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Evaluation Summary

Evaluation	Enter title of evaluation here
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DAC-criteria used:	Relevance, effectiveness, efficiency, impact and sustainability
Intervention period:	2019-2021
Key words:	WASH, Emergency
Evaluation summary and recommendations (max 2 pages):	***Objective:*** (1) Assessment of project results in line with OECD-DAC criteria and Core Humanitarian Standards (CHS), (2) Identifying lessons and good practice from the overall Action response and recovery programme to inform NCA and potentially wider sector to future response to similar WASH and Health services, and (3) Assessment of the degree of added value of Action project in Darfur, Sudan 4) Examining what level of preparedness at NCA Khartoum Office had /could have had, what went well in the coordination / management of it, what didn't and what ought to be done differently going forward etc. ***Method:*** Mixed methods approach of data collection, using primary and secondary data sources, combining both qualitative and quantitative data elements were deployed. Data collection involved desk reviews of documents and collection of primary data through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Beneficiary Surveys (KAP & SMART Nutrition Surveys), Observations, and Most Significant Change (MSC) stories/Case Studies capturing. ***Key Findings and recommendations*** **WASH** Outcome 1: Improved access to WASH related supply and services among South Sudanese refugees, IPDs, returnees and host communities

	• % Of `households that practice safe handwashing behaviours at critical times has reached to 91% • % of target population with adequate WASH services and hygiene practices 90.5% of the targeted population, an increased achievement from the baseline of 66%. • A total of 191,121 people were reached with safe water supply Outcome 2: Improved access and utilisation of health services and reduced morbidity/mortality associated with illness among South Sudanese refugees, IDPs and host communities • % Of women giving birth are monitored by skilled staff at health facility, home and hospital level (referral) has reached 74% against target of 70%. • 371 of patients referred and followed up at a secondary unit (Nyala hospital) and target was 150 patients. • 85 % of women attending ANC programming and receiving TT2-inline with the target 85%. Outcome 3: Reduced malnutrition cases among children <5, and Pregnant and Lactating Women (PLWs) within IDPs, South Sudanese refugees and host communities in Bilel IDP areas. • Number of <5 children admitted for treatment of SAM and MAM has reached 8738 against the targeted 2167, showing an increased food insecurity and malnutrition • 97 % of beneficiaries admitted to supplementary feeding centre recovered/cured, 1 % defaulted and 0 death in line with the sphere standard. Outcome 4: Support IDPs and returnees affected by the recent conflict in North Jebal Marra locality, Central Darfur state with ES/NFIs • 30,000 people having access to basic, safe & dignified shelter solutions against the targeted 18,000 people. • 2535 vulnerable IDP households having accessed NFIs short of the targeted 5375 IDPs. • 89,2% of target population living in safe and dignified shelter in secure settlements. Target was 70% • 13 disaster risk reduction committees (DRRCs) were trained and participated in distribution processes. ***Specific Recommendations**:* • New external assistance needed to sustain the NCA action's results on WASH: • Capacity building of local structures is key for sustainability which should be replicated: • Need to provide durable software & hardware interventions by future projects as camps for IDP and refugees are becoming permanent: Against the backdrop of the camps transitioning from temporary to permanent structures (as returning is proving difficult), • Gaps in emergency latrines need to be closed: • Community sensitisation, including using community structures should be replicated: • Stocking out of drugs experiences should be addressed by increased medical rations and transport facilities
Cross-cutting issue(s):	Gender equity was well addressed in all project activities. Women & girls, elder people and people with disability from IDPs and refugees were included and benefited from the services provided by the project in both states. The women engagements in WASH project activities in some camps such as Hamedia camp were higher than men. The environmental sensitiveness of the action was observed on the following: involvement of community cadres such as DRRCs, Hygiene Promoters volunteers, and Environment & Health committees who championed hygiene and environmental protection in communities; planting of 300 tree seedlings at water points; and transformation from fossil fuels to solar powered pumps. In terms of Doing No Harm (DNH), protection needs specific to women and children, especially related to accessing toilets and fetching water, were considered in project planning, design and implementation to ensure that their safety, security and dignity are maintained

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NORWEGIAN CHURCH AID (NCA) Sudan

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DRAFT EVALUATION REPORT

Norwegian Church Aid-Final Evaluation of DG ECHO Project in South and Central Darfur, Sudan

Submitted by:

Palm Associates LIMITED

Palm Gesamac PGC Consulting

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MAPS OF PROJECT SITES

Map of South Darfur States

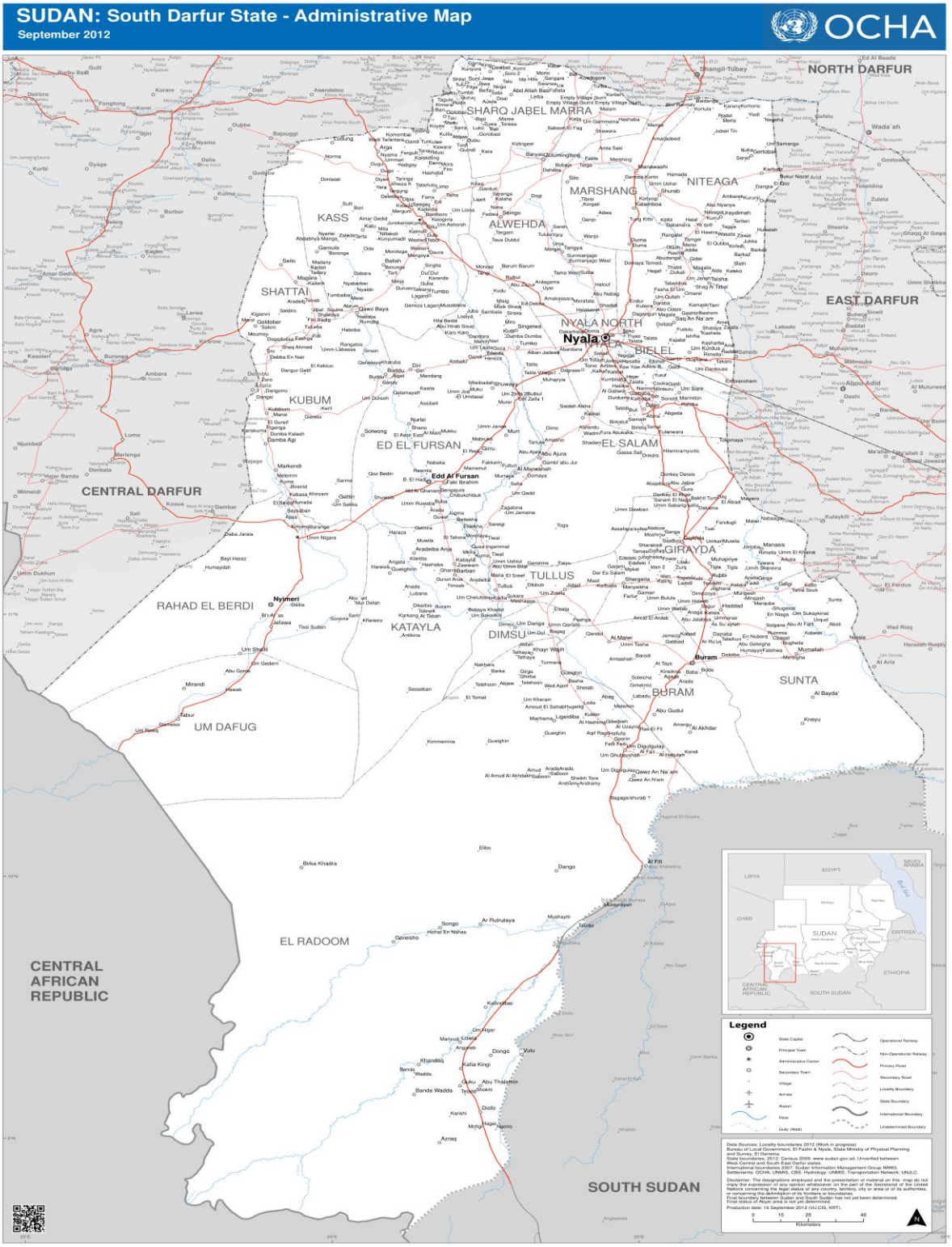

Figure 1: Map of South Darfur

Map of Central Darfur State

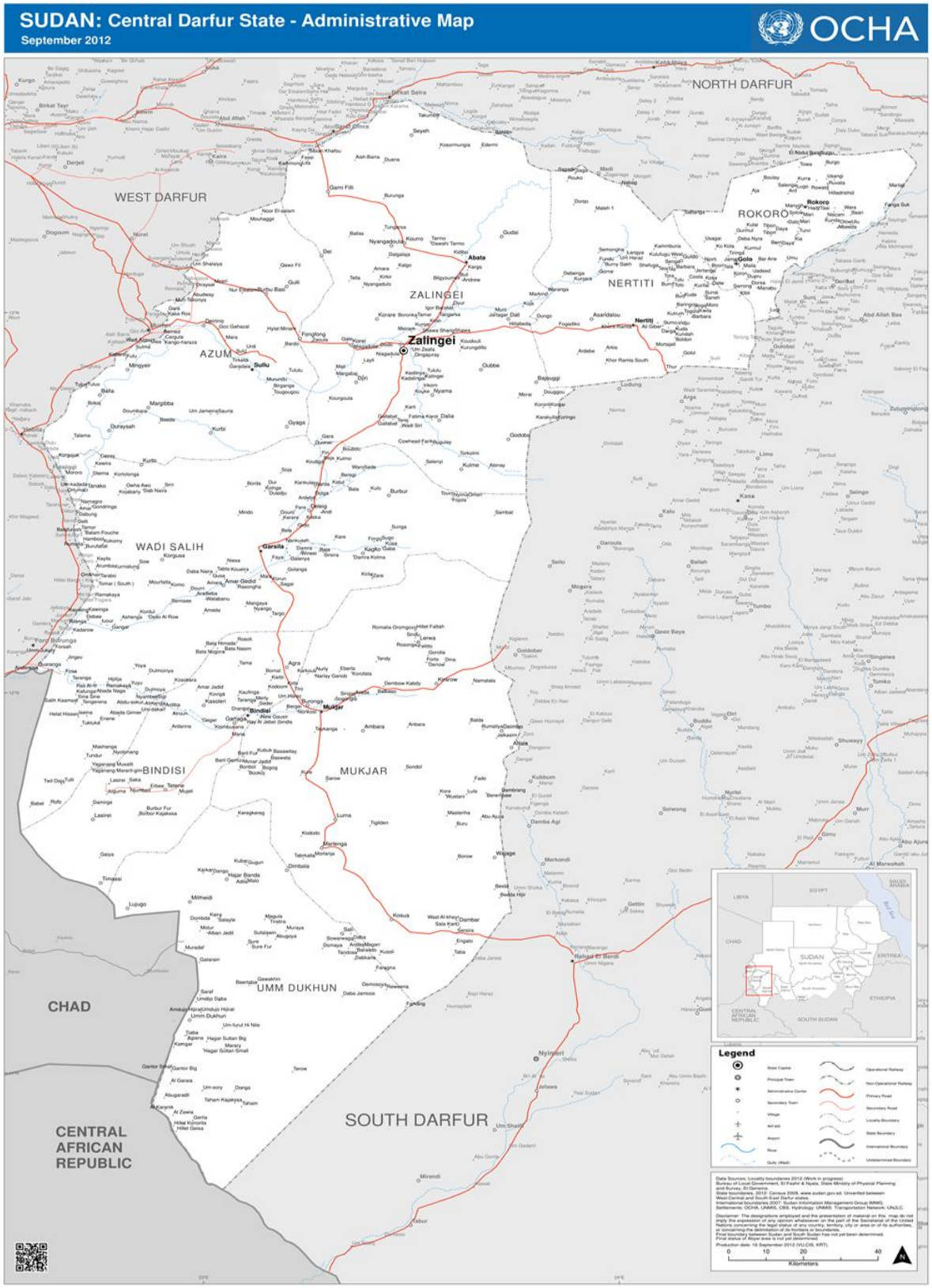

Figure 2: Map of Central Darfur

ACKNOWLEDGEMENTS

We would like to acknowledge those who responded to our KIIs as shown in the table below. Of course, the Host, IDP, and Refugee households who shared with us the discussions of the FGs and also the survey are most acknowledged for their devoted time during the field data collection process and enumeration

