FINAL EVALUATION REPORT

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

This report was produced for:

Norwegian Church Aid

Date: May 2018

By:

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

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SUMMARY TABLE

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

ACKNOWLEDGEMENTS

This report was commissioned by NCA South Sudan. The comments contained herein reflect the opinions of the Evaluators only.

CONTENTS

1 ACRONYMS

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

2 EXECUTIVE SUMMARY

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

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

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

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

KEY FINDINGS

RELEVANCE

Responses appear to be based on needs assessments and therefore have high relevance: NCA's emergency preparedness and response programmes' evidence suggests that needs and joint needs assessments have been conducted across various locations and the different phases from January 2014 – August 2017. However, the type and amount of information collected varies. NCA's targeting of vulnerable populations is conducted in collaboration with communities. NCA most regularly targets women, the elderly, people with disabilities and pregnant and lactating women. Data is not disaggregated by vulnerable groups at either proposal or report stage. Definitions of vulnerability varies across stakeholders but the selection of vulnerable groups is undertaken according to a criteria and in coordination with the community.

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

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

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

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

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

EFFECTIVENESS

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

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

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

CROSS-CUTTING THEMES

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

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

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

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

LOCAL CAPACITIES

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

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

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

RELEVANCE

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

EFFECTIVENESS

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

CROSS-CUTTING THEMES

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

LOCAL CAPACITIES

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

3 BACKGROUND INFORMATION

3.1. CONTEXT

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

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

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

In 2017, a cholera epidemic that started since June 2016 spread to new areas previously not affected by outbreaks, placing even more pressure on already vulnerable communities. 1.8 million people are internally displaced and a further 2.4 million South Sudanese have fled to neighbouring countries[2].

The conflict disproportionately affects women and girls, boys and gender-based violence are pervasive but go largely unreported. The prevailing insecurity is also hampering the humanitarian response and efforts to get assistance to affected populations. Over 1,000 humanitarian access incidents were reported in 2017, a rise of more than 25% on 2016[3]. The timeline of events and corresponding actions by NCA are presented in Figure 1.

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

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

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

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

JAN 2014
Phase 1 starts

JULY 2014
Phase 2 begins

MAY 2015
Phase 3 begins

3.0m

2.0m

1.0m

0.0m

115, 000 South Sudanese refugees before 15 Dec 2013

76, 000 internally displaced people prior to 15 Dec 2013

22 JAN 2014
Cessation of Hostilities agreement signed by parties in conflict

APRIL 2014
Fighting breaks out again Bentiu, with hundreds massacred. Fighting also takes places in Mayom, Renk and Bor, where with UNMISS compound is attacked.

AUGUST 2014
Aid workers killed in Maban County, Upper Nile.

OCT 2014
Bentiu town attacked.

JANUARY 2015
Fighting intensifies around Renk and Kaka.

JUNE- JULY 2015
Heavy fighting erupts in Malakal town with multiple changed of control. Restrictions on river and air movement hinder delivery of humanitarian aid in Upper Nile.

15 DEC 2013
Fighting erupts in Juba and quickly spreads in Jonglei, Unity and Upper Nile

FEBRUARY 2014
Fighting breaks out in Leer Town, Unity, and Malakal town, Upper Nile.

MAY 2014
on Humanitarian Matters of the Cessation of Hostilities Agreement- including 30 days of tranquility- and subsequently the Agreement to Resolve and Crisis in South Sudan.

MARCH 2015
Fighting in the Greater Upper Nile region intensifies.

MAY 2015
Aid workers are forced to relocate from Leer, Ganyiel, Nyal, Mayendit, Kock, Melut and Kodok due to fighting and insecurity

AUGUST 2015
Agreement on the Resolution of the Conflict in the Republic of South Sudan signed by parties to the conflict.

4 MILLION DISPLACED

FEB 2016
Phase 4 begins

JULY 2016
Juba Crisis response launches

JAN 2017
Phase 5 begins

4.0m

2.1 MILLION South Sudanese refugees who have fled into neighbouring countries (as of Nov 2017)

3.0m

1.9 MILLION estimated people internally displaced since 15 Dec 2013 (as of Nov 2017)

2.0m

1.0m

0.0m

OCTOBER 2015
Fighting resumes in Unity. Humanitarian partmners suspend operations and withdraw staff from Leer. Fighting in Western Equatoria leaves thousands displaced and threatens key humaniarians supply routes.

APRIL 2016
Formation of the Transition Government of National Unity of the Republic of South Sudan.

JULY 2016
Fighting breaks out in Juba and spreads to multiple locations in the Equatorias, as well as Unity. Tens of thousands are displaced.

FEBRUARY 2017
Localized famine is declared in Leer and Mayendit countries. Insecurity forces relocation of aid workers from Mayendit.

APRIL- MAY 2017
Fighting intensifies in Northern Jonglei and the western bank in Upper Nile. Thousands displaced.

SEPTEMBER 2017
The number of South Sudanese refugess passes the 2 million mark, 1 million are in Uganda alone, as insecurity continues in the Equatorias.

FEBRUARY 2016
Fightin breaks out in Malakal PoC, Pibor, Wau, Yambio and Mundri West causing destruction and displacement.

JUNE 2016
Renewed conflict in Western Bahr el Ghazal displace tens of thousands of people.

AUGUST- NOVEMBER 2016
Tens of thousands flee to Uganda and DRC as fighting escalates in the Equatorias. Clashes in Unity cause thousands to flee to remote swamps and bushes.

MARCH 2017
Six aid workers are killed in an attack while travelling from Juba to Pibor.

JULY 2017
Fighting in Longochuk and Maiwut in Upper Nile displaces thousands of people.

*Source: OCHA Humanitarian Response Plan for South Sudan 2018*

3.2 OVERVIEW OF THE EMERGENCY PREPAREDNESS AND RESPONSE PROGRAMME

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

The programme focuses on:

- **IMPROVEMENT OF ACCESS TO SAFE WATER AND SANITATION SERVICES** with a strong emphasis on sustainability and local community participation and involvement, through the Community-Led Total Sanitation (CLTS) and Participatory Hygiene and Sanitation Transformation (PHAST) approaches on hygiene promotion

- **PROVISION OF NON-FOOD ITEM (NFIS):** NCA often has contingency stocks of non-food items in its main operational areas in Warrap, Torit, and Jonglei, as well as in Juba for quick impact assistance to displaced populations. NCA has contingency stocks of shelter and basic household materials such as blankets, sleeping mats, cooking utensils and hygiene kits that are distributed to populations in need.

- **EMERGENCY FOOD RATIONS**: In exceptional cases, NCA provides emergency food rations to extremely vulnerable populations in need. This was an exceptional component of NCAs core humanitarian response component due to the widespread food insecurity in 2016 and 2017 crisis targeted extremely vulnerable populations outside of the WFP programmes in selected locations in Aweil North and Wau.

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

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

PROGRAMME COSTS, BY PHASE AND THEMATIC AREA, JANUARY 2014 - AUGUST 2017
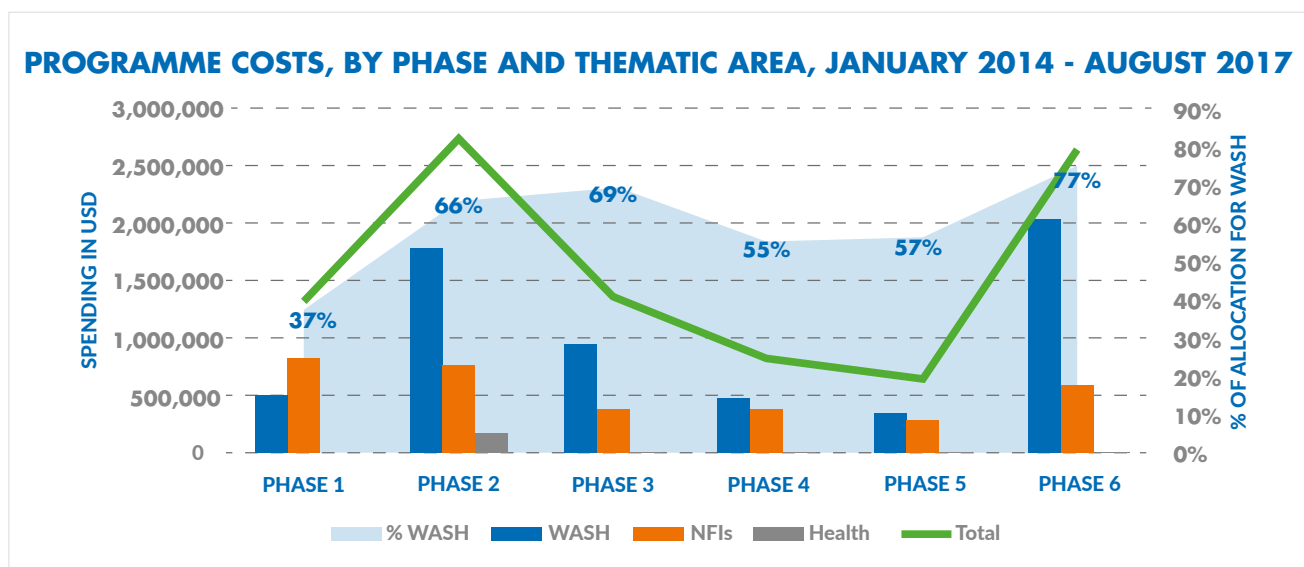
Note: Health support programmes were discontinued after Phase 3.

