Supply, Sanitation and Hygiene Promotion Services to the Vulnerable and Underserved Communities in Rural Areas of South and Central Darfur*” between January 2015-December 2017. Over a 3-year period, NCA implemented Water, Sanitation and Hygiene (WASH) activities to expand access to safe/clean water and enhance sustainability of water supply infrastructure and services in the vulnerable communities of South and Central Darfur by 2017. With the aim of reaching a total of 302,044 people with sustainable access to water supply, the program proposed to achieve the two key results outlined below:

- Right holders have access to sound sustainable water supply services in the communities of South and Central Darfur states.
- Water Management Committees, Water Committees, women groups and hand pump mechanics have the capacity for management of sustainable community water supply services.

Forcier Consulting was commissioned to conduct an evaluation of the program, which included a mix-methodology approach. The findings in this study include information gathered from a thorough desk review of secondary literature and available project documents, 195 quantitative HH surveys, 19 on-site observations of schools and water points, as well as 14 Key Informant Interviews (KIIs), and 8 Focus Group Discussions (FGDs) in the three villages of South Darfur (Um Junah, Arbeia, Gundi) and three villages of Central Darfur (Mendoza, Dielege, Garsila). The project was assessed according to the Organization for Economic Co-operation and Development’s Development Assistance Committee (OECD/DAC) evaluation parameters: relevance and quality of design, efficiency of implementation, effectiveness, impact, and sustainability.

As per OECD-DAC criteria, the extent to which the program’s activities were tailored to the priorities and policies of the target groups, recipients, and donor was first assessed. The collected data showed that the project was highly **relevant**. Community members reported that water resources and services were among the most pressing needs in the target villages. The activities implemented by NCA were also consistent with the overall goal and the attainment of its objectives. Accordingly, the activities were consistent with its intended impacts as it made available much-needed water supply and assisted in the capacity building of community Water Management Structures. At the national and the international levels, the program was in line with the Government of Sudan’s WASH Sector National Strategic Plan as well as the goals enumerated in the 2030 Agenda for Sustainable Development. While NCA indicated that their program sought to target the most vulnerable communities of South and Central Darfur gain access to water services. Although, sub-sets of the most vulnerable were not defined, qualitative interviews do indicate that multiple activities were focused on those most vulnerable, including the elderly and the disabled.

Next, the timeliness and cost **efficiency** of the intervention (the outputs of the project in relation to its inputs) were evaluated. NCA also used procurement rules in line with internationally recognized standards (bulk purchasing, local procurement to reduce transportation costs, timing procurement to reduce costs/ensure timely delivery etc.). Program delivery options and models, furthermore, ensured efficient use of funds and added value, including management structures; use of different consortia (local / international partners); integration of and synergy between program activities; delivery at scale. However so, qualitative interviews found an inadequate number of project staff. With regards to stakeholder engagement and collaborations, it was reported that the State Ministry of Health and Water, Environment and Sanitation have been actively engaged in the program to help shape the overall priorities, design, and implementation of the program. On the other hand, the program faced delays due to government procedures and delays in payments from Khartoum. In addition, rapid inflation challenged the implementation of the project within the set budget.

The **effectiveness** of the program, or the extent to which the intervention attained its objectives, was also assessed through this study. Overall, the implemented activities were found to be effective, as they contributed towards the



achievement of most outcomes set for the project. Before NCA's intervention, the water situation in target communities was described as being poor by beneficiaries as well as other respondents interviewed, with a lack of access to water supply and sources. Beneficiaries reported that the program provided additional water points, repaired defective water sources, ensured maintenance of hand pumps, installed solar systems, increased community awareness and knowledge on water treatment, conducted community mobilization activities, and built the capacity of Water Management Structures and women's groups. As a result of these activities, the water situation had reportedly improved. The Water Management Structures, women's groups, and volunteers were reported to have played a significant role in the achievement of these positive results. Overall, it is clear that NCA has contributed greatly to the availability and access to water supply and services. However, the quality of these services remains relatively low. While significant progress has been made, it is vital that efforts focusing on the quality of services continue.

The program's **impact** was assessed in order to gauge the long-term results the activities have had on target communities and beneficiaries. Clearly, access to water and supply services have improved in the target communities and have positively impacted the beneficiaries. Moreover, the capacity building of local Water Management Structures helped amplify program achievements and ensured communities' access to water.

Lastly, the study evaluated the likelihood that the implemented activities and the impact they have had on the supported communities were **sustainable**. Community members, community leaders, and Water Management Structures expressed the willingness to continue their efforts after the project ends. An overwhelming majority of respondents also expressed willingness to contribute time and money to water services in their community. While a rapid pull back is not recommended, a gradual handover of water service provision from NCA to the local population and government authorities is recommended. At this moment, additional waterpoints are still needed, but repairs and management of existing waterpoints can be fully handed over to other actors. NCA should only ensure that follow-up are conducted so that the water situation does not deteriorate.

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

- With recognition that water is a fundamental necessity to all people, future programs should attempt to specifically define the subset of the most vulnerable people present amongst the IDP/refugee populations to ensure that those groups are specifically reached during program implementation and amplify program achievements.
- Support equal gender representation in community Water Management Structures. Gender aspects, in particular, should be given due consideration. This will help in determining more concisely the impacts the program has had on its target populations.
- Future programs should continue efforts to construct additional water points in target communities in order to increase HH water consumption as per SPHERE Standards.
- Focus on sustaining the progress made regarding the accessibility of water services while at the same time increasing the quality of such services.



1. Introduction

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

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

With funding from NRK telethon, NCA a project entitled “*Sustaining and Expanding Water Supply, Sanitation and Hygiene Promotion Services to the Vulnerable and Underserved Communities in Rural Areas of South and Central Darfur*” between January 2015-December 2017. During a 3-year period, NCA implemented Water, Sanitation and Hygiene (WASH) activities to expand access to safe/clean water and enhance sustainability of water supply infrastructure and services in the vulnerable communities of South and Central Darfur by 2017. With the aim of reaching a total of 302,044 people with sustainable access to water supply, the program proposed to achieve accessibility to sound sustainable water supply services and building the capacity of water management structures in the communities of South and Central Darfur.

Forcier Consulting was commissioned to conduct an evaluation of the program based on its key indicators as per the OECD-DAC evaluation criteria. To effectively address the study's objectives, Forcier utilized a mix-methodology approach, including a thorough desk review of secondary literature and available project documents, 195 quantitative Household (HH) surveys, 19 on-site observations of schools, health centers and water points, as well as 14 Key Informant Interviews (KIIs), and 8 Focus Group Discussions (FGDs). More specifically, the study aims to:

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

This report provides an overview of the key findings.



2. Context

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

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

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

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

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

² OCHA, *Sudan Humanitarian Needs Overview*, 2017

³ Ibid.