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ABBREVIATIONS

ANC	Ante-Natal Care
AoO	Areas of Operations
ARI	Acute Respiratory Infection
AWD	Acute Watery Diarrhoea
BCC	Behaviour Change Communication
CAR	Central African Republic
CDS	Central Darfur State
CHC	Community Health Committees
CHDs	Community Help Desks
CHP	Community Health Personnel
CHS	Core Humanitarian Standards
CMAM	Community Management of Acute Malnutrition
Covid 19	Response to Coronavirus precautions and prevention in South and Central Darfur
CPA	Comprehensive Peace Agreement
CRMs	Complaints Response Mechanisms
CRS	Catholic Relief Services
DESA	Department of Economic and Social Affairs
DFID/FDCO	Department for International Development/
DG ECHO	Directorate General European Commission Humanitarian Aid & Civil Protection Office
DNH	Do No Harm
DP	Darfur Programme
DP	Darfur Programme
DRR	Disaster Risk Reduction
DRRC	Disaster Risk Reduction Committee
ECHO	European Commission Humanitarian Aid & Civil Protection Office
ES/NFIs	Emergency Shelter/Non-Food Items
ET	Evaluation Team/Consultancy Team
EU	European Union
EU	European Union
EWARS	Early Warning, Alert and Response Systems
FAO	Food and Agriculture Organisation of the United Nations
FDGs	Focus Group Discussions
FTE	Final Term Evaluation
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
H&N	Health and Nutrition
H&WASH	Health and WASH programme
HAC	Humanitarian Aid Commission
HAC	Humanitarian Aid Commission
HDPE	High Density Polythene
HH	Households
HIMS	Health Information Management Systems
IDPs	Internal Displaced Peoples
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Health
INGOs	International Non-Governmental Organisation
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes and Practices
KAP	Knowledge, Attitude, Practices
KIIs	Key Informant Interviews
LFS	Livelihood and Food Security
LLIN	Long Lasting Insecticidal Nets
Lppd	Litres-per-day-per-person
LRRD	Linking Relief, Rehabilitation and Development
M&E	Monitoring and Evaluation

MEAL	Monitoring, Evaluation & Learning
MoA	Ministry of Agriculture
MoH	Ministry of Health
MUAC	Mid-upper arm circumference
NCA	Norwegian Church Aid
NFI	Non- Food Items
NGO	Non-Governmental Organisation
O&M	Operation and Maintenance
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
OECD-DAC	Organisation for Economic Cooperation and Development's Development Assistance Committee
OFDA	Office of US Foreign Disaster Assistance
OTP	Outpatient
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PLWs	Pregnant and Lactating Women
PNC	Post-Natal Care
PVC	Polyvinyl chloride
PWD	Person With Disability
RDT	Random Drug Testing
RUSF	Ready-to-Use-Supplementary-Food
RUTF	Ready-to-Use-Therapeutic-Food
SAM	Sever Acute Malnutrition
SC	Stabilisation Centre
SDGs	Sustainable Development Goals
SDS	South Darfur State
SDSN	Sustainable Development Solutions Network
SERF	Socio-economic and Recovery Framework
SGBV	Sexual and Gender Based Violence
SHF	Sudan Humanitarian Fund
SMoH	State Ministry of Health
TBAs	Traditional Birth Attendants
TL	Team Leader
ToT	Trainer of Trainers
TSFP	Target Supplementary Feeding Programme
UN	United Nations
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for the Refugees
UNICEF	United National International Children's Fund
VIP	Ventilated Improved Pit
WASH	Water, Sanitation and Hygiene
WES	Water, Environment and Sanitation department
WFP	WFP World Food Programme
WHO	World Health Organisation
WHZ	Weight-for-Height-Z-score
WMCs	Water Management Committees

EXECUTIVE SUMMARY

Introduction and Methodology: This Final Term Evaluation (FTE) report critically evaluated the action, focusing on WASH, Health, Nutrition and Emergency Shelter/Non-Food Items (ES/NFIs). The action targeted IDPs, Host and Refugees communities in South and Central Darfur States. The FTE objectives included (1) Assessment of project results in line with OECD-DAC criteria and Core Humanitarian Standards (CHS), (2) Identifying lessons and good practice from the overall Action response and recovery programme to inform NCA and potentially wider sector to future response to similar WASH and Health services, and (3) Assessment of the degree of added value of Action project in Darfur, Sudan**.** Data data collection involved desk reviews and collection of primary data through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Beneficiary Surveys (KAP), Observations, and Case Studies capturing. The aforementioned mixed-methodology approach produced findings both quantitatively and qualitatively. These methods enabled the collection of primary & secondary data that had sufficient depth and breadth and gave room for a thorough ***triangulation of data*** which subsequently produced a verifiable body of evidence.

Relevance: The action was noted to be relevant in the sense that it involved the beneficiaries the baseline assessment in 2018, and their suggestions were incorporated into the programming of all sectors of WASH, Nutrition, Health and ES/NFIs. The action also addressed the capacity gaps which were obtaining on district and community stakeholders by providing training and capacity building initiatives. The project interventions were aligned to the Sphere standards, which NCA is a member. For instance, the need to meet a target of 15lppd and also toilet to person ratio (1:60 and 1:30 for men/boys and women/girls respectively). Additionally, all NCA actions in Darfur are coordinated against a four-year Darfur Programme (DP) appeal and strategy 2016-2020, that is strongly aligned with OCHA's Sudan Multi-Year Humanitarian Response. Lastly, **of the** 17 Sustainable Development Goals (SDGs), the action was aligned to 10 of them, and these are SDGs 1, 3, 4, 5, 6, 7, 10, 11, 13 and 17.

Effectiveness: Generally, the action/project performed formed well on its four outcomes and, as observed from the analysis on the effectiveness section, all outcomes were achieved, and the following ratings applied: WASH Outcome 1 (Highly Achieved); Health Outcome 2 (Achieved); Nutrition Outcome 3 (Achieved) and ES/NFIs Outcome 4 (Highly Achieved). The global challenges on all the outcomes were COVID-19 restrictions, inflation and lack of fuel.

The following are the highlights of the project performance on its outcomes. The rating scale on the performance of the outcome indicators adopted by the consultancy team were as follows (based on colour rating)

KEY

HA-Highly Achieved
A- Achieved
AM-Achieved with minor shortcomings
MA-Moderately Achieved
BA-Below Average
NA-Not Achieved

Outcome 1

Outcome 1: Improved access to WASH related supply and services among South Sudanese refugees, IPDs, returnees and host communities					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of people having access to sufficient and safe water for domestic use	174403	184275	191121	**191121**	**A**
% of households that practice safe handwashing behaviours at critical times	85%	90%	90%	**91%**	**HA**
% of target population with adequate WASH services and hygiene practices	60%	66%	85%	**90.5%**	**HA**
Overall Rating					**HA**

Outcome 2

Outcome 2: Improved access and utilisation of health services and reduced morbidity/mortality associated with illness among South Sudanese refugees, IDPs and host communities.					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of primary health care consultations	43200	43200	46422	**43883**	**AM**
% of women giving birth are monitored by skilled staff at health facility, home and hospital level (referral)	60%	65%	70%	**74%**	**HA**
Number (#) of patients referred and followed up at a secondary unit (Nyala hospital)	270	152	150	**371**	**HA**
% of women attending ANC programing and receiving TT2	80%	85%	85%	**85%**	**A**
# of days stock of 10 tracer drugs, including malaria RDT, is not available (out of stock)	2	2	0	**0**	**A**
% timeliness & completeness of reports to EWARS	100%	100%	100%	**100%**	**A**
Overall Rating					**A**

Outcome 3

Outcome 3: Reduced malnutrition cases among children <5, and Pregnant and Lactating Women (PLWs) within IDPs, South Sudanese refugees and host communities in Bilel IDP areas.					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of <5 children admitted for treatment of SAM and MAM	2000	1034	2167	**8738**	**HA**
Number of SMART, coverage, NCA or other related surveys implemented	1	1	1	**1**	**HA**
% beneficiaries admitted to supplementary feeding centre recovered/cured, defaulted and death	Cured: 99 Defaulted: 1 Death: 0	Cured: 95 Defaulted: 2 Death: 0	Cured: 99 Defaulted: 0 Death: 0	**Cured: 97** **Defaulted: 0** **Death: 0**	**A**
Number of days the Bilel PHC clinic is out of RUTF stock	2	0	0	**0**	**A**
Overall Rating					**A**

Outcome 4

Outcome 4: Support IDPs and returnees affected by the recent conflict in North Jebal Marra locality, Central Darfur state with ES/NFIs					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of people having access to basic, safe & dignified shelter solutions	2310	000	18000	**30000**	**HA**
Number of most vulnerable IDP households having access to NFIs	1200	000	5375	**2535**	**MA**
% of target population living in safe and dignified shelter in secure settlements	53%	55%	70%	**89.25%**	**HA**
Number of people with access to dignified, clean and functional excreta disposal facilities	12650	13300	15640	**33423**	**HA**
Number of targeted institutions with accessible improved sanitation facilities	0	10	40	**40**	**A**
Number of new DRRCs trained and participated in distribution processes	6	8	13	**13**	**A**
Overall Rating					**HA**

Efficiency and Added Value: NCA was observed to be the sole humanitarian service provider in SDS camps, which ensured building of trust with the communities. In addition, NCA's partnership and strong ties with various strategic donors reportedly enhanced its presence, accessibility and visibility. Significantly. All NCA's actions in Darfur, including this project were coordinated against a four-year Darfur Programme (DP) appeal & strategy (2018-2020) that is strongly aligned with OCHA's Sudan Multi-Year Humanitarian Response. The organisation coordinated well with national & local actors, INGOs and UN Agencies in project implementation, which avoided duplication of interventions. As gathered from consultations, NCA was vibrantly participating in coordination and cluster meetings which established fruitful partnerships, resulting in complementarity of interventions. The project through its involvement of key government stakeholders which ensured its tapping in of the government human resources and skills, hence efficiency. The action inculcated community ownership,

through community volunteering and participation in interventions, which ensured efficiency, through use of readily available local human resource.