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

Source: NCA project finance reports.

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

TARGET GROUPS

The main target groups and focus for NCA's Emergency Preparedness and Response Programme are conflict-affected and vulnerable people, especially Internally-Displaced People (IDPs), often focused on displaced populations outside of Protection of Civilians (PoCs) where the needs are often as great or greater but often less support given from Aid organisations, people seeking shelter in church compounds, returnees, and host communities. Within these groups of people, NCA aims to target the most vulnerable: children, women, the elderly, and persons with disability.

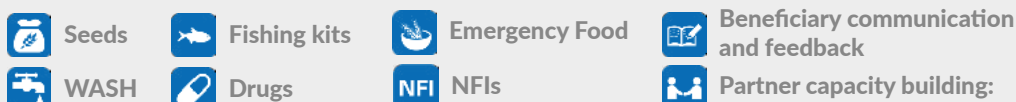## PROGRAMME PHASES, PLANNED OUTCOMES AND TARGETS

The different phases of the emergency programme have been funded mainly by the Norwegian Royal Ministry of Foreign Affairs (MFA) – Department for UN, Peace and Humanitarian Issues. The total funding to NCAs emergency preparedness and response programme from phase 1-5 is approximately NOK 70 million. The emergency programme

has been implemented through a phased approach, with the time lines, budget allocation and sectors as presented in table 2 below. The planned outcomes and outputs for each the phases will be discussed in more detail in chapter 7. It is important to note that the phases of the programme might rely on lessons learned from previous phases, but that each phase is its own project. The phases fall all under the 'WASH emergency agreement with MFA', which is a global agreement that focuses on global initiatives, capacity development and response.

Table 2: Programme timeline, budget and sectors per phase

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

Seeds   **Fishing kits**   **Emergency Food**   **Beneficiary communication and feedback**

WASH   **Drugs**   **NFIs**   **Partner capacity building:**

3.3. IMPLEMENTING PARTNERS AND GEOGRAPHICAL COVERAGE

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

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

NUMBER OF PROJECTS PER PARTNER

Partner	Projects
NCA Eastern Equatoria field office	12
NCA Warrap field office	11
Sudanese Fellowship Mission	11
NCA head office	9
CAFOD	6
Lutheran World Federation	6
Christian Aid	3
Presbytarian Relief and Development Agency	3
Caritas National	2
Africa Inland Church	1
Caritas Wau	1
ECS Diocese of Yei	1
Episcopal Church of Sudan	1
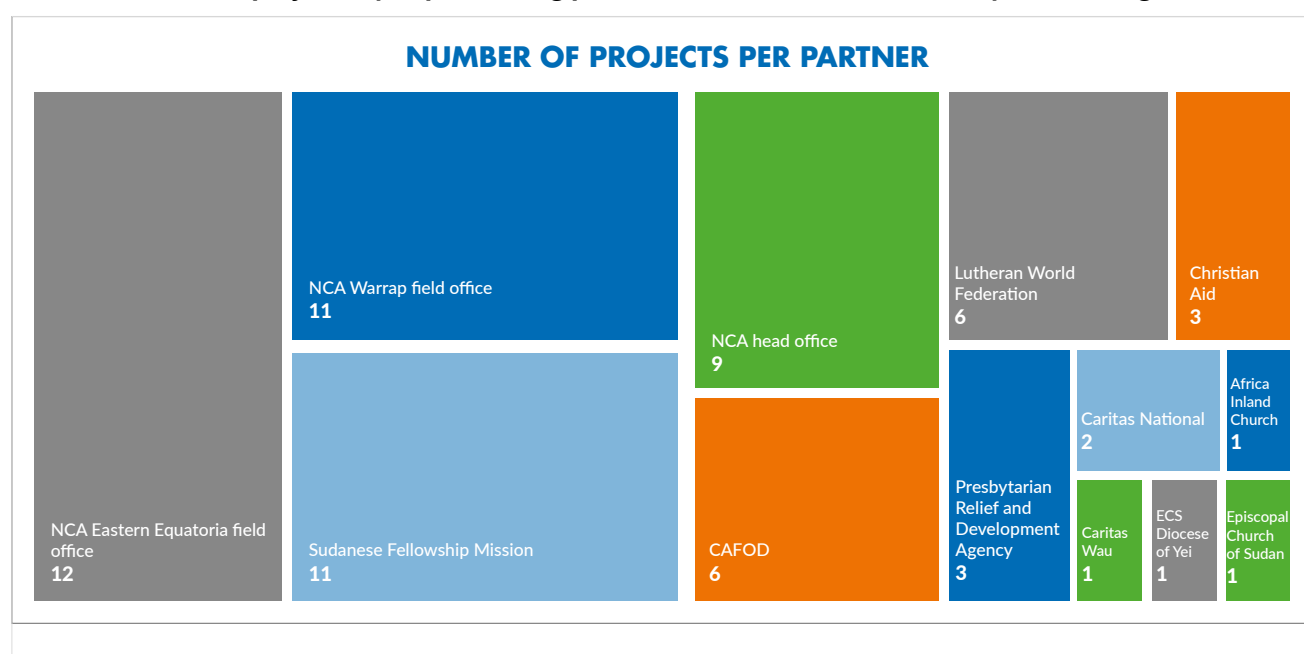
4 PURPOSE AND SCOPE OF THE EVALUATION

4.1. EVALUATION PURPOSE

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

1. **INFORM NCA'S EXISTING AND FORTHCOMING STRATEGIES:** The findings and recommendations from the evaluation will directly inform NCA's South Sudan country strategy 2016-2020 and the emergency programming of South Sudan. The upcoming revision of NCA's WASH Strategy (likely in 2019) will also be able to drawn on some of the lessons learned; as well as the findings and recommendations might indirectly inform the humanitarian strategy of NCA and how NCA works to achieve the commitments of grand bargain/charter for change. However, it is acknowledged that the humanitarian strategy is not due to be revised in the forthcoming future.

2. **STRENGTHEN FUTURE HUMANITARIAN RESPONSES:** The evaluation is needed to provide valuable lessons that will further empower NCA to deliver similar large scale humanitarian programmes and will contribute towards increased quality of future emergency preparedness and response programmes.

3. **PROVIDE ASSESSMENT ON THE ROLE OF LOCAL NATIONAL ACTORS IN THE RESPONSE:** In line with their commitment to the "Charter for Change" and with sector debates on the 'localisation agenda', NCA is calling for increased involvement of local actors in responding to emergency. The evaluation is therefore required to assess the opportunities and challenges in involving local actors, in order to inform NCA's future actions and strategy.

4.2. EVALUATION USERS

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

4.3. SCOPE OF THE EVALUATION

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

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

4.4. EVALUATION OBJECTIVES

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

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

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

4.5. EVALUATION CRITERIA

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

RELEVANCE

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

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[4] DAC Criteria for Evaluating Development Assistance *http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm*

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

EFFECTIVENESS

Effectiveness is measured by assessing the extent to which aid activities achieve their intended objectives[6]. The evaluation assesses programme achievements compared with intended outputs, outcomes and results documented in key programme documents. These are linked with the key activities delivered by the programme, i.e. WASH, NFIs and emergency food assistance.

IMPACT

Impact is measured by identifying the changes produced by the programme and the extent to which they can be contributed to the programme[7]. The evaluation focuses on the perception of beneficiaries and other stakeholders in relation to the difference that programme activities have made as compared to before.

SUSTAINABILITY

Sustainability is measured by considering the likelihood of the benefits of a programme to continue when it ends[8]. This criterion is only looked at partially, considering the nature of the emergency responses, which is designed to address immediate needs and to provide lifesaving assistance. Nevertheless, NCA's programme has emphasised sustainability of their WASH related activities (e.g. improved access to safe water and sanitation facilities) and through their work with local partners, which will be considered.

4.6. EVALUATION QUESTIONS

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

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

[6,7,8] Ibid.

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

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

5 METHODOLOGY

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

5.1. APPROACH TO DATA COLLECTION

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

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

5.2. DATA COLLECTION METHODS

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

DESK REVIEW

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

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

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

Despite the relatively high volume of

documentation given to the evaluation team, there were important gaps in documentation, which limited the evidence base available to the evaluators. In particular, the evaluation team was unable to access baseline reports, beneficiary consultation or feedback reports, and a number of needs assessments, monitoring reports and documents from partners. Documentation for Phase 5 corresponded to proposal documents and an email summary of achievements only, and reporting for Juba Crisis and Phase 4 was not as complete as earlier phases. In some cases, documents could have been better labelled and dated.

ROUTINE MONITORING DATA

Limited relevant routine programme monitoring data was provided for further analysis. The main information was drawn from the final project phase reports which have been developed by NCA based on field monitoring visits, partner reports, key informants, household monitoring data and distribution data.