⁴ OCHA, *Darfur Humanitarian Overview*, July 2017

⁵ OCHA, *Sudan Humanitarian Needs Overview*, 2017

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

⁷ WHO UNICEF (2017). Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: Estimates on the use of water, sanitation and hygiene in Sudan. Available at: <https://washdata.org/data#!/sdn>



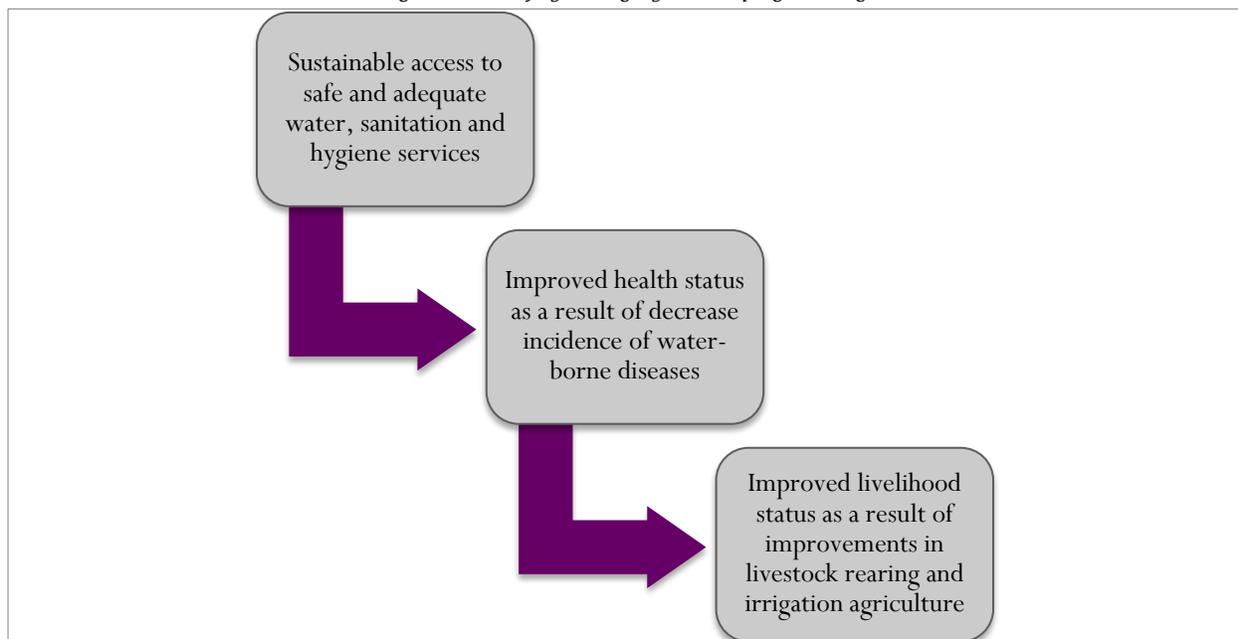
3. Project Description

With the aim of reaching a total of 302,044 people with sustainable access to water supply, the “*Sustaining and Expanding Water Supply, Sanitation and Hygiene Promotion Services to the Vulnerable and Underserved Communities in Rural Areas of South and Central Darfur*” program proposed to achieve the two key results outlined below:

- Right holders have access to sound sustainable water supply services in the communities of South and Central Darfur states.
- Water Management Committees, Water Committees, women groups and hand pump mechanics have the capacity for management of sustainable community water supply services.

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

Figure 1. Theory of Change of WASH programming⁸



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



4. Findings

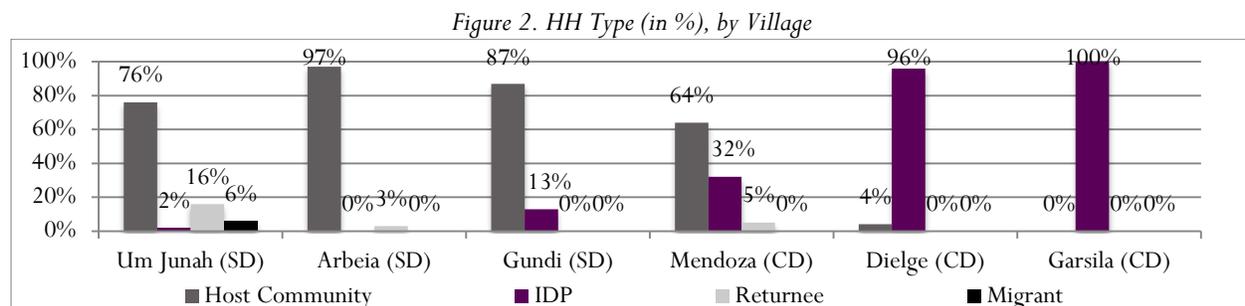
4.1 Relevance

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

At an international humanitarian level, the project was found to be in line with the 2030 United Nations Agenda for Sustainable Development (ASD), to which the Government of Sudan (GoS) has expressed its commitment. More specifically, the activities implemented by NCA directly contribute to the achievement of the third and sixth Sustainable Development Goal (SDG*): “ensure healthy lives and promote well-being for all at all ages” and “ensure availability and sustainable management of water and sanitation for all.” Lastly, by targeting both IDP and host communities, the project also addressed the tenth development goal: “reduce inequality within and among countries.” At the national level, the project was found to be in line with the GoS’s WASH Sector National Strategic Plan, which aims to work towards ensuring “sustainable, adequate and equitable water and sanitation services to the entire population of Sudan.” Moreover, given the overall need for humanitarian assistance in Sudan, there are a few organizations that are currently working in this region according to NCA project staff. In addition, NCA project staff reported that there has not been a duplication of efforts because regular meetings occur between the organizations working in the area. During these meetings, the organizations share information about their programming and make agreements about the implementation of activities. Additionally, NCA involved community leaders, WASH committees, the State Ministry of Health (SMoH) and Water, Environment and Sanitation (WES) in the entire project cycle to ensure that activities would be tailored to the local needs in each community.

Qualitative interviews confirm that the provision of water is one of the most pressing needs in the targeted villages of South and Central Darfur. As a result of influx in population caused by conflict, many HHs did not have adequate access to water. Available water points were described as overcrowded and shared with animals. Among the available hand pumps, only a few were functional. In South Darfur, some HHs relied on discolored valley water while others traveled a distance of 2 kilometers to obtain water for their families. Accordingly, the program’s activities and outputs were relevant to the needs of the target communities.

Data for this study was collected from 195 respondents in three Central Darfur villages (Mendoza, Dielege, and Garsila) and three South Darfur villages (Um Junah, Arbeia, and Gundi). 65% of the sample included female respondents while males represented 35% of the sample. The HHs in the sample consisted of host community (62%), IDPs (30%), migrants (6%), and returnees (2%). However, the demographic composition of the population varied widely between villages (see the figure below). 48% of respondents did not have formal education. Likewise, approximately 48% of all respondents were illiterate. Approximately 67% of HHs, moreover, consisted of between 6 to 10 members.





The two main livelihood sources for respondents in the target villages in the past 6 months were agricultural products and casual labor. In the month prior to data collection, 73% of respondents earned between 1,000 and 2,500 Sudanese Pounds (SDG). Last year, 61% of respondents earned an income of over 20,000 SDG (See: Figure 3), which is around 400 USD. In case of emergency, more than half (56%) of all survey respondents are somewhat likely to gather 300 SDG in two weeks' time. As reported by respondents (both non-heads of HHs and self-reported heads of HHs) heads of HHs were predominantly male (84%), employed (98%), and literate (85%). Data for each target village has been disaggregated to help illustrate existing variations below.

Figure 3. Last Year's Income (in SDGs)



76% of respondents in Um Junah described their HHs as host community, 16% returnees, 6% migrants, and 2% IDPs. Approximately 73% of respondents were not heads of their HHs and were also unemployed. Although 98% of respondents reported that the head of their HH was employed, this predominately concerned casual labour, which does not provide a stable income throughout the year. In the past 6 months, the main livelihood sources were from agricultural products (98%) and casual/day labour (60%). In the month prior to data collection, approximately 35% of respondents reported that their HHs earned between 1,000 and 1,500 SDG. In Arbeia, 97% of HHs belonged to the host community and 3% were returnees. Of the respondents that were not the head of HH (87.5%), 25% were unemployed. The main livelihood sources included agricultural products (100%) and casual/day labour (78%). 62.5% of HHs earned between 1,500 and 2,500 SDG in the month prior to data collection.