Sustainability: NCA continued with the progression of more sustainable systems, through a shift from fossil fuel (diesel pumps) to solarisation (solar pumps). In the same vein. The action shifted from a temporary to more durable infrastructure, which is key for infrastructural sustainability, e.g. it shifted from PVC to HDPE pipes for water distribution networks and from Oxfam tanks to more durable masonry tanks. The project played a vital role in the social inclusion through the participation of beneficiaries in the key interventions, which is key for sustainability as it inculcates community ownership of interventions. NCA also provided information and knowledge & tools and protection facilities to local community and these were reported to be very much helpful: The project supported the use of local available materials in construction of structures, which is key for sustainability. As part of the transition plan, the action involved government ministries and departments in its response (SMoH and WES), which ensured their buy-in of the project interventions for sustainability. There were capacitation of beneficiaries in project interventions which is key for sustaining the interventions. However, as gathered from consultations, the project was yet to develop and roll-out the tariff systems for water supply, which hinders sustainability. Moreover, the project lacked a clear exit strategy or roll-out plan for most activities. Last, but not least, the lack of incentives and motivations for community volunteers and cadres undertaking project interventions, demotivated them and this placed a dent on the sustainability of interventions.

Impact: The consultancy team concluded that the project was impactful on stakeholders and beneficiaries. First and foremost, there was an increase in quality and utilisation of PHC services for refugees, IDPs and the vulnerable host communities with 30.5% and 43.58% of the surveyed individuals indicating having visited a health facility in the past 6 months and having improved health system respectively. The increased access for women to maternal health care has seen a major improvement with more mothers attending ante-natal clinic during pregnancy and a post-natal clinic after delivering. Additionally, the action oversaw an increased number of clinical deliveries as a result of clinical collaboration with Traditional Birth Attendants (TBAs) who were given refresher trainings on essential ante-natal care (ANC) and post-natal care (PNC). The distribution of NFIs transformed the lives of many households, with a considerable number indicating ability to cope with future shocks (30.6%). At endline stage, there was an increase in management of human waste, with 98% of beneficiaries indicating being free from human waste in the camp, up from 94% at baseline. Specifically, about 40.75% of the surveyed households acknowledged the availability of waste collection points in their communities.

Lessons Learnt and Best practices: The following are the lessons learnt and best practices from the project;

1. Through payment of the service fee by community members on water supply, the good practices were noted to be in the hands of the communities through their established committees as they started to manage their own resources, e.g. water committees collect money and undertake needed upgrading/repair on water works.
2. Community buy-in is critical to the success of a project. Thus, the involvement of the community and the management and sustainability of WASH resources among institutions is necessary to support a smooth handover process (community cadres, WES, SMoH, etc.).
3. The IDPs, Refugees and Host community Committees could lead the exit strategy if assisted by the NCA team or external assistance.
4. The involvement of community members in project interventions inculcates ownership by beneficiaries which is key for sustainability.
5. Available community structures are key to foster the continuation of the project after its exiting. Trained committees such as Water committees, DRRCs, Environment & Health committees are key for sustaining project interventions on WASH, Health and Nutrition as they are existent in the communities.
6. The best practice observed from the action was the training of TBAs, the hygiene community volunteers and other community cadres who would complement the limited clinical staff on health and hygiene. This should be replicated by future like-minded interventions.
7. Working with Strategic Partners (WFP, UNICEF, SMoH, WES, etc.) within already established structures at district and community levels ensured ownership and strong buy-in of the project by these key strategic stakeholders.

8. Identifying beneficiary priorities at the inception of the project, ensures the interventions to be context specific and responsive to the actual needs of the beneficiaries.
9. The utilisation of existing structures is not only effective and efficient, but a guarantor of sustainability. The action worked with INGOs, UN Agencies and government departments (WES & SMoH) which had structures at state and community levels.
10. Communities can be self-reliant if provided with appropriated humanitarian aid, directly addressing their needs.

Cross cutting issues: Gender equity was well addressed in all project activities. Women & girls, elder people and people with disability from IDPs and refugees were included and benefited from the services provided by the project in both states. The women engagements in WASH project activities in some camps such as Hamedia camp were higher than men. The environmental sensitiveness of the action was observed on the following: involvement of community cadres such as DRRCs, Hygiene Promoters volunteers, and Environment & Health committees who championed hygiene and environmental protection in communities; planting of 300 tree seedlings at water points; and transformation from fossil fuels to solar powered pumps. In terms of Doing No Harm (DNH), protection needs specific to women and children, especially related to accessing toilets and fetching water, were considered in project planning, design and implementation to ensure that their safety, security and dignity are maintained

Communication & Visibility: Several visibility instruments such as T-shirts, caps, bandages, & booklets were produced and disseminated, and all complied with EU/ECHO guidelines.

Key Recommendations: The following are sectoral evidence-based & actionable recommendations proffered by the consultants for adoption and replication by future like-minded projects.

WASH

1. **New external assistance needed to sustain the NCA action's results on WASH:** Increased water access by individuals; personal hygiene awareness and use among students, pupils and the community at large are good results, which NCA still needs to, maintain through extension or request for proposal of new external assistance to help the community to manage and mind their own affairs.
2. **Capacity building of local structures is key for sustainability which should be replicated:** Capacity building for the local community in project management (such as water management committees) especially on their water resources is a basis for sustainability, which should be replicated by future like-minded interventions.
3. **Need to provide durable software & hardware interventions by future projects as camps for IDP and refugees are becoming permanent:** Against the backdrop of camps transitioning from temporary to permanent structures (as returning is proving difficult), future like-minded projects should consider providing both durable software & hardware intervention. There is increasing demand for WASH emergency services necessary to accommodate the increasing numbers of new IDPs and Refugees arrival in Hamedia, Hassa Hissa and Bilel Refugees camps.
4. **Gaps in emergency latrines need to be closed:** Construction and rehabilitation of emergency latrines in both IDPS and Refuges camps is urgently needed, and futuristic interventions should consider this.
5. **Community sensitisation, including using community structures should be replicated:** Raising of communities awareness through health and cleaning campaign is needed to improve the camps environment and to reduces diseases such as Malaria and other transmitted diseases

HEALTH AND NUTRITION

1. **Support to procurement of medicine, drug stocking and transporting key:** Stocking out of drugs experiences should be addressed by increased medical rations and transport facilities. Working with partners to procure enough medicine is critical.
2. **Support to stocking of nutrition foods:** Nutrition support should be addressed because sometimes the nutrition units in most of visited sites were stocked out of foods which led to an increase in SAM & GAM cases.

3. **Need for more staffing at PHC and identification of TBA to complement the medical staff:** Despite the secondment of MoH staff to the Bilel PHC, more support is needed on staffing the PHC. The best practice observed from the action was the training of TBAs, the hygiene community volunteers and other community cadres who would complement the limited clinical staff on health and hygiene. This should be replicated by future like-minded interventions.
4. **In-demand health & nutrition services need continued implementation:** Continuation of both health and nutrition services is key because there was high need observed as evidenced by the Post KAP survey.
5. **Further support to nutrition units in Darfur:** There is need for future actions to support the nutrition units in the targeted localities

SHELTER AND NFIs

1. **Use of locally available resources and standards in construction of structures for sustainability**: Future projects should replicate use of local materials and local standards in construction of structures, such as latrines which ensures sustainability as they are cheap and accessible to beneficiaries. In addition, these structures meeting the local standards of the beneficiaries is key for acceptability by the communities and beneficiaries, key for sustainability and durability
2. **More support needed on Shelter/NFIs provision for the ever-increasing number of IPDs and refugees:** Due to COVID-19 and shortage of fuel, many affected people were not reached, thus more support for the new displaced people is needed. There was observed ever-increasing number of IDPs and refugees, especially from Central African Republic (CAR) which call for the need for further support on shelter/NFIs.
3. **Capacity building for local community and structures:** Capacity building for the local community and structures in assessing their needs and distribution of assistances is key. This should be taken on board by future projects/actions

GENERAL RECOMMENDATION

1. **Tracking replication:** Consider the systematic tracking of replication of project approaches by other UN Agencies, INGOs, CSOs, or government partners, to build the evidence base for the efficacy and impact of the DG ECHO project.
2. **Need for long-lasting structures/facilities and services as refugee & IDP camps are becoming permanent:** As observed from the evaluation, the refugee and IDP camps are becoming permanent as there are uncertainties over the return of the refugees and IDPs. This therefore calls for future-like minded interventions to consider erecting long-lasting structures/facilities and providing quality sustainable services.
3. **Active participation of stakeholders & communities:** Ensure active participation of stakeholders and communities at local level through putting in place participatory planning, monitoring and review processes and mechanisms to ensure commitment and ownership of Stakeholders.
4. **Strengthened support for livelihoods:** The NCA should consider strengthening support to livelihoods; capacity building and community-based activities in IDPs and Refugees camps.
5. **NCA capacity for dissemination of Lessons Learnt:** NCA should strengthen its capacity to keep and disseminate lessons learnt, to avoid "reinventing the wheel" and to possibly support the implementation of more cost-effective activities.
6. **Need for external assistance:** For sustainability, external assistance is still required to serve the challenging high demands from IDPs and Refugees camps.
7. **Community mobilisation for sustainability:** Community mobilization and training in project management is needed for sustainability purpose
8. **CSO & Stakeholder Partnerships:** Strengthen the documentation and sharing of successes, challenges and lessons learned with CSO partners and stakeholders. This information would strengthen the future engagement with these stakeholders and NCA's knowledge management system.
9. **Current needs:** Given the current COVID-19 situation and impact on beneficiaries in both SDS and CDS, it is important to respond, in collaboration with relevant partners, quickly and sensibly to the urgent WASH, Health, Nutrition and Shelter/NFIs needs of host, refugee and IDP communities. This is a matter of remaining relevant and building on the programme's significant achievements.

1.0 INTRODUCTION

This section details the background and project context of the Action project. It comprehensively touches on the global and national context of the project. Furthermore, it entails the evaluation purpose and objectives.

1.1 Project Context

1.1.1 Global Context

Globally, an estimated more than 1 per cent of people right now are caught up in major humanitarian crises, and although the international humanitarian system is more effective than ever at meeting their needs, global trends, including poverty, population growth and climate change, are leaving more people than ever vulnerable to the devastating impacts of conflicts and disasters.[1] According to Relief Web (2019), currently, an estimated 2 billion people live in fragile and conflict-affected areas of the world, where they are extremely vulnerable to the impact of conflicts and disasters. This number is projected to increase, as the population in these areas is growing twice as fast as the rest of the world, with an annual growth rate of 2.4 percent, compared with 1.2 percent globally.[2] With regards to gendered impacts of humanitarian crisis, food insecurity, lack of peace, conflict and poverty tend to increase the prevalence of GBV, which in turn undermines household and national food security and nutrition.[3] UNFPA (2019) notes the following statistics on women in humanitarian crisis;[4]

- One in three women experiences sexual or gender-based violence in her lifetime. Men and boys are affected too. The risk is greatly exacerbated in humanitarian crises triggered by armed conflict and natural disasters.
- In 2019, 140 million people were in need of humanitarian assistance. Of these, around 35 million were women and girls in reproductive age.
- Despite its criticality, protection from this form of violence remains severely underfunded at less than 1 percent of all funds channeled to humanitarian assistance.

Various interventions at global and national levels are there to support the drive towards protecting and empowering women, men, girls and boys living in vulnerable communities in conflict affected areas. Chief among them is the Sustainable Development Goals (SDGs) under the 2030 Agenda for Sustainable Development, an outcome of an intergovernmental negotiation adopted by the General Assembly in September 2015 towards "leaving no one behind".[5] According to the Department of Economic and Social Affairs (DESA) (2019), the Sustainable Development Solutions Network (SDSN) linked 7 of the 17 SDGs as being responsive to the humanitarian situations and crisis:[6]

Goal 1-End poverty in all its forms everywhere
Goal 2- End Hunger, achieve food security & improve nutrition and promote sustainable agriculture
Goal 3- Ensure healthy lives and promote wellbeing of all ages
Goal 5- Achieve gender equality and empower all women and girls
Goal 11- Make cities and all human settlements inclusive, safe, resilient and sustainable
Goal 13- Take urgent action to combat climate change and its impacts, and
Goal 16- Promote peaceful and inclusive societies for sustainable development.