OBSERVATIONS

Twenty-eight observations were conducted to provide additional contextual data about the physical environment or relevant events, and parts of the WASH components. In particular, this helped gather insights about a particular location and the physical condition of the environment, the people and their living conditions. It enabled the collection of additional and sensitive information without necessarily talking to the affected people.

SEMI-STRUCTURED INTERVIEWS

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

The specific people for the key informant interviews were suggested by NCA South Sudan based on their involvement in the emergency preparedness and response programme and general interactions with NCA. Beneficiary representatives and female beneficiaries targeted by the programme from the areas of implementation were also interviewed. It was aimed to ensure equal participation of women and men; but that was not always possible. With regards to satisfaction levels, questions were not asked as closed questions; rather key informants explained different situations and these were then quantified.

GENDER OF INTERVIEWEES

Male — 77
Female — 20
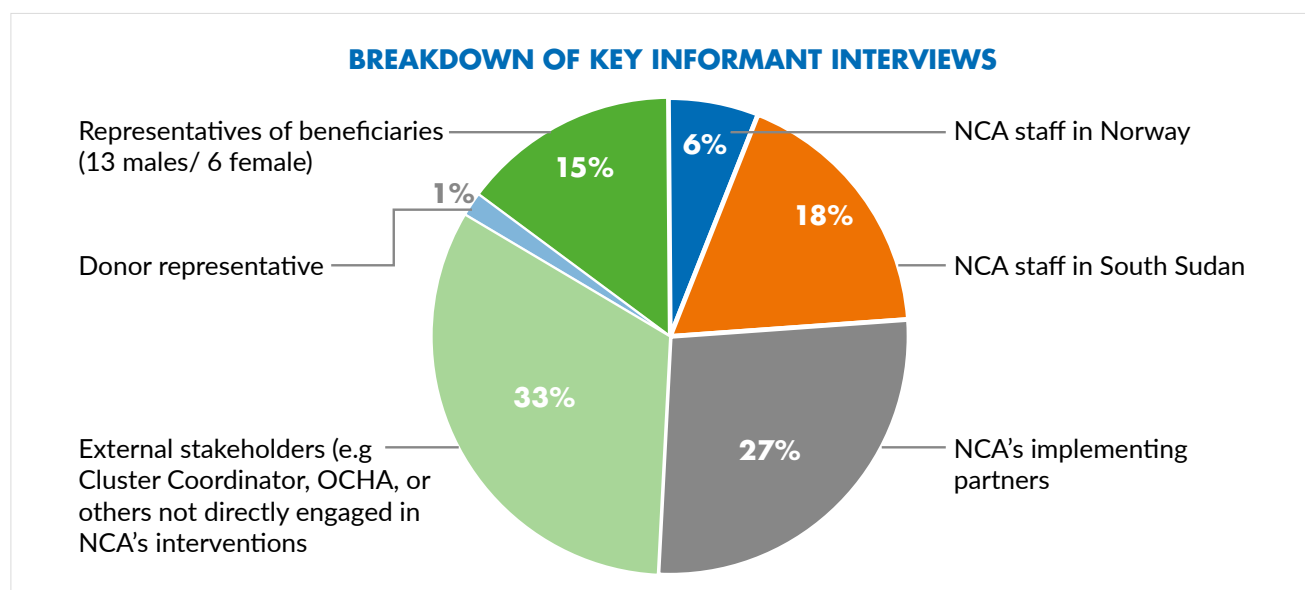
TOTAL NO OF INTERVIEWS: 67
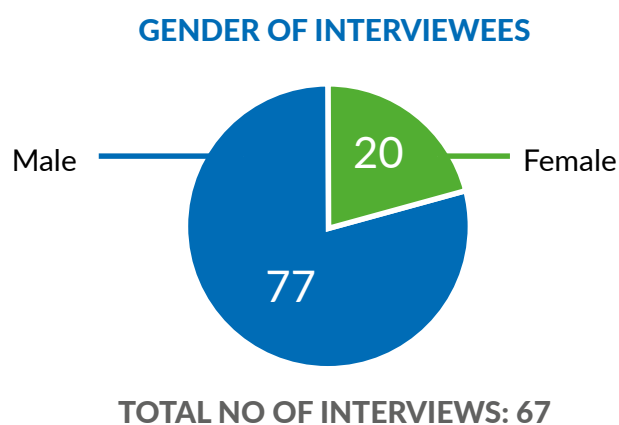
During the field visit the list of respondents was updated based on availability and adapted based on discussions between the evaluation manager and the evaluators. For a detailed list of the key informants refer to Annex 4; and for the detailed Juba and field visit itinerary to Annex 5.

Table 5: Key Informant Interviews planned vs. conducted

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

Figure 2: Breakdown of Key Informant Interviews

BREAKDOWN OF KEY INFORMANT INTERVIEWS

Representatives of beneficiaries (13 males/ 6 female) — 15%
Donor representative — 1%
External stakeholders (e.g Cluster Coordinator, OCHA, or others not directly engaged in NCA's interventions — 33%
NCA staff in Norway — 6%
NCA staff in South Sudan — 18%
NCA's implementing partners — 27%

FOCUS GROUP DISCUSSIONS

11 Focus group discussions (FGD) were used to collect data from right holders, in 4 of the 6 field visit locations. Consideration was given to gender, age, and disability, while adhering to principles of conflict sensitivity and 'do no harm'. FGDs enabled the evaluators to gather

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

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

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

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

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

Table 6: Conducted FGDs, observations and interviews per site

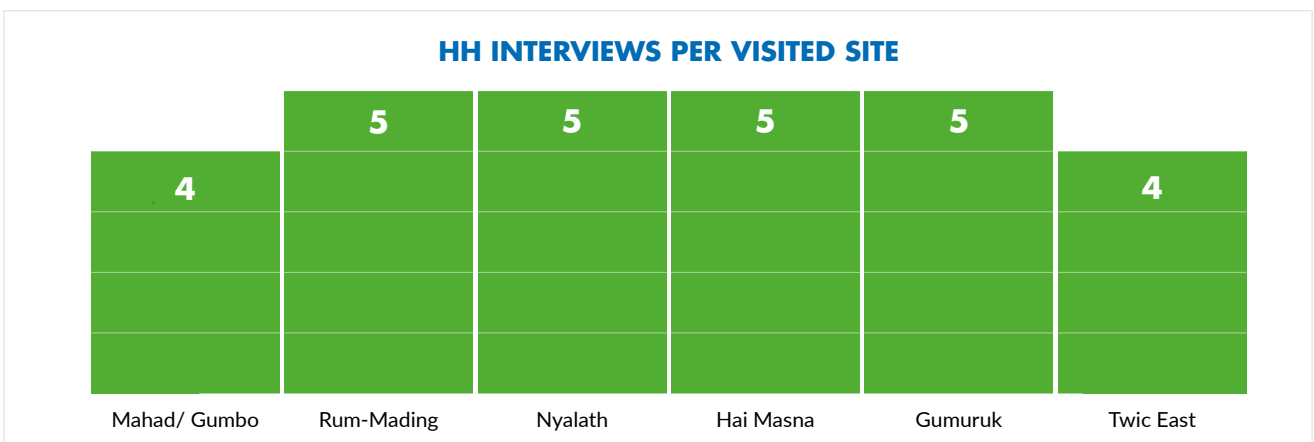|	JUBA	AWEIL	WAU	TORIT	GUMURUK	TWIC EAST
LOCATIONS	Mahad and Don Bosco (Gumbo)	Rum-Mading, Nyamlel, Aweil Centre	Hai Masna IDP Camp, Cathedral IDP Camp and Nazareth IDP Camp	No field visit possible, just interviews.	Gumuruk	Poktap (Duk County) and Panyagor
PHASES	Juba crisis	Phase 4	Phase 4 & 5	Phase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