The HHs in Gundi included 87% host community respondents and 13% IDPs. Of the respondents that were not the head of HH (60%), 17% were unemployed. All HHs' received income from agricultural products and 40% from casual/day labour. In the month prior to data collection, approximately 70% of HHs earned between 1,000 and 2,500 SDG. The composition of HHs in Mendoza included 64% host community members, 32% IDPs, and 5% returnees. 90% of the respondents that were not the head of HH were employed in casual labour. In the past 6 months, all HHs (100%) earned income from agricultural products and casual labour. In the month prior to data collection, 82% of HHs earned between 1,000 and 2,500 SDG.

In Dielge, HHs comprised of 96% IDPs and 4% host communities. Of the respondents that were not the head of HH, 64% of respondents were unemployed. 100% HHs earned income from agricultural products and casual labour, 28% from trading and 12% from forest products. In the 30 days prior to data collection, 68% of HHs earned between 2,000 and 3,000 SDG. In Garsilla, all of the HHs were IDP HHs. 62% of respondents that were not the head of HH were unemployed. All HHs earned income from casual labour, 95% from agricultural products, 9% from trading, and 9% from forest products. In the month prior to data collection, approximately 91% of HHs earned between 1,000 and 3,000 SDG.

During FGDs community members reported that children under 5, the elderly, the disabled, the homeless, orphans, widows, pregnant and/or lactating women are considered the most vulnerable amongst the camps' population. Through blanket coverage that comes with WASH programmes, the program successfully reached these populations. In addition, Um Junah's WASH committee constructed two latrines for disabled people and one latrine for the elderly people in April 2018.



With the recognition that women and girls are disproportionately affected by conflict, it is vital to assess the extent to which gender has been considered in the program’s design and implementation. While NCA did not specify indicators related to gender, qualitative interviews revealed that activities related to women’s groups, and WASH committees had a great impact on the members of the target communities. Though, the majority of respondents in each of the six villages reported that less than half of the members of Water Management Committees (WMCs) are female (see the figure below). Approximately 61% of respondents residing in the villages of South Darfur and Central Darfur reported that less than half of the WMC in their community are female.

Figure 4. Number of Women in Water Management Committee (in %), by Village

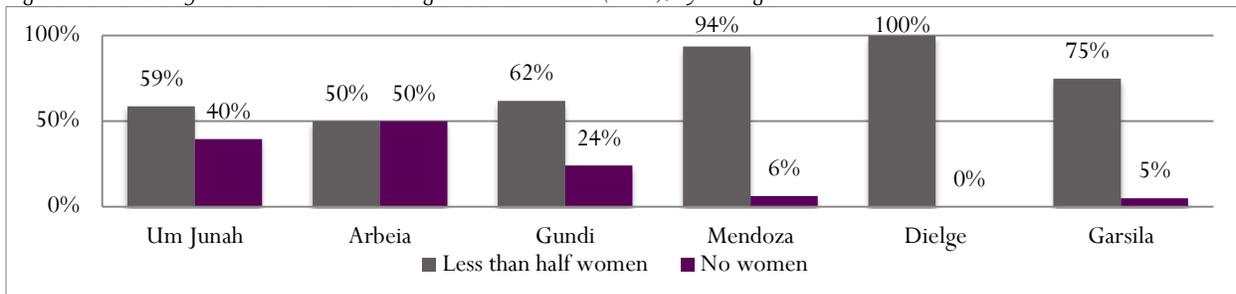


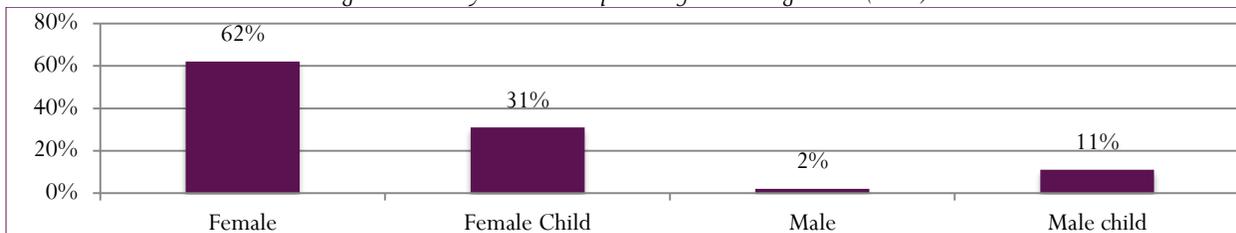
Figure 5. Women Fetching Water from Hand Pump in Garsila



Information gathered during qualitative interviews also support these figures in most of the villages. For example, in Gundi only 15 of the 90 WMC members are female. In Um Junah, however, the WMC consists of a total of 54 members, of whom 23 are female. Similarly, in the villages of Central Darfur unequal gender representation was also observed. In Garsila, for example there are 5 female members in a 20 member WMC. This indicates unequal representation of women in WASH activities within target communities. As suggested by an Arbeia WASH representative, future activities should attempt to increase the number of female members in community WASH committees.

It is recommendable to, in future programming, specifically include gender in the project strategy. Preferably, specific indicators should be developed to measure the involvement of women in program activities, outputs, and outcomes. This is important as women often play a vital role in HHs’ access to water and other related services. For example, data highlighted that women and girls bear the burden of collecting water throughout each of the four camps (see the figure below).

Figure 6. Family Member Responsible for Fetching Water (in %)





4.2 Efficiency

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

For the implementation of the evaluated program, NCA DP had 6 staff members in Central Darfur and 7 staff members and 2 representatives from MoH in South Darfur, which according to qualitative interviews was insufficient to implement the project. To ensure the cost-efficiency of the program, NCA staff reported that procurement processes during the program were in line with internationally recognized standards. Specific standards that were mentioned by NCA staff include bulk purchasing, local procurement to reduce transportation costs, timing procurement to reduce costs/ensure timely delivery, etc. Nevertheless, some delays were reported. Firstly, government processes in South Darfur delayed the start of the program, which was regarded as one of the major challenges of the program. In addition, funds were not always received in time from Khartoum, again delaying the program implementation. For the budget, the rising inflation presented a challenge in the implementation of the program.

To ensure smooth implementation of the project, the NCA and its national partner, National Humanitarian Aid (NAHA) cooperated with the SMOH, WES, community leaders, and other organizations working in South and Central Darfur. Every week, the SMOH participated in coordination meetings with NCA. In addition, the SMOH assisted in the training of WASH committee members. WES, on the other hand, assisted in the collaboration between NCA and community leaders at the start of the program as well as the selection of beneficiaries. They also assisted in determining the locations of hand pumps and water points, provided technical training, spare parts, and trained WMCs on the use of solar systems and mechanics.

4.3 Effectiveness

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

Figure 7. Water Source in Diege Camp in Central Darfur



Before the implementation of the evaluated program, the target communities did not have sufficient access to water or adequate sources of water. Due to the influx of IDPs into the villages, water sources were often overcrowded and sometimes not functional. HHs in the target villages often relied on discolored valley water while others traveled a distance of 2 kilometers or more to surrounding villages to obtain water for their families. During the summer, HHs received their water from the private sector and during the autumn they retrieved HH water supply from the valley. For many, the

creation of additional water points and the restoration of non-functioning hand pumps during NCA's intervention assisted in increasing their access to water. For 77% of respondents their current main source of water is a hand



pump. Although 99% of respondents in target villages reported that they receive sufficient water from the water point, 93% of the HHs did not meet the SPHERE standard of 15 liters per day for each HH member. In all three villages in Central Darfur, 100% of HHs did not meet the SPHERE standard. Similar trends exist between different types of HHs, whereby the SPHERE standard is not met irrespective of HH type. In part, not meeting the SPHERE Standard may be related to traditional hygiene and sanitation practices that require less water as this would explain respondents indicating they receive sufficient amounts of water.