[1] Relief Web GHO (2019). Global Humanitarian Overview 2019: United Nations Coordination Support to People affected by disaster and conflict. https://reliefweb.int/sites/reliefweb.int/files/resources/GHO2019.pdf
[2] Ibid
[3] FAO (2019). http://www.fao.org/3/i7928en/I7928EN.pdf
[4] UNFPA (2019). Acting together to End Sexual and Gender Based Violence in Humanitarian Crisis. https://www.unfpa.org/press/acting-together-end-sexual-and-gender-based-violence-humanitarian-crises
[5] Department of Economic and Social Affairs (2019). *Author-Peride K Blind*: Humanitarian SDGs –Interlinking the 2030 Agenda for Sustainable Development with the Agenda for Humanity. DESA Working Paper No 160 ST/ESA/2019/DWP/160 https://www.un.org/esa/desa/papers/2019/wp160_2019.pdf
[6] Ibid

1.1.2 Darfur Humanitarian Crisis

Since the Comprehensive Peace Agreement (CPA) in 2005, Darfur remains an epicenter of large-scale protracted displacement, where most IDPs are unable to meet their basic needs independently. The scale and long-term nature of displacement, which has not been matched by economic opportunities, has exposed displaced people to hardship and uncertainty about their future, which in turn puts additional strain on the limited resources available. The long-term effects of protracted displacement have disrupted and limited the access and availability of basic public services such as health and WASH, especially in IDP camps and resettlements. Among displaced people, women and children are the most vulnerable and at risk of being exposed to communicable diseases, malnutrition, and violence during travel necessary for social services, water, and wood collection.

As of 2021, a total of 13.4 million people were in need in Sudan, and of these 2.5 million were IDPs, 1.1 million refugees and 0.17 million returnees.[7] The displaced, nomadic and movement of returning people (returnees) is adding to the strain on the weak health services delivery system in Darfur region. The public sector health facilities were performing at the lowest levels before the inception of the action due to poor infrastructure, lack of trained human resources and financial constraints. In 2011, the turnover of health cadres was at its highest due to poor incentives and insecurity.

It is against this background context that with funding from Action since 2009, Norwegian Church Aid (NCA) has been implementing the action funded Project in Central and South Darfur in Sudan. Action project intervenes by providing access to Life-Saving Humanitarian Services to Internally Displaced People (IDPs), Returnees, Host Communities and South Sudanese Refugees and Central Africa Republic Refugees, in Central and South Darfur. The previous evaluation of Action funded support was conducted at the end of 2019. The current grant support period under evaluation is from 01-08-2019 to 31-03-2021. The targeted overall outcome of the project is that Conflict affected communities of Darfur have enhanced resilience to the recurrent crises in Central and South Darfur States. The project primarily targeted internally displaced persons (IDPs), South Sudanese & Central African Republic (CAR) refugees and host communities under four results:

1. Improved access to WASH related supply and services among South Sudanese refugees, IDPs, Returnees and host communities
2. Improved access and utilization of health services and reduced morbidity/mortality associated with illness among South Sudanese refugees, IDPs and host communities.
3. Reduce malnutrition cases among children <5, and Pregnant and Lactating women (PLWs) within IDPs, South Sudanese Refugees and host communities in Bilel IDP areas.
4. Support IDPs and returnees affected by recent conflict in North Jebal Marra locality, Central Darfur state with ES/NFIs

The project aimed to reach a total of 240,121 persons (108,054 male / 132,067 female) in the targeted settlements. In 2020 the WASH, and Health and Nutrition sectors through Action funding aimed at implementing projects in Central Darfur including Hassa Hissa, Hamedia, Khamsa dageiga, Funga, Foko Deko, Rokero villages and in South Darfur Bilel, Al Radom, and Um Dafug Camp settlements. Target beneficiaries included South Sudanese and Central African Republic refugees, internally displaced persons, and host communities.

1.2 ECHO Evaluation Requirements

1.2.1 Evaluation Purpose

The purpose of this final term evaluation (FTE) was to map NCA's Darfur response and recovery programme and assess the effectiveness of the Action funded project response and recovery strategies and approaches with reference to outcomes and outputs as well as draw lessons for

[7] Humanitarian Needs Overview-Sudan. https://reliefweb.int/sites/reliefweb.int/files/resources/SDN_2021HNO.pdf

future programming and preparedness. Accordingly, this FTE of Action project had in South and Central Darfur four purpose objectives and assessment points as follows;

1. **Assessment of Project Results in line with OECD-DAC criteria:** Assesses the Action funded project results versus DAC criteria for evaluation (relevance, effectiveness, efficiency, impact & sustainability)
2. **Assessment of integration of cross-cutting issues** of gender, conflict sensitivity and environment. This looks at the degree to which the aforementioned cross-cutting issues were integrated at the design, planning and implementation stages of the project.
3. **Assessment of Participation and Complaints Handing Approaches of the Project:** The consultancy team assesses the extent to which the core dimension of participation of beneficiaries has been included in project design, planning and implementation and to what extent the NCA systems and procedures for complaints handling have been implemented by the project.
4. **Assessment of the Degree of Added Value of NCA project in Darfur, Sudan:** Finally, the evaluation seeks to identify and assess key traits of NCA added value in implementation of the Action funded project in Darfur.

Being a FTE, it was both summative and informative and **had two major functions** as follows;

1. **Learning and Adoption** (scalability, replicability & adaptation): The evaluation fed into the NCA Sudan Country Strategy 2020-2024. Lessons learnt and recommendations from the evaluation will empower NCA to improve its response in Darfur and to enable increased alignment towards described needs and challenges facing the intended beneficiaries of this response. The evaluation therefore documented best practices and methodologies of the respective sector interventions there by enabling adjustment of responses to the changing dynamics of the challenges and concerns of the Darfur region. The evaluation informs the basis for external and internal stakeholder discussions and reflections determining the future architecture and mechanisms of NCA interventions in Darfur.
2. **Accountability and Improved Solution** (effectiveness, leverage & efficiency): The evaluation serves an accountability, where NCA and its Implementing partners, will not be only be accountable to funders, but also to the Government of Sudan and the targeted beneficiaries, notably the IDPs, South Sudanese and CAR refugees and host communities. As such, the evaluation results, findings & lessons learned are shared with the funders for accountability. They are also be shared with relevant government line ministries & stakeholder representatives in the district and other community stakeholders for learning.

1.2.2 Evaluation Objectives

This FTE was commissioned by NCA Khartoum Office, in line with its commitment to learning and accountability to communities and partners. According to the tender documents, the FTE is carried out using a sample of participating households and a control group with consolidation of findings, incorporating global perspectives and coordination assessment, project mapping and desk review, into an evaluation report. This evaluation took into consideration the OECD/DAC Evaluation Criteria to assess the performance of project in selected village/camp sites and the overall programme approach, as well as use the Core Humanitarian Standard (CHS) to evaluate the quality of the interventions and the aspects of accountability. The evaluation focuses on the following objectives:

1) Identifying lessons and good practice from the overall Action response and recovery programme to inform NCA and potentially wider sector to future response to similar WASH and Health humanitarian external assistances. The evaluation report will be externally published.
2) Assessing the extent to which planned outputs and outcomes have been achieved using the OECD DAC criteria for evaluating humanitarian responses including assessing for relevance, connectedness, coherence, coordination, effectiveness, efficiency, impact and sustainability and recommend priorities and any changes to approach for subsequent, if any, phases of Action recovery & development.
3) Evaluating the appropriateness and extent of application of quality standards, with a particular focus on the CHS.

4) Examining what level of preparedness at NCA Khartoum Office had /could have had, what went well in the coordination / management of it, what didn't and what ought to be done differently going forward etc.

2.0 EVALUATION METHODOLOGY AND APPROACH

2.1 Evaluation Approach

The final evaluation took the form ***summative evaluation*** which is usually conducted after the program's completion, end of a program cycle, to generate data about how well the project delivered benefits to the target population. The evaluation utilized a ***participatory based approach***, which took into account stakeholder involvement in all stages of evaluation. In line its participatory approach, the team ensured regular involvement of NCA, different stakeholders and target group representatives throughout. This enhanced transparency, validity, reliability and usability of evaluation results. This approach incorporated principles of independence, objectivity, transparency, validity, reliability, partnership and usability as a basis. The goal of the final evaluation was not only be to appreciate ***if*** the intervention worked, but also ***how*** it worked: ***why***, ***where*** and ***for whom***. This is detailed below;

- What: How effectively the project made the desired change happened; how the project changed the lives of program participants
- Why: Provides data to justify continuing Action programs; Generates insights into the effectiveness and efficiency of each project/program
- How: Conduct a review of internal reports and a survey for program management and target populations. The aim should be to measure the change that Action programmatic package has brought about and compare the change to the costs.

The consultancy team employed a ***mixed methods approach of data collection***, using primary and secondary data sources, combining both qualitative and quantitative data elements. As such, data collection involved desk reviews of documents and collection of primary data through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Beneficiary Surveys (KAP & SMART Nutrition Surveys), Observations, and Most Significant Change (MSC) stories/Case Studies capturing. The aforementioned mixed-methodology approach produced findings both quantitatively and qualitatively. These methods enabled the collection of primary & secondary data that had sufficient depth and breadth and gave room for a thorough ***triangulation of data*** which subsequently produced a verifiable body of evidence.

2.2 Evaluation Design

Based on the Action project context, the consultancy utilised a comprehensive theory of change methodology approach of an impact assessment model using Quasi-Experimental Design (QED) with before (pre-test) and after (post-rest) comparisons of project program, employing a combined informative and summative evaluation method. The Action project final evaluation and proposed tools in compliance with NCA ToR's main tasks were structured in three; Beneficiary Rapid Assessment (BRA), data triangulation, impact assessment levels, explicitly, POST KAP (Knowledge –Attitude – Practice) survey; SMART Nutrition survey; and OECD - DAC Evaluation Criteria.

2.3 Data Collection Methods and Sampling

As indicated in before, the Final Term Evaluation (FTE) used a consultative mixed method approach, involving qualitative data collection techniques from multiple sources to ensure multiple levels of triangulation. The consultancy team collected primary data from face to face interviews, key informant interviews, focus group discussions, a Post KAP (Knowledge-Attitude-Practice) survey and field observations; and secondary data from desk review of project documents and quantitative baseline data on Action performance. The following are the data collection tools and their sampling approaches used;

Desk/Literature Review: The team will undertook comprehensive in-depth desk review of project documents and other related literature. Literature review, which started at inception phase, contributed to stakeholder mapping for data collection and contextual analysis of the project. The following documents will be reviewed among others; programme proposal; baseline and interim survey reports; NCA 2020 Progress Report; NCA 2021 cumulative report; reports of assessments or standard operating guidelines; routine monitoring system tools; and updated Log frame which present achievements against milestones targets of sector performance indicators of impact, outcome and outputs.