Figure 3: South Sudan map with highlighted locations
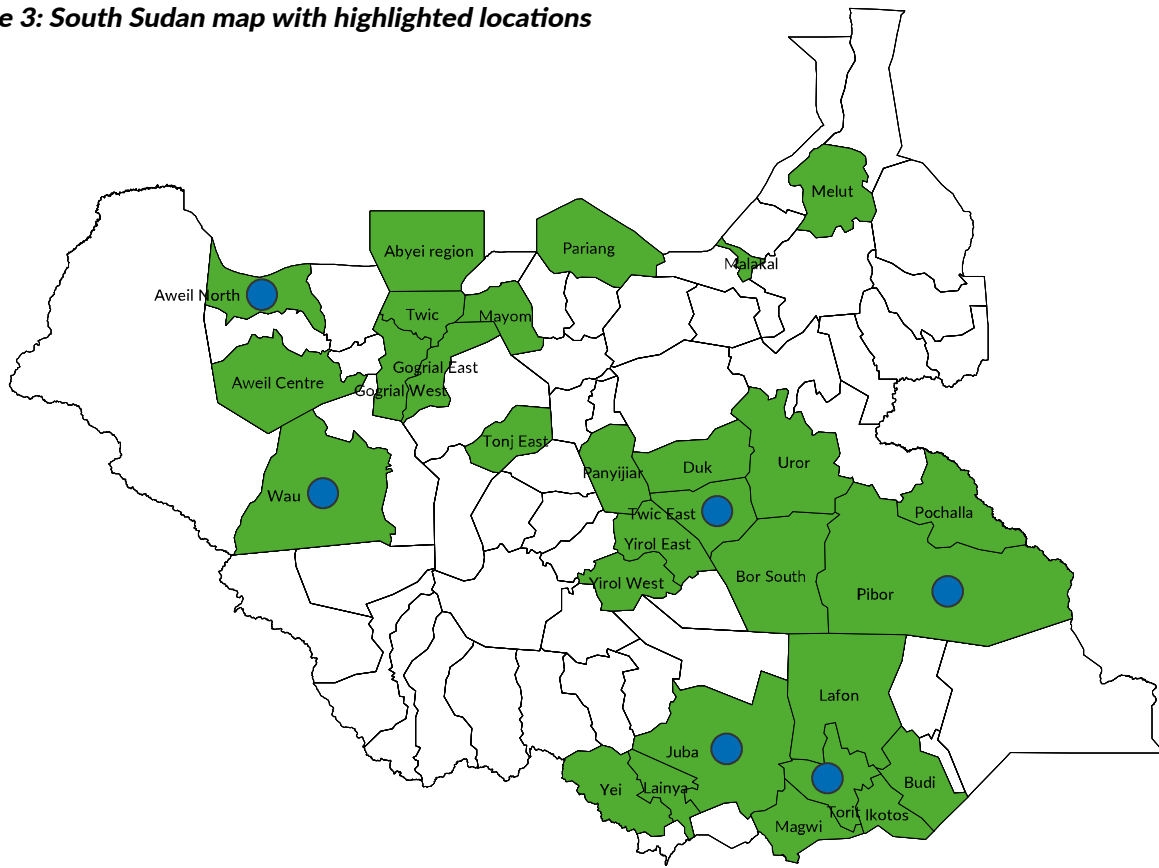
HOUSEHOLD INTERVIEWS

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

Table 7: HH interviews per visited site

HH INTERVIEWS PER VISITED SITE					
4	5	5	5	5	4
Mahad/ Gumbo	Rum-Mading	Nyalath	Hai Masna	Gumuruk	Twic East

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

5.3. ANALYSIS

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

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

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

Triangulation[9]: involves using multiple data sources to produce understanding about the topic under discussion. The evaluators used this method to corroborate findings and ensure that a rich, rigorous and comprehensive account against the questions was obtained. Triangulation was also used to check consistency of findings generated across different data collection methods.

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

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

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

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[9] *http://www.qualres.org/HomeTria-3692.html*

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

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

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

5.4. LIMITATIONS

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

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

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

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

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

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

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

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

- Sometime it was quite a short period of implementation and it is difficult to remember details.

- Sometimes there was staff turnover and interviewee was new.

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

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

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

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

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

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

- Because there were no latrine in the camp (such as in Rum-Mading) and/or the place was not part of NCA programme to install latrines (e.g. in Gumuruk), only 8 HH were interviewed with detailed questions on sanitation during the evaluation. There is no mention of surface water-related disease in NCA reporting. In places like Gumuruk, where some beneficiaries might use surface water for washing and other purposes from time to time, contamination risk to diseases like schistosomiasis is potentially high. But this was not expressed during interviews (no further investigation with health workers was conducted to confirm this).

- **WASH-borne disease prevalence:** The evaluation team did not talk to any health facilities or obtained any health data; nor did NCA provide any overview of these statistics.

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

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

- **PDMs:** a few documents were shared that refer to it, and some emails where it is discussed, but not systematic documentation was submitted for review.

- **KAP surveys:** It seems like there were no KAP surveys conducted during the programme phases. A few documents mention KAP surveys, but none were shared with the evaluators and conversations that were held also confirmed there were none. Likewise, measuring behaviour changes within the frame of the final evaluation is not realistic if there is no initial and final KAP survey (at least in some representative parts of the locations). Evaluating longer-term behaviour change is also important, but not possible for the same reasons.

- The final evaluation questionnaires for the household level was designed to collect the maximum of information. The level of details is overall as much detailed as for KAP survey questionnaires the WASH Sector regularly uses. However, due to time, budget and field access constraints, there was only a small sample of HH interviews

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

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

6 ANALYSIS AND DISCUSSION

6.1. RELEVANCE

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

NEEDS ASSESSMENTS

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

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

The assessment of needs section in the final report for Phase 1 is vague with limited specificity. For example, the most vulnerable populations are presented in broad terms as follows *"children, mothers with young children, women, elderly, persons with disability and others with special needs"* with no additional information such as age and types of disabilities provided. It is unlikely hygiene kits were most relevant or consistent with needs assessments where materials stocked from previous years were distributed.

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

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

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[12] (Who? What? Where?)

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

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

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

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

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

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

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

Table 8: Needs assessments overview

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

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

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

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

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

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

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

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

TARGET GROUPS

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

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

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

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

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

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

INVOLVING BENEFICIARIES

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

NCA's proposals express that the criteria

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

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

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

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

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

WATER SANITATION AND HYGIENE (WASH)

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

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

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

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

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

COORDINATION

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

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

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

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

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

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

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

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[14] http://southsudanngoforum.org/about/

DUPLICATION AND OVERLAPS

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

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

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

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

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

GAPS

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

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

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

MAIN GAPS IDENTIFIED:

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

INSECURITY:
- No access
- Lack of safety

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

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

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

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

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

6.2. EFFECTIVENESS

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

OUTCOMES

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

1. The **basic survival needs** of IDPs, returnees and vulnerable host communities **met through essential and immediate non-food items**

2. The **immediate needs for clean and safe water and personal hygiene and sanitation effectively met** for vulnerable women, men, girls and boys in conflict-affected communities **as per Sphere and IASC guidelines**

3. **Churches have strengthened capacity as a partner** to work in the ongoing humanitarian response

The other outcomes focus on **safe, equitable and sustainable access to sufficient quantity of water for drinking, cooking and personal and domestic hygiene; safe, sanitary and hygienic living environment through provision of sanitation services that are secure, sanitary, user friendly and gender- appropriate; access to improved hygienic practices, hygiene** **promotion and delivery of hygiene products and services on a sustainable and equitable basis; as well as systematic communication with affected populations established using relevant feedback and communication mechanisms, throughout all phases of the emergency response.**

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

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

WASH

WASH interventions across the five phases have been positively received and have enabled communities to access safe and clean water from hand pumps and taps. This has in many cases prevented the need to fetch water from the river or pond which could take up to 3 hours and drinking it increase the risk of Guinee worms. There are at times queues at the water facilities but this is still reported to save time. The clean drinking water, due to

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

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

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

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

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

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

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

NFIS

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

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

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

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

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

WORKING THROUGH PARTNERS

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

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

USING THE PROTECTION LENS

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

INTERNAL AND EXTERNAL FACTORS THAT INFLUENCED THE PROGRAMME

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

Table 10: Internal and external factors that influenced the programme

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

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

OUTPUTS

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

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

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

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

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

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

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

Table 11: Performance against outputs: Phase 1

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

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

Outputs achieved: Two achieved outputs were NFI's procured and prepositioned in six locations, Central Equatoria (Juba), Eastern Equatoria (Torit and Nimule) and Warrap (Kuajok); as well as, NFI's provided to 16,359 households (target: 15,000[17]) for the total of 88,871 IDP's, vulnerable host communities and returnees.

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

Outputs partially achieved: Health, dignity and well-being was set as one of the outputs, but the target was changed in the final report to 140,000 beneficiaries and more indicators were added to measure it. The final report does report that 180,678 beneficiaries have gained knowledge on safe behavioural practices related to water, sanitation and hygiene; but it is not clear how this is measured.

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

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

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

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

Table 12: Performance against outputs: Phase 2

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

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

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

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

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

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

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

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

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

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

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

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

Table 13: Performance against outputs: Phase 3

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

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

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

Other project components perform less well, 120 families (720 people, 350 male and 370 female) had been reported to have had a form of safe disposal of human waste. NCA and its partners carried out many sessions (exact figure not reported) to sensitise communities, establish water management committees, and provided training to hygiene promoters. However, this is against a target to create access for 10,000 people to safe, sanitary and hygienic living environment through provision of sanitation services that are secure, sanitary, user friendly and gender- appropriate.

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

The output: *"Systematic communication with*

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

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

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

Table 14: Performance against outputs: Phase 4

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

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

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

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

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

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

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

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

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

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

Table 15: Performance against outputs: Juba Crisis

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

Phase 5:

The full reports for Phase 5 are not yet available and table 16 has been based on an email from NCA with the initial summary of achievements. Based on this existing data out of the 5 outputs for Phase 5, one has been achieved and three of the targets have not been met. For the additional four outputs nothing was reported yet and without more information a judgement cannot be made. The overall achievement for Phase 5 is 25%.

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

Table 16: Performance against outputs: Phase 5

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

WATER SUPPLY SOURCES

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

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

- During Phase 3 in Warrap 10 boreholes

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

- In Unity State 10 boreholes were rehabilitated for 12,000 people which indicates 1,200 people per borehole;

- In Jonglei 20 boreholes were rehabilitated and 10 drilled to serve a total of 15,000 people, so 500 people per borehole;

- In Central Equatoria where SUFEM rehabilitated 30 boreholes and drilled 4 new ones for 17,000 people; indicates 500 people per borehole.