Figure 8. Water Consumption per HH Member per Day by Village

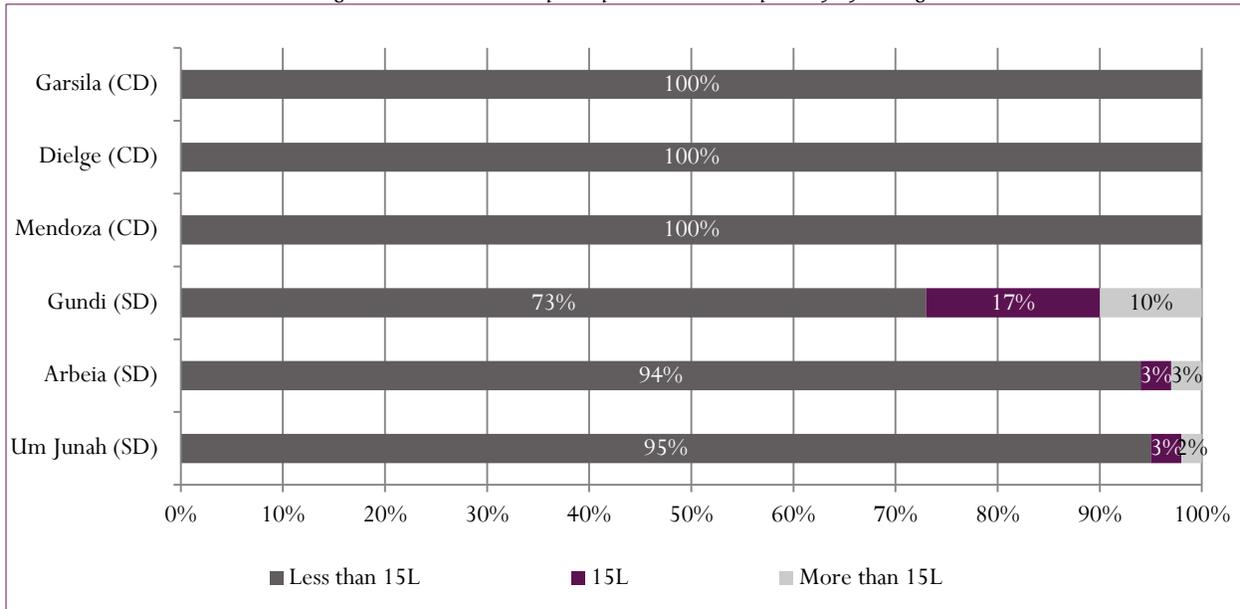
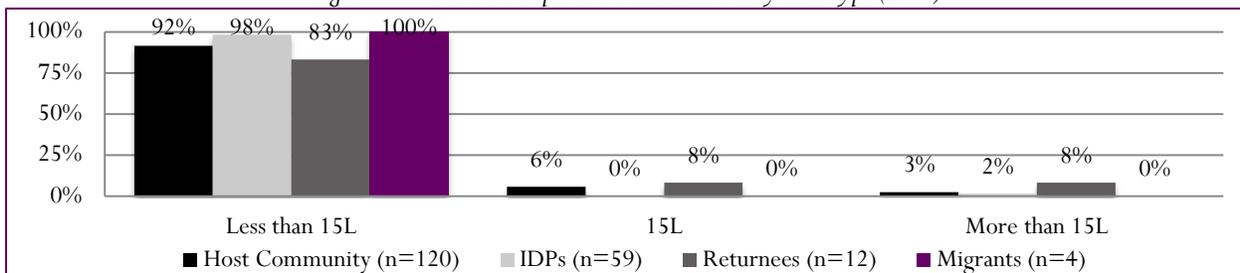


Figure 9. Water Consumption Per HH Member by HH Type (in %)



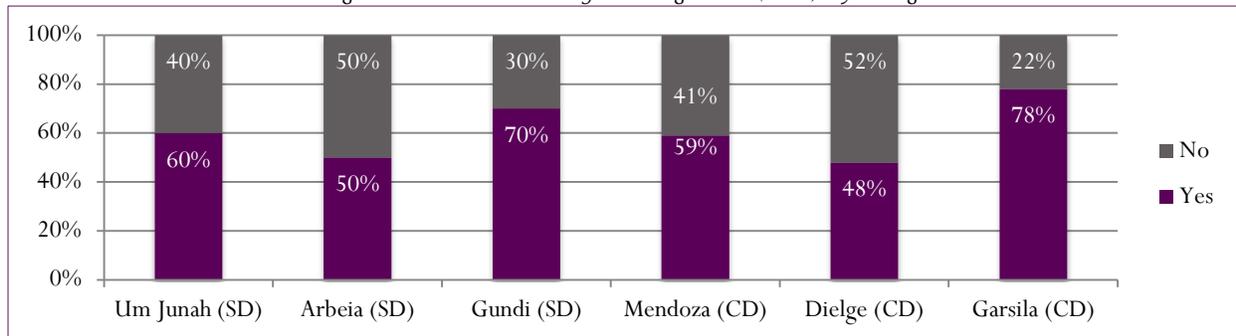
The creation of additional water points in the target communities assisted in the alleviation of crowding and waiting times. Nevertheless, crowding still persists and community members reported in the qualitative interviews that water points are sometimes not functional. 47% of respondents travel to their main water point more than three times a day and 33% of respondents traveling to their respective water point 2-3 times a day. Approximately 80% of respondents have experienced waiting times at their respective water points. In the past, waiting times of more than two hours were common in the targeted villages, but the results of this study show that 59% of respondents currently wait less than 30 minutes, while 40% wait between 30 minutes to an hour. As such, it can be concluded that waiting times have decreased considerably in the targeted villages as a result of the project.

To assist in determining the quality of water services, the cleanliness of water was also assessed. To test this, the researcher filled a bottle of water at each of the water points that were observed. After one minute, the researcher smelled the water and looked whether there was silt on the bottom of the water bottle. With the exception of the water in Garsila, at each of the water points the water did not have a bad smell and silt was not detected on the bottom of the water bottle after one minute. Still, 61% of respondents reportedly treat their drinking water (see the



figure below). The most prevalent reason for treating water for 72% of respondents in Central Darfur's camps was to prevent sickness. Similarly, this was the case for 79% of respondents who treat their water in the villages of South Darfur. The most common method of treating water for 92% of respondents was by filtering it with a piece of cloth.

Figure 10. HH Treatment of Drinking Water (in %), by Village



The formation of Water Management Committees (WMCs) and Women's group is a significant facet of the evaluated program. As reported, NAHA and NCA conducted training and helped in the creation of qualified WMCs and women's groups that effectively help to address the needs of their communities. Information gathered during qualitative interviews indicates that both these groups play a significant role in the targeted communities. Moreover, 88% of respondents of the HH Survey are aware of a WMC operating in their community. However, villagers residing in Central Darfur (71%) were less likely to be aware of a WMC committee operating in their communities than those in South Darfur (98%).

Nonetheless, WMCs have helped to inform the target communities about water treatment and in the maintenance and repairs of hand pumps as well as the storing of spare parts. WMCs also protected water sources and repaired water points. Table 1 shows the number of hand pumps that were maintained by NAHA in collaboration with WMCs. Qualitative interviews, furthermore, revealed that a WMC maintained 4 hand pumps in Gundi and 2 hand pumps in Rural Gundi and provided water to three local schools. Additionally, Gundi's WMC also assisted in resolving a conflict between a local man and two women that arose because of long waiting times at the water point in North Gundi.