Key Informant Interviews (KIIs): At state, district and community level, purposive sampling was used to select key informants. The evaluation team (ET) of Palm Associates conducted 4 key informative interviews (KIIs) with NCA country staff and partner staff and three interviews with external stakeholders, including UN and government officials ((WES, state MoRRD staff, state MoH staff, and state MoA staff), Humanitarian Aid Commission, Civil Society Organizations (CSOs), members of CDCs, DDR, and traditional administration. This tool gave the team much needed information on performance of the project on WASH, health, and nutrition aspects.

Focus Group Discussions (FGDs): Five random groups were used for FGDs with parents, community leaders and other special interest groups divided into female and males groups. Each FGD included 6-8 participants only in view of Covid-19 crisis in open space with sufficient distance between the respondents and with donning of masks compulsory. FGDs were conducted with beneficiaries in five selected field locations covering beneficiaries from different sites, project programs, gender, and other key dimensions. FGDs focused on collecting rich information on the "why" and how" related to the key objectives in the TORs. This tool gave the consultancy team critical information on attitudinal change of parents and community members with regards to WASH (e.g. hand washing, Open Defecation, etc.), health (e.g. health seeking behavior) and nutrition (e.g. dietary diversity, food consumption patterns, etc.). Each FGD included a paper roster sheet which kept track of important details such as physical location, number of participants, and participants' gender & age, which valuably facilitated subsequent data analysis. The FGDs were facilitated using voice recorders to ensure the collection of quality, reliable and unedited data.

Household Survey: The household survey used closed-ended questions focusing on "what, how and when". The survey tool was pre-tested in the field and genuine inputs and feed backs were incorporated in the final survey tool. This provided an opportunity for training of enumerators. The household survey sample size was based on the number of participating beneficiaries/household weighted by the population in each state.

The minimum sample size was at 93 confidence level and 7% margin of error with minimum of 80 households per subproject (program). These numbers were decided given the time constraints of end date of evaluation which was further enhanced by time reduced due to Covid-19 issues, travel distances during heavy rains and security issues in Darfur. Stratified sampling was used and the relevant strata IDPs, Refugees and Host households were decided in consultation with the NCA field staff. The beneficiaries were randomly selected from project beneficiaries listed in each stratum, with 10% oversampling done to cater to non-presence of some beneficiaries in the field. In view of Covid-19 crisis, interviews were conducted in open space with sufficient distance between the respondents and interviewer and with face masking compulsory.

The 320 households sampling size for the Post KAP survey was based on the assumption of purposive survey of homogenous population of the actually participating households in the H&WASH program plus 40 non-participating households as a control group. Five FGDs were administered in 5 project sites; 2 FGDs in South Darfur State (SDS) and 3 FGDs in Central Darfur State (CDS).

Health Centre Survey and Observations (Checklist): The ET undertook health center surveys which included data on the number of health staff and other stakeholders trained, the number of sanitation and hand washing facilities built, and staff exposure to WASH training. In addition to the health Centre survey, the team conducted the health center observations using a

Checklist to assess (1) the level of access to WASH at the health centers, (2) the functionality and status of hand washing stations including availability of soap and clean water, and (3) level of accessibility to adequate WASH facilities at the health Centre, with due consideration to gender and disability. The primary respondent for the health Centre survey was the health workers or personnel.

Services and Facility Audits/Observations (Using a Checklist): The ET also undertook the facility audits of WASH installations, project formed/facilitated WASH Committees, primary health care and nutrition facility, water supply systems (pumps), latrines, hand washing facilities, sanitation rooms, to assess their current state in terms of functionality, accessibility and safety at district, schools, health centers and household levels. The facility audits also provided valuable information on the accessibility, usability and safety of WASH and health facilities to vulnerable population groups including women, the disabled, the elderly, IDPs and refugees.

Case Studies/Most Significant Change (MSC) Stories: The Palm Associates consultancy team (ET) identified stories of change, denoting impact of the project from the beneficiaries during FGDs and KIIs. As such, three respondents representing the three main intervention component –WASH, H&N and LFS selected independently from the group for further exploration on a certain interesting success story that show evidence of impact resulting from H&WASH program. Information from these scenario cases studies was critically assessed by the lead consultants, and from these, three case studies with most significant change were then selected based on the extent to which evidence of change are linked with the outcome/impact indicators of the Action intervention project.

2.4 Data Analysis Methods

The data for the two States was analyzed separately, with further breakdown by gender. For analysis of primary qualitative data, the ET employed a structured approach to analysis and triangulated facts and findings systematically in order to assess the information provided by different groups of stakeholders and arrive at robust findings and defensible conclusions. The Consultancy team (ET):

- Summarized KII and FGD notes, and code them according to themes relevant to the evaluation.
- Prepared tally sheets identifying the themes that emerge in the document review, FGDs and KIIs to facilitate systematic and rigorous data analysis aimed at identifying key evaluation findings.
- Compared responses of different stakeholder groups with each other and information provided in project documents in order to triangulate as effectively as possible.
- Compared information provided by project staff with information provided by the respondents (beneficiaries), and address factual discrepancies as well as differences across stakeholder groups in consultation with NCA.

The team analysed the quantitative data by preparing cross-tabs and frequency distributions from the household survey, which are processed and analyzed using Excel and/or SPSS. All qualitative and quantitative data collected through the review was disaggregated by sex, age, location, educational background, class, etc. Standard protocols were applied to ensure data quality, including adequate training of enumerators, cross-checking in data entry and rechecking by Team Leader (TL) for a sample of data. Enumerators were hired locally. The evaluators took steps to ensure that the evaluation respects and protects the rights and welfare of the people and communities involved and to ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to NCA organizational learning and accountability. The ET adhered to NCA Codes of Conduct.

Finally, the team prepared a detailed outline summarizing key findings, based on all the data analysis, and conclusions for each evaluation question and overall recommandations. The TL and the consultancy team produced a draft report identifying key findings, conclusions, recommendations and lessons for the current and future operations. This was reviewed by NCA for initial validation and feedback.

3.0 EVALUATION FINDINGS

The findings have been organised using the OECD-DAC development project evaluation framework.[8] The analysis is also aligned to the Core Humanitarian Standards (CHS). The evaluation findings on the achievement of outcomes and in relation to the results framework are discussed under effectiveness section. Other criteria of relevance, efficiency, sustainability, impact and cross-cutting issues are discussed under this section. Other components looked at are Added Value & Partnerships; Participation & Complaints Handling and Cross-cutting issues.

3.1 Relevance

CHS Commitment 1: Humanitarian response is appropriate and relevant.

This section addresses the relevance of the project in South Darfur state (SDS) and Central Darfur state (CDS). It encompasses a look at the degree to which the project addressed the developmental challenges related to rights holders (children) beneficiaries on key aspects such as WASH, health, nutrition and ES/NFIs. It further looks at the action's alignment and linkage with the international and national humanitarian strategies, plans & policies.

3.1.1 Action addressing the needs of the beneficiaries

Humanitarian actors, including Humanitarian Aid Commission (HAC), are vocal about the need of creating the necessary service infrastructure - schools, water, health facilities - in the areas of origin (or resettlement) for the return to take place. The IDP community leaders, however, state that without guarantees for security return is not possible under any circumstances, thus the camps are becoming more permanent as a result. Although the camp dwellers had developed coping mechanisms, there was still a lot of vulnerable people in the camps. To assess the vulnerability and needs of the CDS and SDS beneficiaries, NCA commissioned the 2018 HNO which valuably highlighted many IDPs, SS refugees, returnees and host communities being extremely vulnerable to the impact of both natural disasters and conflict-related displacement. Darfur remained the most affected area in the country, and the two states, Central and South Darfur, had large numbers of people in need of humanitarian assistance, 685 278 and 910 522 respectively (HNO 2018). 53% of people in need were children. Despite best efforts to support the growing needs, gaps in basic resources and materials were still not met. The action consulted stakeholders and beneficiaries at its inception (baseline) who provided the project with the itinerary of activities which they needs, thereby being context-specific to the needs of the targets. One of the stakeholder had this to say;

> *"The beneficiaries were selected through inter-agency assessment exercise, starting with FGDs involving DRRCs, community leaders, women and youth representatives. Site visits and individual interviews then followed. The action gave very much consideration to the most vulnerable groups (women, children, the elderly, the chronically ill and the disabled)."* ***KII, EPRU Coordinator***

The following are the sectoral challenges which were being addressed by the action.

WASH

Many households in 2018 lacked sufficient and quality water as per Sphere standards (15lppd), which prompted the coming in of this action. The WASH assessments in 2018 showed large gaps in service delivery for both SS refugees and IDPs, for example, in Bilel, access to water was reported by households at 7 and 12 litres per person per day (lppd). In October 2018, 99% of respondents in Central Darfur's Zalingie camps received sufficient water from the water point for all HH members, but 94% of the HHs did not meet the SPHERE standard of 15 liters per day per person (lppd) for each HH member with interventions zeroing on provision of water to schools and households and water quality monitoring. The project came up with various relevant interventions to address these challenges which included

[8] The OECD-DAC evaluation criteria variables includes relevance, effectiveness, efficiency, impact, and sustainability

inter alia: provision of water to schools & institutions; rehabilitation/upgrading of the existing water distribution network; water quality monitoring, including chlorination & bacteriological testing; and monitoring of ground water levels.

Generally, there were none functional water distribution points which are leading to unnecessary waiting time for beneficiaries, and this prompted the project to focus on the operation & maintenance (O&M) of existing water pumping systems. Like in Khamsa dageiga camp in Central Darfur, the assessment report has highlighted that the water management committees who helped to repair the water points albeit may not be able do so promptly. In the case of Al Radom, the community depended on a single water system, which was insufficient. NCA's KAP survey in the area reports that people access only 2 lppd of safe drinking water, well below the sector's agreed target. Along with the urgently needed rehabilitation of aging existing water supply infrastructure (handpumps, tanks, pipelines, fitting, distribution points) and the necessary ongoing operation and maintenance of water systems, NCA continued the progression to more sustainable systems, through a shift from fossil fuel to solarisation and a shift from temporary to more durable infrastructure, for example, PVC to HDPE pipes, OXFAM tanks to more durable masonry tanks. This was noted to be in the pipeline for handover to local authorities.

Moreover, NCA infrastructure assessments conducted at the start of 2018, showed gaps in reliable access with breaks in system operations, which made the focus on the project on rehabilitation/upgrading of the water network more relevant: NCA, through this action, emphasised on the efficiency, effectiveness and ensuring long lifespan of the water systems. This saw a number of fitting (check valve in pipes, thunderbolt protection in solar system) fitted. Leakages in the pipeline were addressed to ensure that water loses are minimal. Community participation was emphasized to address issues of cleaning solar panels, and this was corroborated during consultations with the community members in CDS and SDS. The action also focused on construction/rehabilitation/upgrading of the existing water distribution network, fencing water pumping systems, upgrading solar systems to hybrid solar systems (to ensure consistent power supply especially during the rainy season), repair/rehabilitation of the hand pumps together with the communities, fabrication of the elevated metal water tank, provision of barrel of fuels for running generators, provision of toolkits to support handpumps mechanics

The rehabilitation/upgrading of the existing water distribution network was necessary, against the backdrop of pipeline systems initially installed originally created as an emergency and temporary response, which made them over-stretched with more and more people reliant on this service. With the camps shifting from the temporary to the permanent structures, the continued durability of those water distribution networks was no longer possible. Water storage tanks, flood protection walls, water distribution pipes and stand points were all in need of repair or rehabilitation. The action replaced the pipelines by high density polyethylene (HDPE) pipelines, as well as the capacity to dampen and reduce the impact of the system.