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

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

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

WATER USES

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

- The SWAT technical problem in Gumuruk decreases water production, entailing longer queueing time. It was explained that this has discouraged some users to wait at the water point, and tempted them to fetch water for drinking at the river or ponds. As surface water is a high-risk water-borne disease contamination zone, this could also be an indication of limited effect of the hygiene promotion efforts

- In Mahad Camp, all beneficiaries interviewed (n=2) explained that the community would rather fetch river water for drinking, but use water points for bathing, washing and cooking. It was explained that beneficiaries consider water from the water point (not drilled by NCA) too salty to be drunk. It is unclear if such high-risk behaviours are linked – or subject - to cholera and/or Acute-Diarrhoea Diseases cases.

WATER QUANTITY

61% of the interviewed persons (n=28) reported waiting for more than 1 hour at water points in dry season. The rate decreases to 43% in rainy season as they might have the possibility to fetch water for non-drinking purposes from surface water or rainfalls; or in some places the community might go back to boreholes if functional in wet season (but unfortunately the balance rate of used boreholes between dry and wet seasons is not clear during this evaluation). 28% of interviewed HHs queue up for less than 30 minutes and thus meeting the Sphere standard (Sphere Minimum Standards[21] . Distance from water source is less than 500m for 61% of the interviewed persons[22]

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[21] *http://www.spherehandbook.org/en/water-supply-standard-1-access-and-water-quantity/* "Key indicator: Queueing time at a water source is no more than 30 minutes").

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

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

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

Figure 4: Average daily water collected per location visited
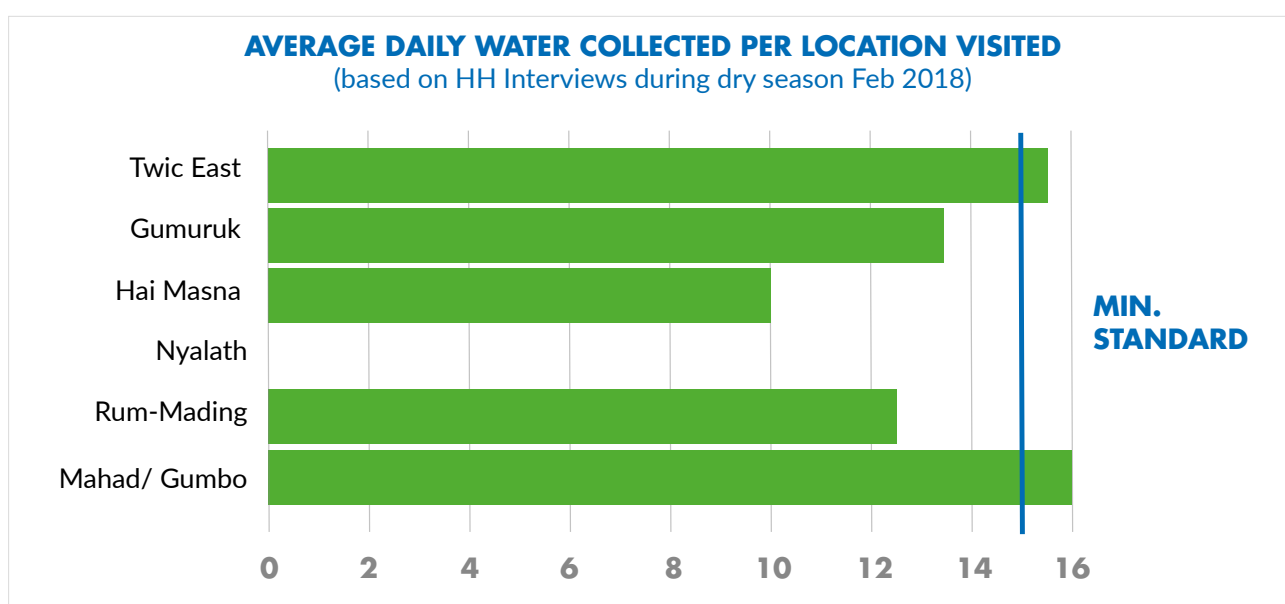
37% of interviewed HH consider that the amount of water collected is not enough for their daily needs There was no complaint made during HH interviews about water access issues for disabled persons.

WATER QUALITY

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

- In Rum-Mading IDP Camp, the structure of the boreholes appears to be of good quality especially as they have been constructed recently (2017), but there is no or partial fencing, enabling cattle to directly have

access to the hand pump.

- In Apuokdhel Camp, North Aweil, local fencing is a valuable initiative, but it is not functional. This might indicate both issues of weak community mobilisation (which frequently occurs in a context of an IDP camp) and non-effective water committee roles. It is not clear to which extent NCA tried to address those community issues.

- In Aweil Cok Camp, North Aweil, there is no soak-away pit, which means there

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

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

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

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

1. Sanitary inspections during the observations indicate a high risk of contamination at boreholes/hand pumps (stagnant water, no fence and cattle near the pump, etc.)

2. The observations showed that 37% of drinking water containers are covered or narrow necked. Water jerry cans look dirty inside.

3. Even if water is potable at hand pump, further contamination usually occurs after the pump/tap if no preventive actions are taken. When water is collected in dirty containers, during transportation, storage at home and when handling water for drinking with dirty hands.

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

OPERATION & MAINTENANCE

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

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

SANITATION

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

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

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

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

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

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

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

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

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

Interviewed HHs indicated that 86% of toilets still in use have possibly more than 50 persons per cabin; which does not meet the Sphere Minimum Standards[23] . Beneficiaries sharing toilet with 50+ persons are not satisfied with the sanitation facilities. The interviewed HHs indicated that latrines are less than 50m from shelters; 59% even less than 25m.

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

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

- 9 latrines, which are still used, have lockable system. However, interviewed HH complained about cleanliness of these toilets.

- The observed and functioning latrines had separate blocks for women and men, some labelled with pictures to also accommodate those unable to read.

- 37% of latrines have lights.

- No information was available about how toilet facilities allow women to appropriately dispose menstrual hygiene materials.

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

HYGIENE

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

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

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

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

WASH-BORN DISEASE RISKS

WASH-borne disease prevalence:

- Information about disease given in the household interviews indicates that in the last year (2017) 39% of HHs had diarrhoea. 28% also mentioned other diseases without providing further details.

- The NCA programme did not collect health data from health actors in the IDP camps. Programming focus was more on delivering outputs rather than measuring performance at an outcome level. Therefore, it is difficult to assess to which extent the NCA program had impact on preventing WASH-borne disease.

- There is no evidence of increased malaria prevalence in the visited locations. Frequent stagnant water around water points might be a potential larvae development site. Stagnant water not only contaminates boreholes, but also gives more opportunities for mosquitos to develop and spread disease around.

- There is no mention of surface water-related disease in NCA reporting. In places like Gumuruk, where some beneficiaries might use surface water for washing and other purposes, contamination risk to diseases like schistosomiasis is potentially high. But this was not reported during interviews and no further investigation with health workers was conducted to confirm this.

MONITORING

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

For assuring quality of contracted work NCA monitors quality of hand pumps and conducts hardware rotational monitoring visits and supervision. It also encourages the respective Water County teams (from the ministry) to do the same. For Gumuruk, NCA staff members check the SWAT plant and water during their visits and also check the equipment (which was provided by Medair and NCA) that is used for water testing. These quality testing documents were not available to the evaluators for further analysis.

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

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

requirement of donors such as ECHO.

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

solutions to improve it are currently being developed.

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

REPORTING

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

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

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

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

ADAPTIVENESS

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

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[24] https://fts.unocha.org/countries/211/summary/2017 and previous years.

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

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

NEGATIVE EFFECTS

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

"Situation where IDPs want to move home; but humanitarian system does not work where their home is. So people have to consider if they stay here or go. Maybe they get everything here and what is the incentive to leave? Dependencies is a big issue within the South Sudan society."