The WMCs and women's groups have also been vital in the mobilization of their communities to contribute and partake in WASH activities, as indicated in qualitative interviews. Although, community members shared that the efforts of the WMCs were beneficial in their communities during FGDs, approximately 56% of survey respondents expressed dissatisfaction with how their local WMC is managed while 43% of respondents expressed some satisfaction. More than half (59%) of all respondents were also dissatisfied with the level of information they were given regarding how the WMC works. This means that, even though the WMCs are well known and fully functioning, their management structure still needs time to develop through experience.

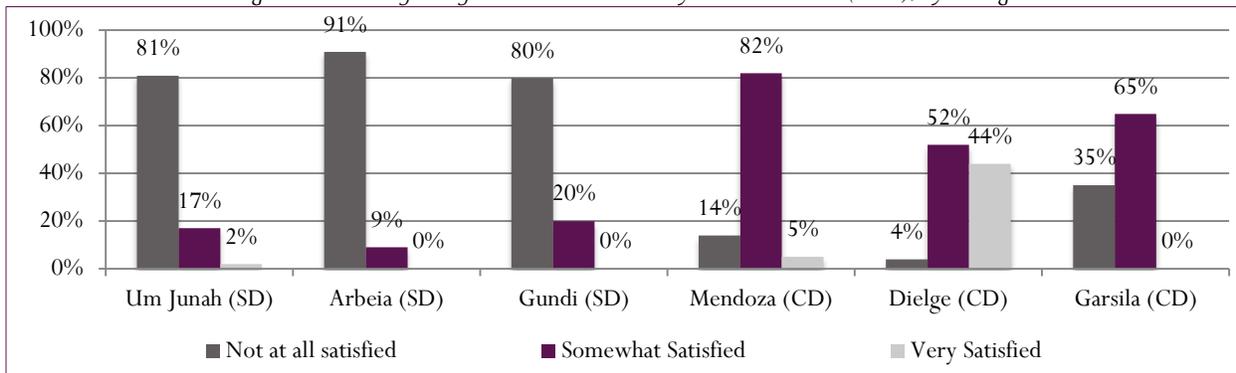
Table 1. NAHA Hand Pump Maintenance by Village

Village/Camp	Hand Pumps Maintained	Functioning	Not Functioning
Um Junah	6	3	3
Gundi	5	2	3
Arbeia	10	6	4
Umblat	8	3	5
Harze	2	1	1
Umocco	5	3	2
Mabroka	5	2	3



The figures below provide an overview of key trends regarding WASH services in the target communities. Approximately half of all respondents (51%) believe that WASH services have become better over the past 12 months. While 83% of respondents from South Darfur expressed dissatisfaction with WASH services, 92% of respondents from this state reported that WASH services have become better. For those in Central Darfur, WASH services have become a little better as reported by 64% of respondents and 66% of respondents reported to be somewhat satisfied with WASH services. This may be explained by the absence of WASH services before inception of the project and should not be seen as a failure of the project towards its objectives.

Figure 11. Level of Satisfaction with Community WASH Services (in %), by Village



Aspects that were mentioned for improvement included the availability of qualified staff, availability of services, and the cost of services positively impacted WASH services in their communities. For respondents in the target villages of South Darfur, the availability of qualified staff is the most important aspect that changed about WASH services in. All respondents in Central Darfur believed that the availability of services was the most important improvement in the previous 12 months.

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

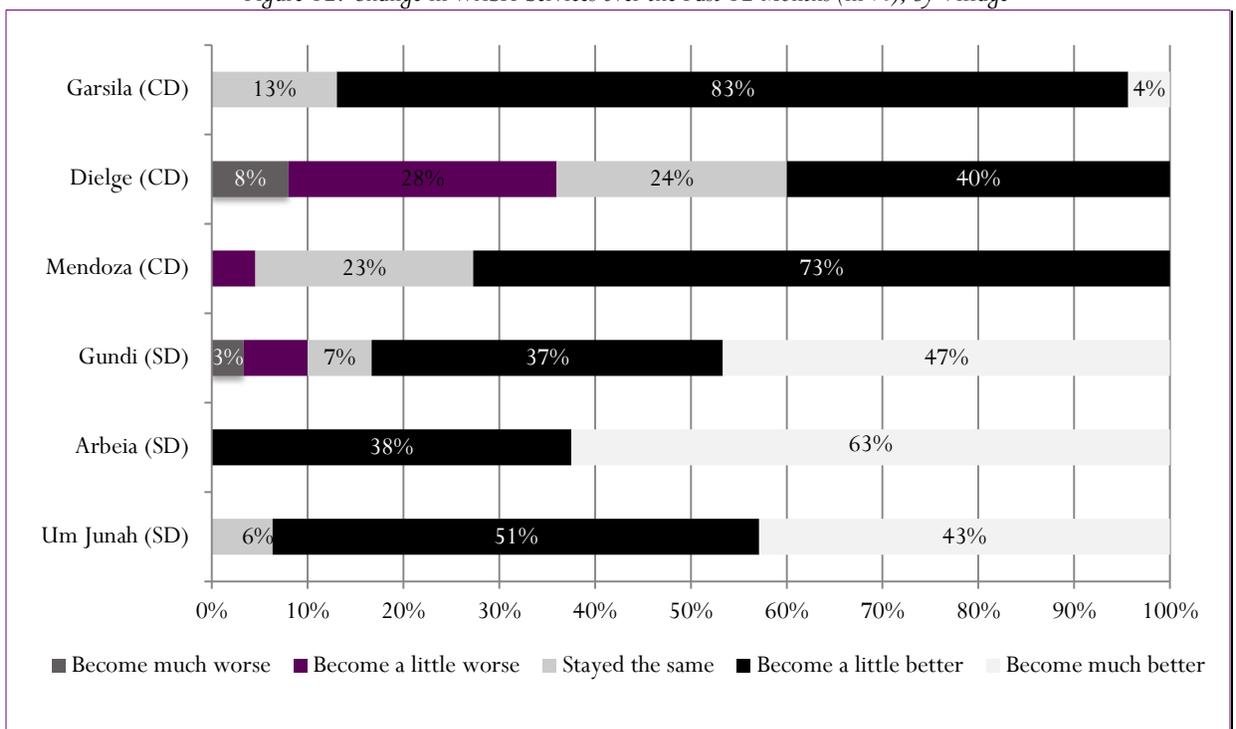




Figure 13. Reasons for the Change in WASH Services (in %), by State

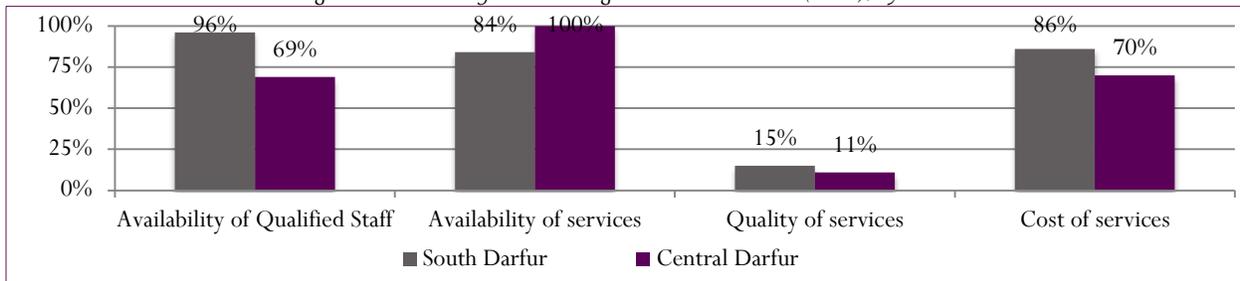


Figure 14. Reasons for the Change in WASH Services in South Darfur Villages (in %)