As the HNO 2018 assessment show, a lack of access to sanitation as well as the lack of ability to practice good hygiene measures, prompted the action focus on improving sanitation and promotion of hygiene practices, and construction of latrines for the camps. For instance, Al Radom suffered from too few toilets for too many people, with 75% of HHs reporting defecating in the open, and of the 25% who reported access to some kind of toilet, 40% of them shared communal facilities. Assessments in Rokero showed a similar situation. According to the ECHO evaluation report of November 2018, in all the three camps in Central Darfur, sanitation facilities were shared as there are some households which do not have. This over use of such facilities led to latrines collapsing especially in the rainy season. The situation in school sanitation was even worse, and the assessments showed student to toilet ratios of 1:390, and that the majority of schools did not have functional toilets at all and a safe water source. None of the visited schools in the assessment had a safe water source. The action's support towards construction & rehabilitation of institutional latrines for school health facilities; construction of emergency household latrines, conduction of vector control campaigns, procurement of solid waste management equipment, solid waste management campaigns & clean ups, household hygiene promotion health inspections and implementation of jerry can cleaning campaigns & awareness were more relevant.

Menstrual hygiene management by women and adolescent girls continued to be a challenge with a lack of materials and space, which justified the focus on the provision of hygiene kits to vulnerable household by the action and the construction gender friendly latrines. Among schools and communities, hygiene practices weak, staff turnover is high, and hygiene clubs continued to be negatively impacted, which was evident by the lack of solid waste management. The lack of privacy and access to sanitation facilities both in camps and at schools were identified in the 2018 HNO as having a notable impact on the prevalence of Sexual and Gender Based Violence (SGBV). By responding to this through the provision of hygiene kits to vulnerable households, the project was more relevant. Separate latrines blocks were constructed for girls and all schools were connected to the water pipeline. This had greater impact in keeping adolescent girls in school.

There were a lot of capacity gaps for service providers and stakeholders in WASH, which makes the focus of the DC ECHO project on training (both initial and refresher) most relevant. The following (in Table 1) were some of the gaps in capacities which were noted and were addressed by the action.

Table 1: Capacity Gaps on WASH & Water Supply addressed by the action

Stakeholder or Service Provider	Observed Gap	How the Project addressed
Water Management Committees (WMCs)	WMCs had equipment for the maintenance of hand pumps but still needed additional training.	In both CDS and SDS, 134 WMCs were trained on community participation, ownership of water sources & general functionality of the water sources.
Handpumps mechanics	Handpumps mechanics lacked the adequate skills to monitor and maintain the water pumps	A total of 76 handpumps mechanics were trained on handpumps in CDS and SDS on diagnosis of hand pump malfunction, replacement of the pump, removal and installation and damaged pipes and rods, replacement of worn out rings and rubbers.
Hygiene promoters' volunteers	Poor hygiene practices in the communities, which called for sensitisation/awareness raising	Refresher trainings were provided refresher training for 540 hygiene promoters' volunteers in targeted communities for health education in CDS and SDS
School Hygiene Clubs	Schools had knowledge gaps in terms of hygiene practices	The action managed, in SDS, to train school hygiene clubs and their ToTs, reaching 75 participants.

HEALTH & NUTRITION (H&N) SERVICES

The 2018 HNO assessment report in Bilel showed significant acute malnutrition problem with both SAM & GAM cases standing at alarming 4.2% and 16% respectably, making the action's interventions on improving access to health much needed. The project's interventions which zeroed on: distribution of clean delivery kits & insecticide treated mosquito nets for pregnant women; conduction of ante-and post-natal awareness services, provision of nutrition therapeutic & preventive care services, BCC messages on IYCF, bi-annual MUAC screening, and supporting immunisation campaigns were much more needed. The FTE results showed that the H&N program was much relevant to IDPs, Refugees and Host communities. The program was ranked as of high priority in term of preference by the focus groups, with PHC being most sought by all targeted communities.

Against the backdrop of shortage of medical supplies at Bilel PHC, the project's focus on referral of emergency cases and the procurement & distribution of medical and clinical supplies was more relevant. Baseline data showed Bilel PHC averaging 2 days on non-availability of stock of tracer drugs, including malaria Random Drug Testing (RDT). The project's aim was to address these challenges with the aforementioned host of interventions, thus is was relevant.

There were a lot of capacity gaps for service providers and stakeholders in Health & Nutrition, which makes the focus of the project on training (both initial and refresher) most relevant. The action embarked on efforts towards capacitating stakeholders and community members/structures to ensure that they have the capacities to undertake key project interventions

The following (in Table 2) were some of the gaps in capacities which were noted and were addressed by the action.

Table 2: Capacity gaps on Health & Nutrition addressed by the project

Stakeholder or Service Provider	Observed Gap	How the Project addressed the gaps
Bilel PHC clinic staff	Lack of qualified staff at Bilel PHC clinic	The Bilel PHC clinic was well equipped & supported by qualified staff seconded from Ministry of Health (MoH). The PHC was now overseen by 2 qualified medical doctors and 3 medical staff conducting medical consultations.
Nyala hospital staff (referral institution)	Limited staff at the referral centre, Nyala hospital	MoU was signed between NCA and MoH for the referral of case 1 medical doctor, 2 nurses and a focal person for this activity seconded by MoH in Nyala hospital to provide full services to the cases being referred from Bilel PHC clinic.
Lead Mothers and Mother Groups	Poor health practices and monitoring in the communities	The action trained lead mothers who sensitised the other mothers on breast feeding practices, cooking demonstration and nutritional practices. Mother Groups were also trained on improved nutrition practices and MUAC screening, so as to sensitise and undertake such practices in the communities.
Nutritionists, medical assistants & nurses at Bile PHC clinic	Poor capacities of staff on nutrition	The project undertook two training sessions for Nutritionists, medical assistants & nurses at Bile PHC clinic.

ACCESS TO EMERGENCY SHELTER & NON FOOD ITEMS (ES/NFI)

NCA's assessment in Rokero in late 2018 points to a new and urgent need for emergency shelter for 1 500 displaced households, who are currently largely unprotected, thereby validating the project 's focus on ES/NFIs interventions. NCA conducted two rapid needs assessments in Rokero in September and November 2018, where the main findings indicated displaced families living in poorly constructed and poorly located shelters due to difficulty in securing land, a lack of materials with which to rebuild temporary or more permanent shelter, and the very high cost of building materials. Therefore the procurement & distribution of emergency shelter and NFIs (renewal & full package) materials to newly displaced and vulnerable households was much more relevant and responsive to the needs of the targeted groups.

The security situation in Darfur continued to be unpredictable and often leads to new displacements, which made these interventions on ES/NFIs provision much more needed. NCA was at the forefront to respond rapidly to new displacements with a ready stock of ESNFIs and supporting newly displaced communities with essentials. The action conducted much needed awareness sessions on prevention of fire outbreaks and design and construction of shelter from locally made materials for community members and DRR committees.

There were a lot of capacity gaps in terms of capacities for service providers and stakeholders in ES/NFIs, which makes the focus of the project on training (both initial and refresher) most relevant. The following (in Table 3) were some of the gaps in capacities which were noted and were addressed by the action.

Table 3: Capacity gaps in ES/NFIs addressed by the project

Stakeholder or Service Provider	Observed Gap	How the Project addressed the gaps
DRR Committee members	DRR Committee members lacked skills in assessing and responding to hazards and disasters when they occurred	DRRCs members were reached with distribution sessions on community sensitisations for the new criteria-methodology of distributions, share of the ToR and the delivery of ES/NFI
Community members	Lack of knowledge on shelter construction and coping mechanisms to respond to disasters	The action successfully trained community members on shelter designing, construction, flood prevention & fire fighting. The targeted beneficiaries were community leaders, DRRs, youth, teachers, children and women's groups.
NCA staff, NGO members and UN Agencies	Lack of actual knowledge on households affected by conflict and hazards	7 joint assessments verification & registration for households affected by conflict/disasters with other NCA sector INGOs and UN Agencies in CDS and SDS were undertaken. This resulted in in NCA and partners having an actual profile of the households affected by conflict and hazards in Darfur

3.1.2 Action alignment to international and national priorities

The project interventions were aligned to the Sphere standards, specifically on water access (quality & quantity of water, waiting time at water point; etc.) and the construction of latrines: For instance, the sector of water supply supported the operation and maintenance of the water distribution networks and the action further provided water to beneficiaries so that they would meet the 15 litre per person per day (lppd) as per the Sphere standards. In the same vein, the action targeted to reduce waiting time at water point to 30 minutes and below as per Sphere standards. The construction of latrines (including emergency ones), especially at schools, was in line with the Sphere standards, where the project sought to achieve the toilet to student ratio of 1:30 and 1:60 for girls and boys respectively. There were corroborated by NCA staff and SMoH officials consulted.

Additionally, all NCA actions in Darfur are coordinated against a four-year Darfur Programme (DP) appeal and strategy 2016-2020, that is strongly aligned with OCHA's Sudan Multi-Year Humanitarian Response. Both the OCHA document and NCA's DP clearly identify the protracted nature of Darfur and so highlights the need to provide holistic and integrated responses to provide an increased impact for target beneficiary populations. During 2018, the DP has actively promoted an integrated programme approach particularly focusing on WASH, H&N and livelihoods. This was indicated by the stakeholders during consultations.

Of the 17 Sustainable Development Goals (SDGs), the action is aligned to 10 of them. There are SDGs 1, 3, 4, 5, 6, 7, 10, 11, 13 and 17. The following table 4 shows the alignment of the project intervention with the SDGs

Table 4: alignment to SDGs

SDG	Project interventions aligned to the SDGs
SDG 1 No Poverty	• Procurement & distribution of improved emergency shelter materials for newly displaced people and vulnerable protracted IDPs • Distribution of renewal NFIs & full package NFIs; and post distribution surveying • Training on shelter designing, construction, flood prevention & fire fighting • Conduction of training on assessment & verification and distribution sessions for Disaster Risk Reduction Committees (DRRCs)
SDG 3 Good Health & Interventions	• Referral and following-up of emergency cases to secondary hospital (Nyala) • Distribution of clean delivery kits and insecticide treated mosquito nets for pregnant women • Conduction of ante-and-post natal services awareness sessions • Supporting three immunisation campaigns and other health campaigns • Conduction of community participation and mobilisation training for 18 community health committees (CHCs) & Community Health Personnel (CHPs) • Procurement and supply of medical & clinical supplies for Bilel PHC clinic. • Provision of nutrition therapeutic and preventive care services • Promotion of improved health practices through mother to mother/lead mothers approaches • Provision of counselling and BCC messages on Infant and IYCF • Undertaking of bi-annual Mid-Upper Arm Circumference (MUAC screening) • Community-Based Management of Acute Malnutrition (CMAM) • Training mother groups on improved nutrition practices & MUAC screening • Training of NCA staff on Health, NFIs and WASH
SDG 4 Quality Education	• The action supported the construction of latrines (including emergent ones) for schools, to ensure that the toilet to student ration is in line with the Sphere Standards (1:30 and 1:60 for girls and boys respectively). • The project also constructed/rehabilitated water sources and hand washing facilities at the schools. All these actions are the foundations for quality learning.
SDG 5 Gender Equality	• The Project used a 'Do No Harm Approach', where protection needs specific to women and children, especially relating to accessing toilets and fetching water were included in the planning, design & implementation to ensure that their safety, security and dignity were maintained. • A gender-inclusive participatory approach was used throughout the design and implementation cycles. Data was disaggregated by gender, age and location • The provision of NFIs such as menstruation materials by the action was a plus in gender-responsiveness
SDG 6 Clean Water and Sanitation	• Operation and Maintenance (O&M) of existing water pumping systems: • Rehabilitation and/or upgrade of 7 km of existing water distribution networks (1.5 in SDS and 6km in CDS)