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

SATISFACTION LEVEL OF BENEFICIARIES

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

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

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

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

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

Figure 5: Satisfaction: quality, quantity and time by stakeholder and sector
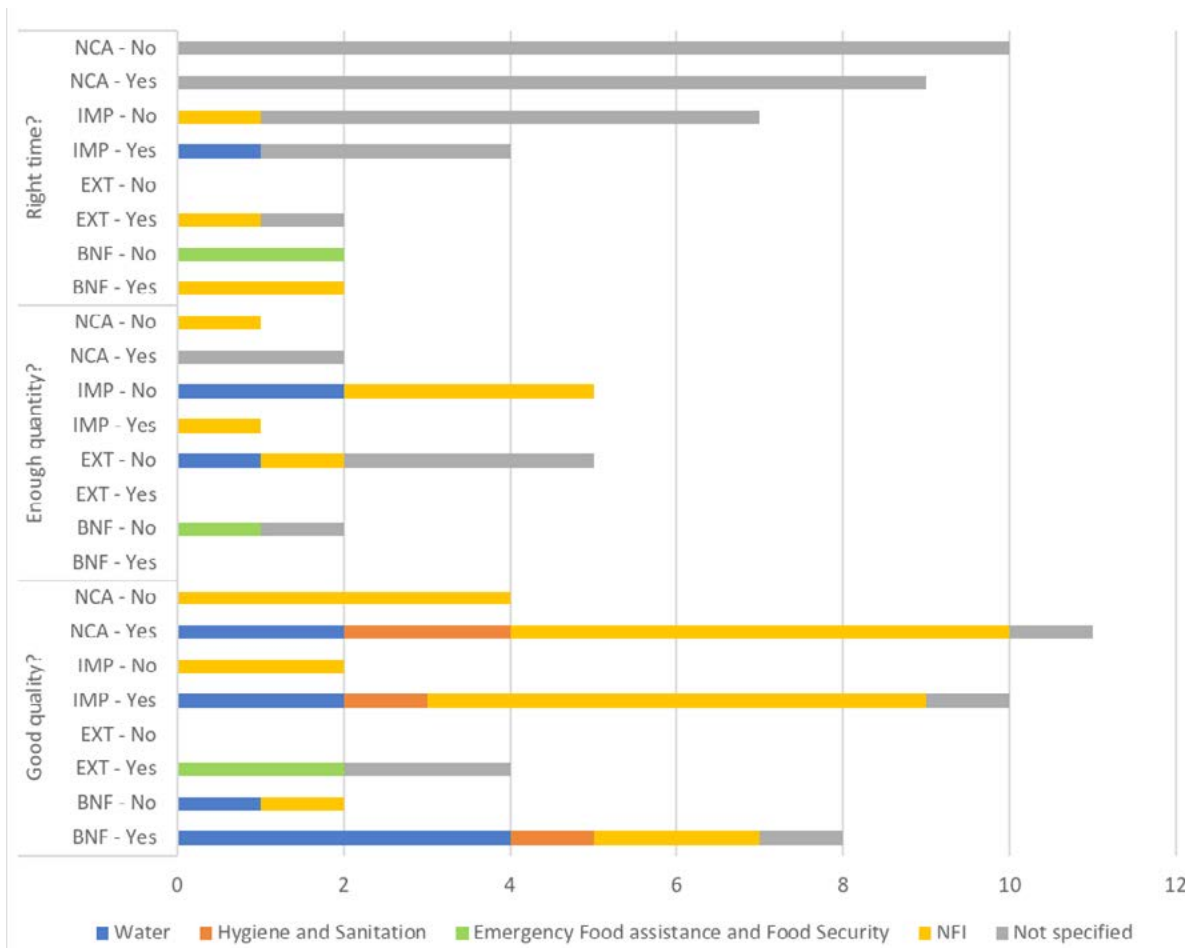
An implementing partner from Torit explained that though the NFIs from NCA were usually of good quality, the collapsible jerry cans were not; they break easily and are not good for storing water. This was a recurrent theme across various locations, and was mentioned by beneficiaries, implementing staff and NCA staff themselves.

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

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

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

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

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

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

6.3. CROSS-CUTTING THEMES

STANDARDS

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

The proposal for Phase 1 referenced Sphere benchmarks, but in relation to the WASH component only. For water supply, the mentioned Sphere benchmarks refer to water use (at least 15 litres per person per day), maximum distance to water point (500 metres) and maximum number of people per water source (250 people). For sanitation, the mentioned Sphere benchmarks refer to maximum distance from shelter to latrine (50 metres) and maximum number of people per latrine (50 people). Sphere benchmarks for hygiene are less frequently referred to and do not appear in the logframe.

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

sanitation for the number of people per latrine. The final report for Phase 1 is weak on reporting against the relevant standards, including Sphere. Evidence was found of use of Sphere standard: WASH – hygiene promotion standard[25].

In the proposal for Phase 2 (and the subsequent proposals), in addition to the Sphere standards, there is reference to HAP and IASC guidelines. However, reporting against relevant standards is very weak/non-existent in the corresponding final report. One exception is the component on WASH it states that *"the project was not able to provide access to safe water according to the Sphere standard. This is because of the scattered settlement of the community and also because of many users per water point".* Evidence supporting achievement of Sphere shelter and settlement standard 4, construction was found[26].

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

Robust and systematic reporting against relevant Sphere benchmarks is not apparent in the final Juba crisis report. However, some clear efforts have been made to evidence achievement against some benchmarks [27.] In other instances, non-performance was reported and there are examples where much more detail is required to make an assessment of the application of Sphere benchmarks.

Phase 5 proposal states that NCA is to provide technical support to ensure compliance with agreed standards, including CHS, IASC and Sphere. The results framework has an indicator on local construction materials. This aligns with the Sphere shelter and settlement standard 4 for construction[28].

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

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

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

[26] *"the remaining temporary latrines were built using local construction materials"*

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

[28] *http://www.spherehandbook.org/en/shelter-and-settlement-standard-4-construction/*

humanitarian standards. Inspection of some recent adverts (WASH Officer[29], Gogrial State; WASH Manager[30], Juba) indicate such expertise is not one of the criteria considered when selecting candidates.

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

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

Implementing partners (6 out of the 7 asked) also stressed the importance of the standards and one of them explained that ground realities are different and field staff might not follow standards of the humanitarian response; e.g. sometimes they might split up a NFI kit to give more people something rather than one person a full kit. One implementing partner also highlighted that its organisation integrates the CHS into its reporting system.

NCA staff (8 out of 10) clearly mentioned the importance of standards such as Sphere, CHS and IASC It was highlighted as an integral part of planning. Four NCA staff also referred to NCA's code of conduct that references the standards. NCA staff sign a code of conduct which refers to standards such as the ICRC code of conduct, Sphere and Save the children's code of conduct with regards to protection of children. Besides this NCA staff sign the ACT alliance code of conduct which also includes links to ICRC's code of conduct and Sphere. NCA also subscribes to CHS and the Beneficiary Accountability Mechanism and therefore the Feedback systems; and the accountability to affected population and Sphere. It was also reported by NCA that it was HAP certified before[31], and now is CHS certified[32].

WOMEN AND PROTECTION

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

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[29] *http://comms.southsudanngoforum.org/t/advertisement-for-wash-officer-gogrial-state-norwegian-church-aid/12714*

[30] *https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwiDpr_jvInaAhUCblAKHec5DfcQFgguMAE&url=http%3A%2F%2Fcomms.southsudanngoforum.org%2Fuploads%2Fdefault%2Foriginal%2F1X%2F445e96eb50321d67d2c6da388c0611961a8dabcb.pdf&usg=AOvVaw3Unfq1fb5nQH3m_XqyX0Og*

[31] *https://www.chsalliance.org/files/files/HAP-PIA-certified-organisations.pdf*

[32] *http://hqai.org/organisations/certified-organisations/*

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

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

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

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

In the final report for Phase 1, it is explained

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

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

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

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

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

- 50% of rights holder representatives participating in NFI and shelter needs assessment are women

- % of women and girls expressing satisfaction with menstrual hygiene management materials distributed

- % of affected persons from at risk groups in who reported no GBV related protection concerns in relation to access to water sources

- % of affected persons from at risk groups in who report concerns about experiencing GBV when asked about access to communal toilets

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

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

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

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

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

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

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

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

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

CONFLICT SENSITIVITY

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

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

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

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

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

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

Seven out of the 7 NCA staff that responded to questions on conflict analysis gave examples and highlighted how NCA carries out conflict analysis. It was explained that NCA's country strategy 2016-2020 identifies the key drivers of conflict, namely *"(i) lack of participation,* *especially of women and youth (ii) lack of access (iii) competition over resources in the form of assets (e.g. cattle, land, water) as well as in the form of access to basic services (health, education, clean water) and (iv) lack of governance structures at local level."***[33]** Some of this information is also part of the 'Why we still war – An analysis of communal conflicts in Gogrial, Eastern Equatoria and Pibor County of South Sudan'. However, this conflict analysis report was produced by NCA, but was not reflected upon or updated given the changing context.

BENEFICIARY FEEDBACK

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

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

In the Phase 5 proposal, a specific output on systematic communication with affected populations using feedback and communication mechanisms is included. No evidence has been found that systematic beneficiary complaints mechanisms have been set up during this programme; some anecdotal evidence was given that people were able to share some feedback if for example an NCA staff was visiting the project location or during distributions; however this was more on an informal basis.

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

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

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

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

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

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

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

6.4. LOCAL CAPACITIES

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

INCREASED CAPACITY OF LOCAL PARTNERS

Criteria 3, indicator 2 of the CHS specifies:
"Local authorities, leaders and organisations with responsibilities for responding to crises consider that their capacities have been increased" [34]. In order to assess if local partners consider that their capacities have been increased as a result of cooperation with NCA, it is important to first look at NCA's partner selection and partner capacity assessments. The document review indicates varying levels of emphasis on this; however, an evolution throughout the phases is observed. For example in Phase 1's proposal capacity development of partners is not integrated into the project results framework. However, for Phase 2 there is a dedicated outcome in the proposal on strengthening the capacity of churches. It focuses on developing capacity in relation to humanitarian standards, managing, monitoring and reporting results, and operational support targeting office facilities, stationary and equipment to support an effective emergency response (though these are not reported on in the final report, and it is unclear whether these initiatives were conducted). Though not a main part of the Phase 3 project, NCA conducted some partner capacity building exercises, including training and technical guidance to partners to enhance their capacities in service delivery of integrated WASH. Lastly, the proposal for Phase 5 contains a comprehensive risk management matrix. Partner capacity constraints are assessed as 'medium' for both likelihood and impact. The mitigation strategies include continuous assessment of capacities, on the job training and more formalised training/capacity development.