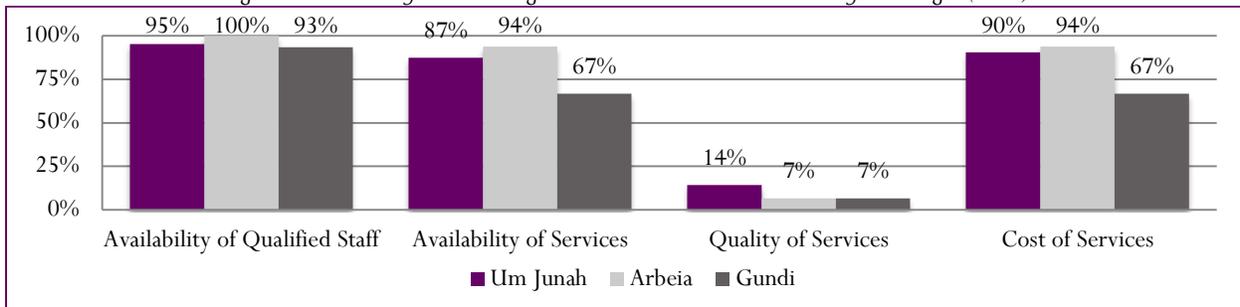
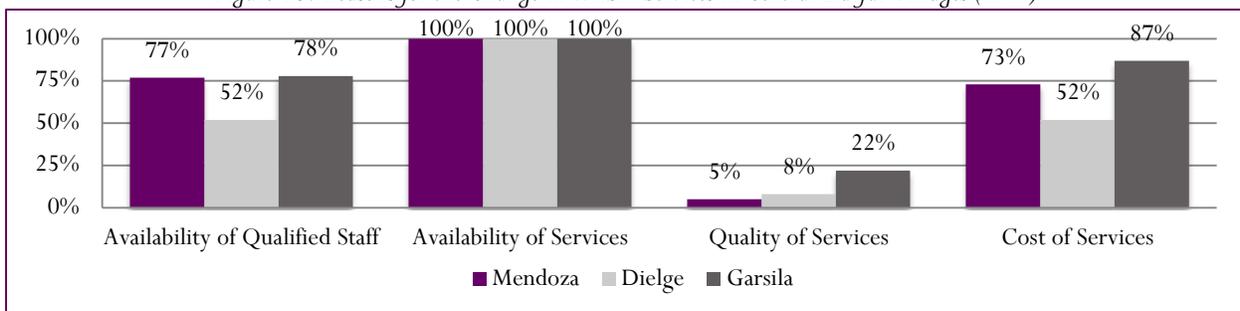


Figure 15. Reasons for the Change in WASH Services in Central Darfur Villages (in %)



4.4 Impact

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

Overall, the program's positive contributions include the access to basic water services and better skilled WMCs women's group and volunteers, meeting the program's objectives. Beneficiaries have increased access to water supply through the construction of additional water points, the repairs of non-functioning hand pumps, and the installation of solar systems throughout their villages. Additionally, Water Management were created with qualified members and were well equipped in maintaining water points and hand pumps. The project also provided necessary equipment and spare parts in order to contribute to the availability of water supply. NCA, with the help of the government and community leaders, was also reported to have mitigated conflicts between tribes in Gundi.



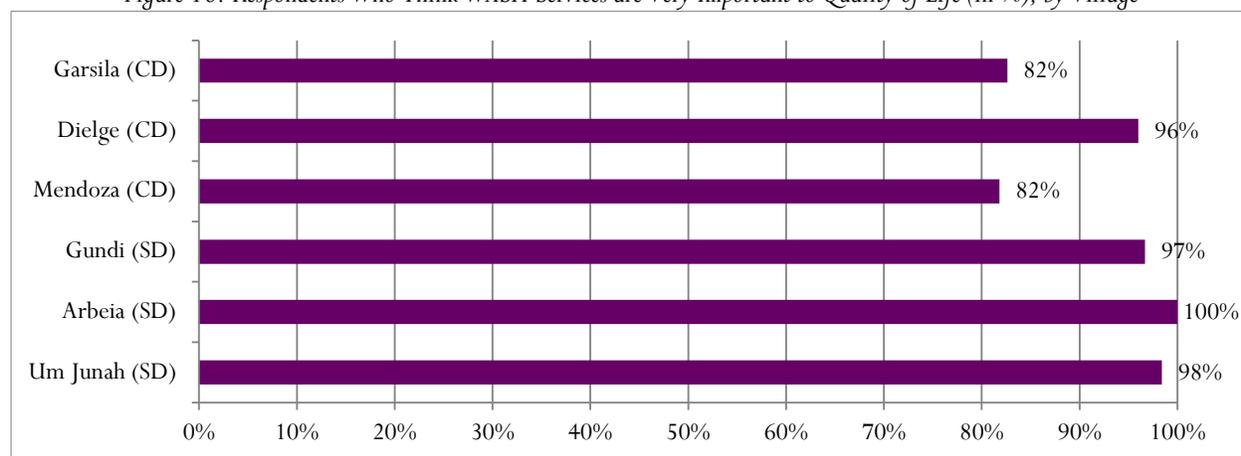
4.5 Sustainability

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

As the data reveals, 94% respondents in the target villages believe that WASH services are very important to their quality of life (see the figure below). Throughout the target communities, beneficiaries, community leaders, and Water Management Structures structures expressed the willingness to continue in the efforts after the project ends. An overwhelming majority of respondents (99%) from the target villages expressed willingness to contribute time and 77% expressed willingness to contribute money to WASH services in their community. With the exception of the most vulnerable, HHs are able to contribute between 5 to 20 SDGs per month for WASH services.

For future programming, the findings above should be taken into account. While a rapid pullback is not recommended, a gradual handover of WASH service provision from NCA to the local population and government authorities is recommended. At this moment, while additional water points are still needed, repairs and management of existing water points can be handed over to other actors. For a certain period, NCA will need to conduct follow-up to ensure the WASH situation does not deteriorate and to provide additional training and capacity building where needed. In sum, actual responsibility of water service provision should gradually be handed over to the communities.

Figure 16. Respondents Who Think WASH Services are Very Important to Quality of Life (in %), by Village





5. Conclusion and Recommendations

With funding from NRK Telethon, NCA implemented the “*Sustaining and Expanding Water Supply, Sanitation and Hygiene Promotion Services to the Vulnerable and Underserved Communities in Rural Areas of South and Central Darfur*” project between January 2015-December 2017. Over the three-year project Water, Sanitation and Hygiene (WASH) activities were implemented to expand access to safe/clean water and enhance sustainability of water supply infrastructure and services in the vulnerable communities of South and Central Darfur by 2017.

NCA was found to have designed a relevant program that successfully addressed the most pressing needs of the vulnerable populations living in the villages of Central and South Darfur. In particular, the evaluated program helped increase the provision and access to water supply services to its beneficiaries and assisted in building the capacity of community Water Management Structures to ensure sustainable community water supply services. While many community members expressed overall satisfaction with program services implemented in the past twelve months they reported that they are in need of more in terms of access to water and quality of water services. As reported, beneficiaries are not as satisfied with the quality of services as they are with the increased access to such services in the past year. Throughout the target villages, community members expressed that the water situation has improved over the past twelve months albeit the quality of services were suboptimal. Given that the program has completed its project cycle, the recommendations below are provided to guide in NCA’s future programming designs.