	• Upgrading of the solar pumping systems • Provision of water in two schools in Bile camp • Repairing & Rehabilitation of handpumps & fabrication of metal water tank • Water quality monitoring, chlorination & bacteriological testing • Provision of fuel to generators for water pumping • Monitoring ground water levels and Hygiene promotion campaigns • Support to SMoH for acute water diarrhoea during rainy season:
SDG 10 Reduced inequalities	• All interventions of the project on WASH, Health & Nutrition and ES/NFIs were targeted the most vulnerable host communities, IDPs and refugees in the camps of CDS and SDS, which makes the action designed to address inequalities.
SDG 11 Sustainable systems and communities	• The action shifted from a temporary tom more durable infrastructure, e.g. from PVC to HDPE pipes for water distribution networks and from Oxfam tanks to more durable masonry tanks. • Communities were encouraged and trained to construct houses and latrines using locally available resources such as anthill dagga and grass for thatching. This ensured sustainability • The action involved training and refresher trainings for various stakeholders which is key to sustaining its interventions
SDG 7 Affordable and Clean Energy Goal 11 Climate action	• Planting of trees around water sources and public places, was a good move for environmental protection • The project managed to upgrade solar systems to a hybrid systems which ensured the consistent supply of power. The solar systems were replacing the use of fossil fuel, which is an environmental friendly initiative.
Goal 17 Partnership for the Goals	• The action worked with other humanitarian actors to ensure complementarity and achievement of goals. These were UNICEF in both nutrition & health sectors, WFP in nutrition, OCHA in response to the vast humanitarian needs; and UNHCR with refugee working groups. • The project also worked with national & local authorities such as HAC, SMoH (exemplified by the secondment of health staff to Bilel PHC clinic) and WES (working with the NCA WASH team).

3.2 Effectiveness

CHS Commitment 2: Humanitarian response is effective and timely
CHS Commitment 8: Staff is supported to do their job effectively and are treated fairly and equitably

The effectiveness section assesses the degree to which the set results for the action were accomplished. It analyses attainment of set outcomes by scrutinising the degree of achievement of set output and performance of outcome indicators (where there are available statistics). The evaluation rated the performance of the project on five categories (i) Highly Achieved (HA), if the project outcomes achievement exceeded expectations; (ii) Achieved (A), if the project outcomes were achieved as expected, (iii) Moderately Achieved (MA) if project outcomes were moderately achieved, (iv) Below Average (BA), if the project outcomes were sparingly achieved, but below average and (v) Not Achieved (NA), if the project did not accomplish set outcomes. The evaluation results on achievement made was informed by an analysis of (i) project monitoring reports; (ii) feedback from stakeholder consultations; and (iii) capacity assessment tools and other qualitative methods. The discussion that follows analyses the status of achievement for project outcomes, whether the coverage of results is reasonable against the resources, and observed challenges per each outcome.

3.2.1 WASH

Outcome 1	**•Improved access to WASH related supply and services among South Sudanese refugees, IPDs, returnees and host communities**

KEY ACTIVITIES

Operation and Maintenance (O&M) of 19 existing water pumping systems: NCA continued providing potable water to the IDPs, refugees and host communities by ensuring the following water facilities are operational: Nineteen (19) water supply schemes where three (3) are diesel powered and sixteen (16) are solar powered. Out of these, 8 were for SDS (Bilel & Al

Radom) and 11 were for CDS (Hassa Hissa, Khamsa dageiga, Hamedia & Rokero camps). This was to enhance access to water to people in the 5 camps (Hass Hissa, Hamedia, Khamsa dageiga, Bilel and Al Radom camps), where safe water was provided on daily basis for the 5 camps mentioned above. In addition, 36 broken water leakages points (17 points in Hassa Hissa, 12 in Hamedia and 7 in Khamsa dageiga) were repaired in the IDP camps. Three (3) generators were also repaired – along with their housing and outlets for ventilation 2 were in Hamedia and 1 in Hassa Hissa camps in Zalingei. Two (2) Hand Dug wells were rehabilitated in Hassa Hissa water systems.

Rehabilitation and/or upgrade of 5.5 km of existing water distribution networks: The water pipeline system was set up on a temporary basis, but due to the permanence of the camp population, it was overstretched and strained as the population continues to grow. In SDS (Belil & Al Radom camps), the 1.5km of existing water distribution network was rehabilitated as planned. As for CDS (Hassa Hissa, Khamsa dageiga, Hamedia & Rokero camps), 6 km of the existing water distribution network was rehabilitated/upgraded, surpassing the target of 5.5km.

Upgrading of the solar and its pumping system: In SDS (Bilel & Al Radom) and CDS (Hassa Hissa, Khamsa dageiga, Hamedia & Rokero camps), the action successfully managed to upgrade two (2) solar systems and four (4) solar systems as planned. This greatly ensured consistent power supply. As planned, the solar system in Rokero, Jebel Marra was fenced (wire mesh with anchored metallic posts) and three water distribution points were constructed, with 6 taps erected per distribution point.

Provision of water in two schools in Bile camp: The administration of the school has been consulted and allowed for the connection of water in the institutions. Two water systems in two (2) basic schools (Bilel Boys and Bilel girls) in the Bile camp were connected to an elevated plastic tank (Tiga) with a storage capacity of 5000l. To increase the water supply in Bilel Girls School (Alum), and the surroundings, one (1) handpump was upgraded to a mini solar system

Repairing & Rehabilitation of the handpumps: For both Central Darfur State (CDS) and South Darfur State (SDS), a total of 67 handpumps, against the planned 69 were rehabilitated/repaired. Specifically, for SDS (Al Radom & Bilel), 18 were repaired/rehabilitated, while for CDS (Hassa Hissa, Khamsa dageiga, Hamedia & Rokero camps), 49 handpumps were rehabilitated/repaired. The water committees with the help of the already trained hand pump mechanics and the guidance of NCA staff managed to repair all these handpumps.

Fabrication of metal water tank: The tank was fabricated, transported and installed in Faki Sapoan village in Rokero as planned. A 3-meter-high height was maintained to ensure that there was pressure for water flow by gravity. Community members were actively involved in the installation of the tank as they assisted in the offloading and installation. Communities contributed with casual labor during the installation of the tank.

Water quality monitoring, chlorination & bacteriological testing: For SDS (Bile & Al Radom), 360 water samples, slightly short of the 370 target, were randomly collected and tested for bacteriological test. For CDS (Hassa Hissa, Khamsa dageiga, Hamedia & Rokero camps), the project managed to undertaken 460 tests, surpassing the target of 414. During these tests, water chlorination was done. In households which had contaminated water, bucket chlorination was done on the spot. Intense hygiene education was centered in households and their neighbours.

Provision of fuel to generators for water pumping: The action in SDS managed to supply 21 barrels of generator fuel, slightly short of the planned target of 24 barrels. In the same vein, for CDS, the project supplied 339 barrels of generator fuel, as planned. The fuel usage was controlled through a record book where the operational hours, amount of water pumped, and amount of fuel used was recorded.

Monitoring ground water levels: Water level monitoring was successfully done as per plan in eight (8) water sources (Hassa Hissa (2), Hamedia (3), Khamsa dageiga (1), Al Rodom (1) and Bilel (1). The static water levels of the selected wells have been measured to determine the rate of ground water level fluctuations. This was meant, in the long run, to give general information on the fluctuations of the water levels. Dip meters are being used to measure these levels.

Planting of trees around water sources and public places: Three hundred (300) tree seedlings were distributed and planted around water sources and public places. Specifically 100 tree seedlings were planted in Bilel (SDS) and 200 in Zalingei (CDS). The water which has spilled from the distribution water points during drawing was channelled to the planted seedlings. This eliminated the wastewater draining dripping from the water points.

Refresher training for water management committee (WMC) members, handpumps mechanics, & hygiene promoters' volunteers: In SDS, the action provided refresher training to 60 WMC members, against the planned 90; while for the CDS, the action trained 74 WMC members, surpassing the target of 60. The trainigs emphasised on importance of community participation, ownership of water sources & general functionality of water sources to ensure sound sustainability. A total of 49 handpumps mechanics were trained on handpumps in CDS as planned, and the same was for SDS where 28 were trained as planned. Diagnoses of hand pump malfunction, replacement of the pump, removal and installation and damaged pipes and rods, replacement of worn out rings and rubbers were part of the practical topics which were handled. The project provided refresher training for 240 (short of the planned 360) and 200 (slightly short of the planned 210) hygiene promoters' volunteers in targeted communities for health education in CDS and SDS respectively. The action in CDS managed to provide 11 toolkits as planned, while in SDS it successfully provided 4 toolkits. The parts included pump buckets, valves, sealing rings, axle, nuts & bolts, and chains. The distribution was done to the respective community members.

Hygiene promotion campaigns: In CDS, 4 vector control campaigns (2 in Bilel and 2 in Zalingei) were conducted as planned and in SDS, 3 vector campaigns were undertaken, short of the planned 4. A total of 37 sets (surpassing the planned 32) and 10 sets (as per plan) of solid waste collection equipment were procured in CDS and SDS respectively. The set included shovels, rakes, baskets, hoes and local broom and protection dresses. The action successfully held 24 (surpassing the target of 14) and 8 (as planned) solid waste management campaigns and clean ups in CDS and SDS respectively. A total of 36 and 18 (all as planned) public health sensitisation campaigns were held in public places in IDP camps in CDS and SDS respectively. In CDS and SDS, 20 (surpassing the 10) and 8 (short of the planned 12) implementation of the jerry can (water storage containers) cleaning campaigns and awareness at water points were done. In SDS, 2 community drama, video shows & hygiene competitions in Bilel camp and Al Radom camps were conducted; while the celebration of the World Handwashing day (October 15) and World Water Day (March 22) were annually done.

Researches and KAP studies on WASH: A technical assessment was done on the stability and durability of the latrines to be rehabilitated. The selection of the schools to be targeted in the rehabilitation of latrines was successfully done as planned. In addition, a KAP survey was done on the last phase of implementation.

Household inspections for hygiene status and distribution of hygiene kits: To ensure that hygiene status is monitored at household level, a total of 460 household inspections were conducted, surpassing the target of 400. Of this, forty-five (45) households (9.7%) required improvement in their hygiene status. A total of 1000 hygiene kits were distributed, as planned to vulnerable families among the targeted groups.

Training of the school hygiene clubs and their Trainer of Trainers (ToTs): The action managed, in SDS, to train school hygiene clubs and their ToTs, reaching 75 participants.

Support to SMoH for acute water diarrhoea during rainy season: The SMoH provided a technical team whilst NCA provided the vehicles for this activity, as part of the collaboration.