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

partners in the development and emergency field[35]. Some of these may only be part of development programmes, but some of them were involved in the emergency preparedness and response programmes. NCA's partner selection is based on referrals or requests and partner fulfilment of standard requirements. At times a rapid assessment is also conducted using the 'capacity' criteria which includes gathering information with regards to staffing, structures and systems in place, financial and governance structures, fraud, sexual abuse and harassment. It is not clear if these assessments also have a technical capacity assessment component. NCA usually reviews after 3 years the impact of the partners and the improvement of the organisations. This process is appreciated by the partners as well as NCA's flexibility and support afforded to them. Yearly fixed partnership agreement exist for the development partnerships; but emergency partnership agreements are fixed on time and response basis.

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

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

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[34] *https://corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf*; **page 11**

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

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

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

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

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

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

Additional training needs voiced by implementing partners were on:

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

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

BETTER ENGAGEMENT

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

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

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

INFLUENCE ON RESPONSES OF WORKING THROUGH LOCAL PARTNERS

The majority of external stakeholders interviewed (10 out of 13) viewed NCAs positioning, due to its long-standing presence and wide networks in the field, as one of its strengths. NCA is using the established partnerships from the development programmes in their emergency responses. The benefit of these connections are the pronounced knowledge of the field, the understanding of the circumstances, and the familiarity with community. Additional benefits highlighted include wider reach, access to areas, and sustainability as national actors will continue to work in South Sudan once international organisations withdraw. One specific example was given from an external partner in Torit; who commented that after the August 2016 incident, most INGOs withdrew their personnel; but some actors were able to respond due to quick responses of [local] people.

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

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

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

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

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

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

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

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

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

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

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

UNIQUE ADVANTAGES OF LOCAL ACTORS

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

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

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

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

ENABLING LOCAL ACTORS

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

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

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

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

Enabling factors could also be to support local

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

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

BARRIERS FOR LOCAL ACTORS AND HOW TO OVERCOME THEM

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

1. LACK OF CAPACITY (76% RESPONDENTS)

- Capacity gaps, language / education and culture of humanitarian way (e.g. quality, logframes); Lack of capacity of county government, not enough people and low capacity (doesn't attract highly qualified people because of the low salary and remoteness of the counties); CBOs sometimes only have 4-5 staff

- Crisis broke out, then donors & NGOs came; local partners can't compete with salaries that NGOs pay; so it is difficult to retain good staff; international organisations took qualified people away from the national organisations - stealing the backbone from the national organisations.

- Difference between national NGOs vs international NGO partners: INGO partners are better in reporting, have more capacity to do so.

- Donors are sceptical of the capacity and accountability (where the money goes); and also donors like to give big grants to fewer organisations; because it is easier for them to manage.

- General business skills, need to build their institutions well and have it in place, getting offices can be a challenges and lack of internet

- Inadequate project management systems, linked also to internet access in remote area

- Issues with accountability; it is the local partner's ability to handle bigger donor funding that is a major challenge, because your risk increases with the size of your funding, so some of NCA's partners have very basic book keeping skills; and therefore are not able to take large funding.

- Lack of proposal writing skills, reporting not standard and issue of information management

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

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

2. LACK OF FUNDING (57% RESPONDENTS)

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

3. INACCESSIBILITY AND INSECURITY (23% RESPONDENTS)

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

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

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

OVERCOMING BARRIERS

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

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

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

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

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

7. LESSONS LEARNED

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

WASH

- **Disease surveillance trends** should be one of the performance indicators (outcomes level), but it can also be a useful tool for adapted and rapid action in terms of preparedness and response (before regular seasonal peaks – diarrhoea, malaria, etc.).

  - Consider increasing more vector control activities (mosquito, plus others) in WASH programmes

  - Mosquito diseases are WASH-borne diseases; and NCA should aim to initiate preventive actions in the communities (mainly garbage collection and water drainage). It is important that new facilities do not bring more favourable contexts for mosquito development (although anopheles larvae do not develop in very dirty stagnant water, such as water from bathes and kitchen, but possible if bad evacuation/drainage of water points)

- In terms of preparedness, NCA should **continue to plan some emergency actions before expected periods of increased WASH-born disease** (again the importance of health data): cleaning water points, awareness campaigns, and emergency treatments if required, etc.).

- **Improved Operation & Maintenance support after phase completion** to ensure higher coverage of WASH services, beyond the phase period

  - As this brings limitations in sustainable water supply services, next projects might consider deepening assessment of that specific O&M aspect (through a SWOT analysis for instance and identifying potential actions to take).

- **Implement water quality tests at points-of-use** (e.g. in some sampled shelters) would be useful as it is common knowledge that about half of water contaminations occur after the water collection from pump/tap (during collection in dirty containers, transportation, storage at home and collection of water to drink a glass – putting dirty hands into the water).

  - Explore options of handing out free residual chlorine at standpipes (0.2-0.5mg/l) which could prevent from further contamination.

- **Specific technical recommendations for the Gumuruk SWAT unit:**

  - Fixing the technical issue to double daily water production (less waiting time, i.e. less temptation to go to the river...)

  - Regular technical follow-up with the community technicians

  - Community awareness (intense Hygiene Practice activities) about use of tap water, and no more supply from the river

  - Building a roofing protection for water tanks. In addition, a roofing protection would reduce water temperature. Hot temperature might (i) divert the beneficiaries from immediate consumption, (ii) increase risk of bacteriological contamination and (iii) possibly reduce chlorination. Depending on quality, long-term exposure to UV might also damage

the structure of tanks.

- **Consider more solar powered water points.** These they are more expensive but the question of balancing quantity vs quality should be debated; continue to diversify and shift to new technologies e.g. solar powered water points as NCA did in Imehejek and Lafon in 2017

- Although there are many sustainability challenges; NCA should try to **rebuild pits and support the community in putting in place a service for emptying latrine pits** (e.g. in Twic East or Mahad)

- Ensure handwashing facilities are near latrines

- Advise partners who drill or rehabilitate boreholes for NCA to include NCA's name in the cement

  - Maybe establish **hand pump mechanics associations,** so they are within the community and can share tools. Communities can then pay them a little fee to fix the hand pumps (if more is broken than the hand mechanics within the village can fix/more tools are needed).

  - **Borehole toolkits:** Try to budget for boreholes toolkits for the community.

  - Continue to train hand pump technician from among the community and continue advocating for more responsibility for local government to take on operation and maintenance.

- **More hygiene practice awareness activities** could maybe increase demand and use of latrines (at very low cost compared to hardware activities). Generally speaking latrines are almost non-existent in rural South Sudan, which means there is a need to do a lot in terms of awareness, not only quick messages but participatory process (that requires extensive presence in the field).

- **Post-phase support** to communities not only necessary for Water Supply and Sanitation Operation & Maintenance, but also important for hygiene practices and behaviour change.

- Better document hygiene promotion and community mobilisation activities.

COORDINATION

- NCA should **continue to use their presence in various geographical locations** and strengthen their local networks

  - Continue the same spirit of collaboration and cooperation

- **Consider establishing a hub whenever there is a crisis,** to follow up with NCA partners and deployed NCA staff within close proximity of the interventions.

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

NCA INTERNAL AND GENERAL

- **Improve internal NCA South Sudan communication** across the offices in Warrap, Torit and Juba.

    - Update staff about the Emergency Unit and officers across the country, to ensure everyone knows who to contact

    - If budget limitations restrict capacity building, ensure the skills that are within NCA are shared and coordinate internal trainings:

        > Some request for training: on handling emergencies, stock management, distributions,]and emergencies preparedness

        > Maybe options for 'lunchbox learning' or recording trainings to share video files (as webinars will probably not work)

- If funds allow, NCA should aim to **have one emergency officer per NCA field office**, e.g. need to recruit someone for Torit.

    - With the influx of returnees from Uganda and Kenya, it is essential that there is someone who can manage this.

- **NCA should revisit the roles and responsibilities** of the Torit and Warrap office.

    - Direct decision-making responsibilities should be reviewed and improved, which ultimately leads to increased efficiency and enable the offices to act promptly.

- **Continue to explore more Cash-based interventions:** it was mentioned that NCA is looking into working more on cash-based programming and already is reaching out to learn from partners who have some more experience with it (e.g. LWF)

- **Data management and naming convention:** NCA moved to Office 365 a while ago, but it was explained that it can take a very long time to upload and download documents due to the challenging internet connection. If it is not possible to work with Office 365, consider having a server

    - Agree on a structured naming convention and state dates on the cover page of the documents, this will enable other staff to better find documents even if a specific person leaves the organisation.

7.1 SUGGESTED FURTHER REFERENCE

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

Some guidance on SMART indicators

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

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

Closing the loop: Effective feedback in humanitarian contexts

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

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

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

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

Cash-based interventions

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

8. SUMMARY OF KEY FINDINGS

RELEVANCE

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

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

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

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

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

EFFECTIVENESS

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

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

potential changes its interventions bring about.