Topic	Conclusion	Recommendation
RELEVANCE	<ul style="list-style-type: none"> ▪ The evaluated program was highly relevant as it addressed the most pressing needs of the vulnerable populations in the target communities. ▪ The activities implemented by NCA were consistent with the overall goal and the attainment of its objectives. Accordingly, the activities are consistent with intended with the impacts. ▪ The program is in line with the GoS’s WASH Sector National Strategic Plan as well as the goals enumerated in the 2030 Agenda for Sustainable Development. 	<ul style="list-style-type: none"> ▪ Future programs should attempt to specifically define the subset of the most vulnerable people present amongst the IDP/refugee populations to ensure that those groups are specifically reached during program implementation. ▪ Gender aspects, in particular, should be given due consideration. This will help in determining more concisely the impacts the program has had on its target populations. In particular, future programs should increase women’s participation in Water Management Structures.
EFFICIENCY	<ul style="list-style-type: none"> ▪ Procurement was in line with internationally recognized standards (bulk purchasing, local procurement to reduce transportation costs, timing procurement to reduce costs/ensure timely delivery etc.) was used. ▪ There was an inadequate number of project staff. ▪ Delays occurred due to government processes and delays in payments from Khartoum ▪ Due to inflation, program implementation was challenged ▪ The Government of Sudan has been actively engaged in the program to help shape the overall priorities, design, and implementation of the program. 	<ul style="list-style-type: none"> ▪ Ensure adequate number of project staff members for the efficient oversight. ▪ For future programming, the close collaboration with relevant stakeholders should be continued.



<p style="text-align: center;">EFFECTIVENESS</p>	<ul style="list-style-type: none"> ▪ The program helped improve the provision and access to water services in its target camps. ▪ The program provided additional water points, equipment and spare parts for the maintenance of water sources, successfully mobilized communities, and built the capacity of the Water Management structures. ▪ The quality of services was suboptimal throughout the target communities. ▪ Respondents often reported the WMCs, women’s groups and volunteers as crucial in the program and these groups were also awarded significant credit when speaking about the positive effects of the program. However, there was a lack of awareness of WMCs in communities and information provided to beneficiaries. 	<ul style="list-style-type: none"> ▪ Future programs should continue efforts to construct additional water points in target communities in order to increase HH water consumption to meet the SPHERE Standard, especially in the villages of Central Darfur. ▪ Future programs should include regular monitoring of the functionality of water sources, in order to verify that beneficiaries have access to water. ▪ Future programs should focus on sustaining the progress made regarding the accessibility of water services while at the same time increasing the quality of such services. ▪ Ensure that community members are aware of their respective Water Management Structures and ensure that adequate information is provided to them.
<p style="text-align: center;">IMPACT</p>	<ul style="list-style-type: none"> ▪ The program has positively impacted its beneficiaries in target communities through increased access to water supply. ▪ It has assisted in the capacity building of WMCs that were well equipped at ensuring communities’ access to water. 	<ul style="list-style-type: none"> ▪ Future programs should continue to involve and train WMCs, women’s groups, and volunteers. ▪ Further strengthen the capabilities of beneficiaries and continue capacity building of Water Management Structures in the target communities. This includes training on repairs and providing spare parts and equipment for water sources.
<p style="text-align: center;">SUSTAINABILITY</p>	<ul style="list-style-type: none"> ▪ Program activities are more than likely to continue after the program ends. ▪ Beneficiaries have expressed an eagerness to contribute their time in water related efforts in their communities. ▪ Beneficiaries will continue to implement the practices they have learned during the twelve months. ▪ Beneficiaries are willing to repair hand pumps when needed. 	<ul style="list-style-type: none"> ▪ Assess the capabilities of the local government and relevant Ministries to help ensure that program achievements can be sustained after the end of the project cycle. ▪ Community mobilization should be incorporated in order to ensure successfully sustained program efforts upon the completion of future programs.



Annex 1: Methodology

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

Method	Source/Respondents	Quantity
Desk Review	<ul style="list-style-type: none"> ▪ Relevant secondary literature pertaining to WASH, health and nutrition in South and Central Darfur, as well as the Core Humanitarian Standards on Quality and Accountability ▪ All available project documents; baseline, midline and other monitoring data 	N/A
Key Informant Interviews (KIIs)	Two Localities in Central Darfur & Two Localities in South Darfur: <ul style="list-style-type: none"> ▪ NCA Project Staff (1 total) ▪ Local Partner Staff (1 per state) ▪ Local Authorities/Community Leaders (3 per state) ▪ WASH Committee Representativeness (2 per state) ▪ Women's Groups Representativeness (1 per state) ▪ Private Sector WASH Actors (1 per state) ▪ Health and Nutrition Facility Management (2 in South Darfur) 	14 KIIs
Focus Group Discussions (FGDs)	Three Villages in Central Darfur & Three Villages in South Darfur: <ul style="list-style-type: none"> ▪ Community Members/Beneficiaries (2 per state (1 with male beneficiaries and one with female beneficiaries)) ▪ Community Members/Beneficiaries representative of minority groups (1 with male beneficiaries and one with female beneficiaries); 2 per state) 	8 FGDs
Observations of Facilities	Three Villages in Central Darfur & Three Villages in South Darfur: <ul style="list-style-type: none"> ▪ Schools and general water points 	19 Observations
Quantitative Smartphone Survey	Three Villages in Central Darfur & Three Villages in South Darfur: <ul style="list-style-type: none"> ▪ Community Members/Beneficiaries 	195 Total Observations

Desk Review

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

Quantitative Survey

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



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

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

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

Qualitative Interviews

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

Key Informant Interviews

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

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



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

Focus Group Discussions

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

On-Site Observations

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

Ethical Considerations

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

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

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



Annex 2: Evaluation Objective and Scope

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

Relevance

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

Effectiveness

- Assess to what extent the program activities delivered on planned outputs and outcomes
- WASH TCP:
 - Verify the number of beneficiaries per water point (disaggregated by sex and age) of 12 sites with rehabilitated hand pumps (9 hand pumps on boreholes, 3 rehabilitated wells), 3 sites with Mini Water Yard (MWY), 5 sites with newly drilled boreholes and equipped with hand pumps.
 - Check and reflect on how the number of beneficiaries were counted in the light of national and international standards – criteria: use samples in each of the 20 water points to check the distance dwellings to water point, check the reliability of water delivery of the water points (frequency and time of non-functionality in days), and water quality at the time of water point completion and hand over to community,
 - Verify and reflect on the number and features of water supply schemes rehabilitated and constructed in the light of relevant reports for the period 2015 to 2017.
 - Check and reflect on the quality of the construction work of the water points:
 - 17 sites with rehabilitated / constructed water points with hand pump (take 3 photos of each site from different angles and GPS data), check design plans vs reality, which rehabilitation works were carried out and why
 - 3 rehabilitated wells – which rehabilitation works were carried out and why
 - 3 sites with MWY - which rehabilitation works of the boreholes were carried out and why take at least 3 photos of MWY
 - Document the technical design features of all (15) Mini Water constructed (borehole depth, SWL, DWL, depth of pump, yield of borehole, mark and capacity of pumping equipment, mark and capacity of solar power generation, number of water consumers,)
- WASH TCP:
 - Describe and verify how NCA DP implemented community mobilization
 - Describe and verify number and capacity of community mobilization team of NCA DP
 - Verify if the % of right holders expressing satisfaction with water supply services was collected systematically and list the results in the annex of the evaluation report
 - Verify and list the water committees created and trained, collection of water user fees, having and up-to-date accounting book and the amount of funds collected

Efficiency

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



- How have local governments been actively engaged in the program to help shape the overall priorities, design and implementation of the program? How successful have these approaches been?