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

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

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

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

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

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

CROSS-CUTTING:
STANDARDS – CONFLICT SENSITIVITY – BENEFICIARY FEEDBACK

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

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

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

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

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

LOCAL CAPACITIES

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

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

9. RECOMMENDATIONS

RECOMMENDATIONS – RELEVANCE

1. **Ensure that the country office continues to strengthen its needs assessments and follow international standards to improve the quality.** *[Emergency Team and PMER Team]*

   1.1 Strengthen the needs assessments by explaining the methods that have been used to conduct it and specify if any assumptions have been made.

   1.2 Needs are changing rapidly and it is important to conduct needs assessments continuously throughout the crisis.

   1.3 Continue to make sure to participate in joint needs assessments.

   1.4 Clarify how findings from needs assessments influence programme design to ensure relevant services are provided.

2. **Demonstrate the use of findings in programme design, beneficiary selection and targeting.** *[Emergency Team and PMER Team]*

   2.1 Disaggregate data during data collection, specify not just sex, but also age, type of disability (if applicable) and type of household.

   2.2 Describe the process of selecting the most vulnerable target groups, e.g. through community consultation.

   2.3 Beware of blanket statements and assumptions of who are the most vulnerable, clearly define these

   2.4 Ensure consultations with the communities are taking place and document how it has been done before the submission of project proposals.

3. **Continue participation in national and sub-national platforms (e.g. cluster meetings) and advocate for partners' participation.** *[Emergency Team and Implementing Partners]*

   3.1 Produce and share evidence in order to influence other stakeholders on needs identified and on the ways forward NCA considers relevant and appropriate to address those needs.

   3.2 Make sure to share NCA's experiences during the meetings.

   3.3 Share activity updates with the cluster, especially if using own prepositioned supplies.

   3.4 Ensure if NCA's main focal point (staff or partner) for a specific cluster cannot attend a meeting to send a substitute.

RECOMMENDATIONS – EFFECTIVENESS

1. **Improve NCA's programme and project results frameworks.** *[Emergency Team and PMER Team]*

   1.1 Make outcomes the focus of programming and reporting

   1.2 Develop specific and measurable outcome statements and measurements including baselines

   1.3 Set SMART (Specific, Measurable, Achievable, Realistic and Timely) indicators and minimum standards for targets.

   1.4 Ensure Source of Verifications are realistic and exist.

   1.5 Measure only aspects required focusing on NCA's strategic priorities.

2. **Set up monitoring systems and a monitoring plan for data collection.** *[Emergency Team, PMER Team and MEAL Advisors from Oslo]*

   2.1 Develop monitoring tools and monitoring plan which specifies who is responsible and at what frequency.

   2.2 Conduct detailed initial and final KAP surveys.

   2.3 Invest more resources in post-distribution monitoring: do it more on a regular basis.

   2.4 Continue to roll out the use of technology to improve data collection. (if possible)

3. **Focus more on evaluation and learning from past and on-going interventions**. *[Emergency Team, PMER Team and MEAL Advisors from Oslo]*

   3.1 Integrate feedback into direct distributions or more field visits: As it is difficult for people to remember activities that took place a year ago, try to include more integrated internal evaluations in to field visits, a lot smaller in scale but more frequently and routinely done could help to get good insights about the programmes.

   3.2 It is understood that it is not easy to think differently than emergency response when immediate needs are everywhere; but emergency response also includes preparedness actions especially for outbreak prevention and control. It is valuable to step back sometimes and reflect. Maybe one mid-term evaluation after Phases 2 or 3 (or a RTE at some points) would have been good to refocus or readjust somehow the emergency preparedness and response programme.

   3.3 Due to the nature of South Sudan as a large country and some areas difficult (and/or costly) to reach, maybe it would be worth considering internal evaluations or real-time evaluations, or integrating a few systematic questions for feedback on a more frequent basis when monitoring visits are taking place for example.

   3.4 If commissioning external evaluation ensure to focus the ToR on the key questions that the team wants to answer so that the evaluators can focus on it rather than answering lots of questions but not into depth.

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

4.1 Explore the option of investing some more budget from water supply activities (resulting in less people covered) to implement KAP surveys that can guide hygiene practices activities, leading to more productive hygiene practices.

    4.1.1   Strengthen coordination with other WASH clusters actors which would enable NCA to reduce that gap and find a balance between Water and Sanitation; and hardware vs software.

4.2 In the context of hygiene promotion, explore possibilities to work with the education cluster to utilise learning spaces for hygiene sensitisation.

4.3 Measuring the effectiveness of hygiene promotion activities could be assessed according to NCA's ability to reduce or mitigate hygiene-related illnesses.

    4.3.1   Collect and monitor disease data. (through NCA's programme monitoring, and data from health centres and health authorities)

4.4 Ensure emergency handwashing facilities (such as the Tippy-Tap systems) are installed when latrines are constructed.

5.   **Diversify funding sources to ensure sustainability.** *[Emergency Team, Finance Team and Advisors from Oslo]*

5.1 Continue and focus more on applying to grants from other donors such as ECHO or UN Agencies.

5.2 Donor applications will be strengthened by improved monitoring and evidence collection to demonstrate the effect that NCA's interventions have.

RECOMMENDATIONS – STANDARDS

1.   **Ensure NCA's commitment to the Core Humanitarian Standards is integrated throughout the project life cycle.** *[Emergency Team and Finance Team]*

1.1 Make sure NCA staff and implementing partners explain to beneficiaries their rights and entitlements before and during the interventions.

1.2 Integrate application and adherence to key humanitarian standards into the expected obligations of partner within relevant sections of agreements for emergency response (such as under 'obligations of the partner').

1.3 Continue to train partners on key humanitarian principles and standards.

2.   **Develop a more comprehensive approach to conduct gender analysis across all proposed activities (especially with regards the areas of collecting water, the usage of latrines and hygiene promotion).** *[Emergency Team and GBV Advisor]*

2.1 While NCA refers to the UN Security Council Resolution 1325 and the IASC Gender Handbook in its proposals it would be good to adapt it to be more contextually relevant and specific to the circumstances of the project.

2.2 NCA should consider initiating advocacy activities that promote gender equity, in addition to the focus on meeting psychosocial needs.

2.3 Develop referral pathways for GBV cases and participate in the Protection cluster.

3. **Establish beneficiary feedback and complaints mechanisms.** *[Emergency Team, PMER Team, and Humanitarian Advisors from Oslo]*

    3.1 NCA has started to establish feedback and complaints mechanism, and should continue to do so.

    3.2 Reach out to some partners to learn from their established feedback and complaints mechanisms and how they are implementing it e.g. CAFOD's community monitoring evaluation volunteers.

    3.3 Ensure that forms are not only developed, but systems are put in place and allocate time to collect, monitor and respond to it.

    3.4 Develop a 'tip-sheet' that can help staff and partners respond to some of the more recurrent and common complaints that beneficiaries may raise, not to regard all complaints as the same, but rather to enable NCA and partners to be aware of the right way to address it or which procedures to follow.

RECOMMENDATIONS – LOCAL CAPACITIES

1. **Continue to focus on working with and through the national actors and to advocate within the international community of their importance.** *[Emergency Team, Implementing Partner and Finance Team]*

    1.1 Establish longer-term partnership agreements to make partners see NCA's commitment, not necessarily fund based but more with a strategic focus. It could improve the speed of drawing up agreements as the 'ground strategic direction' are lined out and could possibly lead to faster response time.

        1.1.1   Explore options for quicker contracting of partners' partners; possibly direct contracting would enable efficiencies

        1.1.2   Consider establishing 'preferred-supplier'-type relationship with core partners.

    1.2 Develop a minimum standard partnership policy for emergencies and consider developing a rapid partnership assessment tool

        1.2.1   Develop a 'Welcome-Pack' for new partners, including key documents, specific templates and some lessons learned from other partners.

    1.3 Explore options to work with sector specific civil-based society actors.

    1.4 Assess if NCA can support some of the smaller partners with basics such as internet or means of communication; if NCA does not have funds for these aspects – maybe NCA could link the partners with other organisations that might fund it

2. **Continue to train partners.** *[Emergency Team, Implementing Partner and Finance Team]*

    2.1 Train partners on the use of new information technology systems to be more proactive with regards to early warning data collection.

    2.2 Monitor capacity building and create smart indicators.

    2.3 NCA could explore to train some of their core partners in a sort of 'Training of Trainers' to enable one of NCA's partners to become a focal point for other partners

3. **Support partners to diversify their funds and apply to other donors.** *[Emergency Team, Implementing Partner and Finance Team]*

   3.1 Recommend partners to other donors: in order to help partners diversify their funds and not be so dependent on NCA, maybe explore how NCA can recommend and put partners in touch with other organisations

   3.2 Recommend INGO to partners like a 'match-maker'. NCA should continue to refer local partner to other international organisation if NCA cannot provide something or refer them to OCHA if they need something.

   3.3 Encourage partnerships between local NCA partners by connecting them if they can learn from each other about a specific topic.