Action impact

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

Sustainability

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

➤ WASH TCP:

- Verify and list the number of water point care taker and mechanics were trained and the number of water point care taker and mechanics are active
- Verify and list the number of spare parts kiosks constructed and provided with spare parts (take photos)
 - Check and list the spare parts available (slow going, fast going spare parts for hand pumps and spare parts for solar powered schemes)
 - Describe and list how the kiosks are organized
 - Check and list if accounting book is used and amount of funds available today compared with funds used to purchase the spare parts at the beginning of the kiosk
- Verify, list and describe how it is organized the availability of tools particularly for India Mark II hand pumps
- Describe repair and maintenance system of solar powered MWY
 - Verify and list the existence and use of a maintenance instruction document that the care taker should use
 - Document the reason for and length of the down-time period of MWY
 - The approximate time (and distance) needed for repair of electronic / electrical components,
 - The distance and availability of qualified personnel for repair
 - The distance and availability of spare parts for MWY



Annex 3: Qualitative Tools

KII with NCA/Local Partner Project Staff

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



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

KII with Local Authorities/Community Leaders

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



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

KII with Water Management Committee Representatives

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



NCA/Partner Organization, the Ministry of Health, local authorities, etc.) that was very successful and another example of unsuccessful cooperation?

[Prompt: For both: when did this take place? How was this issue solved?]

SECTION 5: Project Impact

In your opinion, what are the positive changes, if any, that the water management committee has brought to the community?

In your opinion, what are the negative changes, if any, that the water management committee has brought to the community?

Have the implemented activities brought any behavioural change for the members of this committee?

[Prompt: What are these changes? Please, elaborate]

SECTION 6: Sustainability and Lessons Learned

Do you will continue you work as a water management committee after the project finishes?

[Prompt: Why will you continue or not? What can be done to ensure you will continue after the project finishes?]

Do you think the community is willing to contribute to WASH services after the project finishes?

[Prompt: Why or why not? What is needed to make sure that the community will contribute to the continuation of WASH activities after the project finishes?]

SECTION 7: Remarks

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

KII with Women’s Groups Representatives

SECTION 1: Introduction

Please tell me about your role and responsibility as a member of a Women’s Group in this community?

What are the most pressing needs in this community?

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

Can you describe the situation in this community in terms of water, sanitation and hygiene?

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

SECTION 2: Relevance and Quality of Project Design

What are the main obstacles people in this community face in terms of water, sanitation and hygiene?

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

SECTION 3: Effectiveness of Activities

Could you describe the role of the Women’s Group in this community?

[Prompt: What are the responsibilities of the group? How many members does the group have? How often do you meet as a group?]

Have members of the Women’s Group been trained in the last 12 months?

[If yes, what training was provided how useful do you think it was?]

What kind of activities has the Women Group implemented in the last 12 months?

[Prompt: Do you think those activities were effective? Why or why not?]

SECTION 4: Efficiency of Management

Can you name an example of cooperation between the women groups and other stakeholders (such as NCA/Partner Organization, the Ministry of Health, local authorities, etc.) that was very successful and another example of unsuccessful cooperation?

[Prompt: For both: when did this take place? How was this issue solved?]

SECTION 5: Project Impact

In your opinion, what are the positive changes, if any, that the women group brought to the community?

In your opinion, what are the negative changes, if any, that the women group brought to the community?

Have the activities implemented through the Women’s Group brought any behavioural change for the members of this community?

[Prompt: If yes, what are these changes. Please, elaborate]

SECTION 6: Sustainability and Lessons Learned

Do you will continue you work as a women group after the project finishes?

[Prompt: Why will you continue or not? What can be done to ensure you will continue after the project finishes?]

Do you think the community is willing to contribute to WASH services after the project finishes?

[Prompt: Why or why not? What is needed to make sure that the community will contribute to the continuation of WASH activities after the project finishes?]



SECTION 7: Remarks

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

KII with Private Sector WASH Actors

SECTION 1: Introduction

Please tell me about your job?

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

Are you aware of the WASH project implemented by NCA last year in this community?
[Prompt: Can you describe the project? What kind of activities were being implemented under the project? If he or she does not know the project, please explain the project to him or her]

SECTION 2: Collaboration

Did you collaborate with NCA at all in the last 12 months?
[Prompt: Can you describe the collaboration? Can you tell me what went well in the collaboration? Can you describe what did not go so well in the collaboration? How can collaboration be improved in the future?]

SECTION 3: business

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

What are the main water, sanitation and hygiene related difficulties your business faces?
[Prompt: How do you deal with any of these challenges?]

Do you feel community members are able and willing to pay for water services?
[Prompt: Why or why not? What can be done to change this?]

What percentage of community members are you providing water services to?
[Prompt: How can this percentage be increased?]

How much do community members pay for these services?

SECTION 4: Sustainability and Lessons Learned

Are you able to take over some of the water services from NCA after they leave this community?
[Prompt: if not, why not? What should be done to ensure you can take over those water services?]

SECTION 5: Remarks

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

KII with Health and Nutrition Facility Management

SECTION 1: Introduction

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

What are the most pressing needs in this community?
[Prompt: Which community members, would you say, are most vulnerable?]

Can you describe the situation in this community in terms of health and nutrition?
[Prompt: Have these needs changed in the past 12 months? What caused each of these changes?]

SECTION 2: Relevance and Quality of Project Design

What are the main obstacles people in this community face in terms of health and nutrition?
[Prompt: How do people deal with each of these difficulties? Has anything changed in relation to each of these difficulties in the last year? What caused each of these changes?]

Please describe how the health/nutrition centre deals with these challenges.
[Prompt: What were the main activities?]

SECTION 3: Effectiveness of Activities

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

What did the health centre achieve in terms of its health and nutrition activities?
[Prompt: What could have been done to ensure greater effectiveness of the health activities?]

Has the capacity of the health and nutrition workers in this centre increased as a result of NCA's project? If yes, how?
[Has NCA provided any training for the health and nutrition workers? If yes, what training was provided how useful do you think it was? Please, elaborate]



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

FGD with Community Members/Beneficiaries

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



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

Annex 4: Quantitative Tools

HH Survey

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



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



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



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



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



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



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



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



Yes, half of the committee is female
Yes, less than half of the committee are female
No, there are no women in the committee
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
What is the main source of drinking water used for members of your HH? [DO NOT READ list]
<i>Single Response</i>
Tap stands
Hand Pump
River water
Pools of rain water in open land
Water trucks
Drainages
Rain water from the roofs
Rain water from surface run off
Springs (unprotected)
Springs (protected)
Well (unprotected)
Well (protected)
Other (please specify)
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
Who typically fetches water in your HH?
<i>Single Response</i>
Female child
Male child
Male
Female
Other
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If other, please specify
<i>Open Response</i>
How often do you go to your main waterpoint?
<i>Single Response</i>
More than 3 times a day
2-3 times a day
Once a day
2-5 times a week
Once a week
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
Have you experienced waiting times at your main water point?
<i>Single Response</i>
Yes
No
Don't know (DO NOT READ)
Refused to answer (DO NOT READ)
If you have experienced waiting times in the past, how long did you have to wait for on average?
<i>Single response</i>
Less than 30 minutes
Between 30 minutes and 1 hour



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



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



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



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



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



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



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



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



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



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



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

Health Observation

Enumerator Name:
Open Response
State



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



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



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



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



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



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



No

Thank you very much for your time and your answers.

Water Point Observations

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



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



Forcier Consulting

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

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