DEGREE OF ACHIEVEMENT

The action as planned, had 191121 beneficiaries having access to sufficient and safe water for domestic use, up from a baseline of 174403 people: Under the action, the final evaluation observed beneficiaries having access to safe water which met the Sudan agreed minimum standard target of 7-15 litres per day. NCA continued providing potable water to the IDPs, refugees and host communities by ensuring the following water facilities are operational: Nineteen (19) water supply schemes where three (3) are diesel powered and sixteen (16) are solar

powered. Evidence from the survey corroborated this and showed a considerable number of households having access to quality and sufficient water

In terms of **water quality**, the NCA water was observed to be from piped sources, as the action rehabilitated and/or upgraded 3km of existing water distribution networks. This made the water free from faecal contamination, while it was chlorinated regularly as reported by 29.15% of the surveyed beneficiaries as follows: Bilel (52.1%), Hassa Hissa (21.7%), Hamedia (35.1%) and Khamsa dageiga (7.7%). Resultantly, a total of 82% of the beneficiaries indicated their satisfaction with the water quality. This is shown in Figure 3 and Figure 4 below shows the level beneficiary satisfaction with water quality and the communities fetching water respectively.

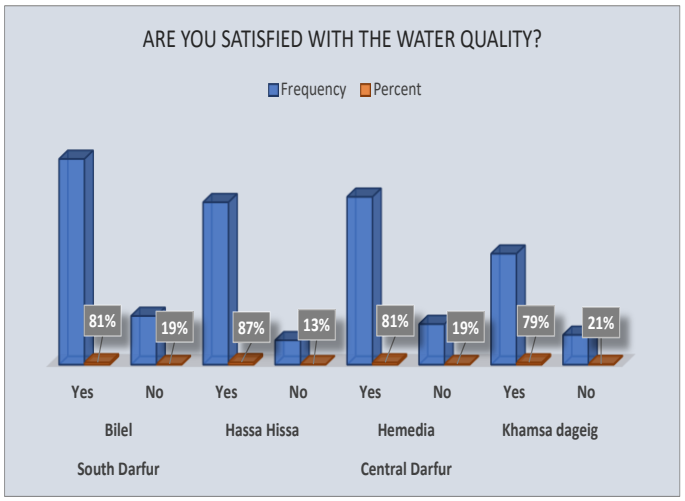


Figure 3: Proportion of beneficiaries (from the survey satisfied with the water quality delivered by NCA

Figure 4: Community members drawing water from a water point in Hamedia camp (CDS)

The aforementioned satisfaction of beneficiaries to the quality of water was attributed to the continuous monitoring of the water by NCA in the target areas. This made the water to be of high quality and meeting both the Sphere and local standards. For quality monitoring, the Final Term Evaluation (FTE) results showed 52.1%, 21.1%, 35.1% and 7.7% from the respondents at Belil, Hassa Hissa, Hamedia and Khamsa dageiga camps reporting NCA undertaking water quality monitoring on daily basis. Quality monitoring of water was done with the water committees for sustainability, as they would undertake such activities after the lapse of the project. In addition, the water committees, as a sustainability strategy, were trained on fixing water pumps and points. Evidence from consultations showed water committees being fully capacitated to fix water problems in the communities. Figure 6 shows the proportion of beneficiaries reporting daily water quality monitoring from NCA, while figure 5 shows capacitated water committee repairing a water pumping line.

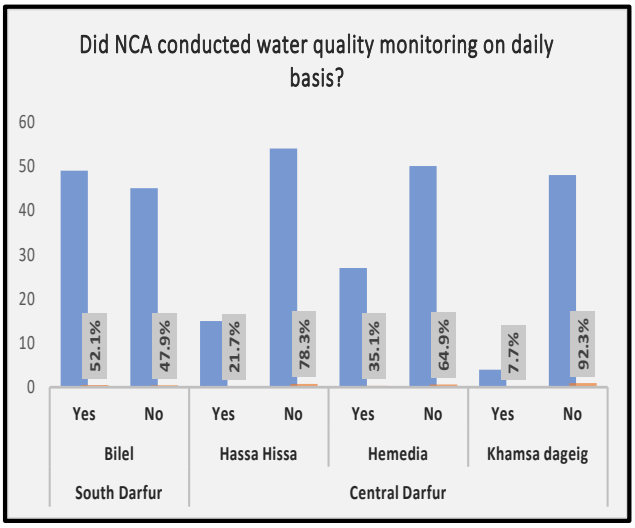


Figure 6: Proportion of beneficiaries acknowledging conduction of daily water quality monitoring by NCA

Figure 5: Water committee repairing water pumping line in Hassa Hisa camp, sector 2 (CDS)

With regards to **water sufficiency**, the evaluation from consultations gathered that an average proportion of beneficiaries had sufficient access to water which covered their basic needs, and therefore meeting the locally agreed standards of 7.5-15 l/p/d. From the survey, 52% of the beneficiaries indicated having sufficient water, the highest proportion being Bilel (67%) and Khamsa dageiga (55.8%) in SDS and CDS respectively. CDS camps of Hassa Hissa (21.7%) and Henedia (35.1%) had the lowest proportions of households who indicated having access to sufficient water sources. Figure 7 shows the level of access to water by the beneficiaries from the survey.

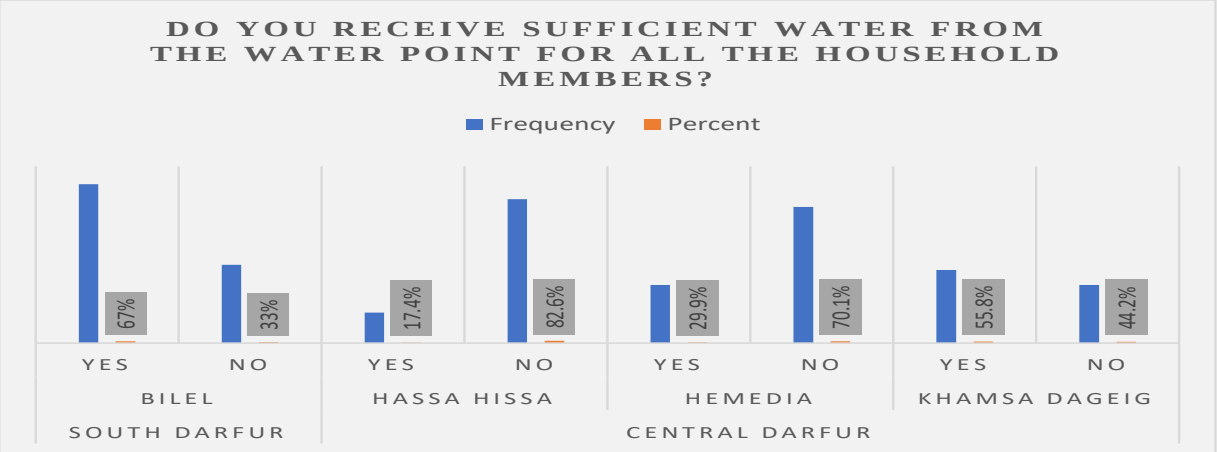
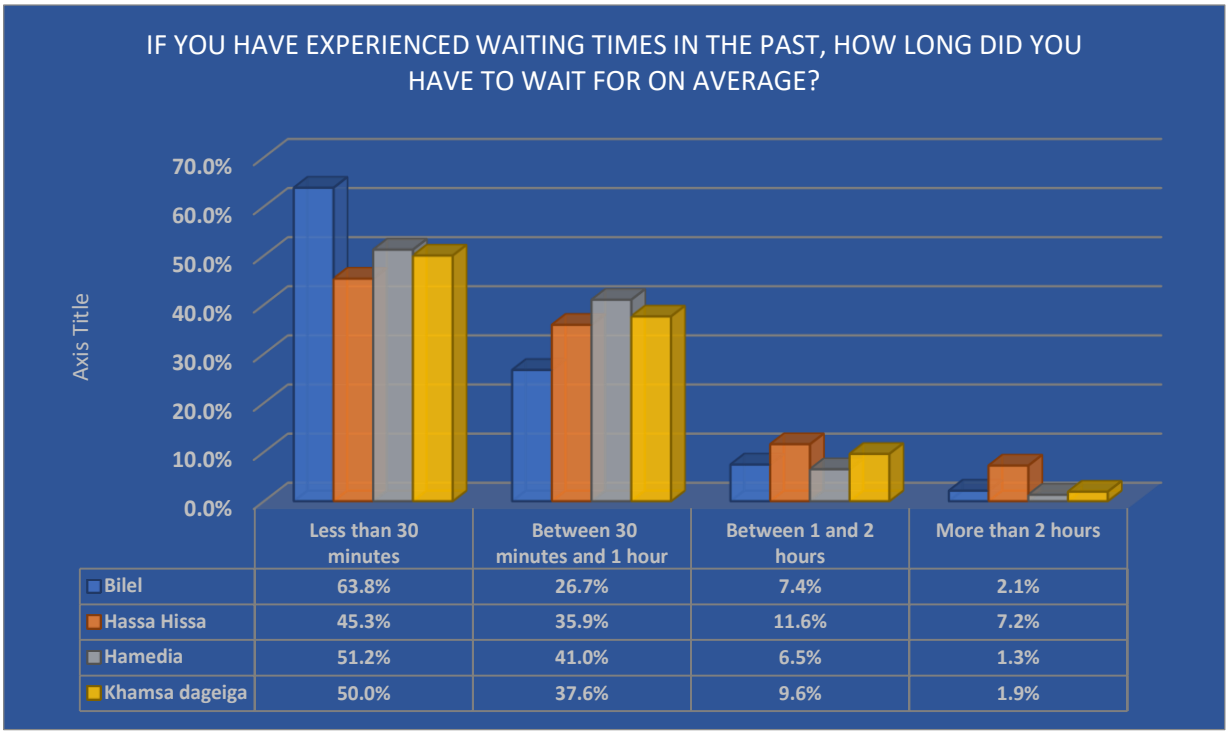


Figure 7: Proportion of beneficiaries reporting sufficiency of water

NCA continued to provide water to the beneficiaries to address the gaps in water access, in line with the dictates of the Sphere standards which require 15lppd. A significant proportion of beneficiaries consulted, 89.28% indicated having received water from NCA, and these were distributed as follows: Bilel (71.3%), Hassa Hissa (100%), Hemedia (89.6%) and Khamsa dageig (96.2%).

As gathered from the survey, 52.6% of households (Bilel-63.8%; Hassa Hissa-45.3%; Hamedia-51.2%; and Khamsa dageiga-50%) were experiencing less than 30 minutes of waiting time at a water point, in line with the Sphere standards. This was reportedly attributed to the rehabilitation/upgrading of the 7.5 km of the water distribution network (1.5km in South Darfur state and 6km in Central Darfur state). This is presented in Figure 8 below.



	Less than 30 minutes	Between 30 minutes and 1 hour	Between 1 and 2 hours	More than 2 hours
Bilel	63.8%	26.7%	7.4%	2.1%
Hassa Hissa	45.3%	35.9%	11.6%	7.2%
Hamedia	51.2%	41.0%	6.5%	1.3%
Khamsa dageiga	50.0%	37.6%	9.6%	1.9%

Figure 8: Waiting time of the beneficiaries at a water point

However, an analysis of Figure 8 shows a significant proportion of households (47.6%) having to wait between 30 minutes to over 2 hours at a water point, which is not in line with the Sphere standards (less than 30 minutes). Results showed that 35.3% (Bilel-26.7%; Hassa Hissa-35.9%; Hamedia-41%; and Khamsa dageiga-37.6%) were waiting between 30 minutes to one hour. A small proportion of 8.78% of households (Bilel-7.4%; Hassa Hissa-11.6%; Hamedia-6.5%; & Khamsa dageiga-9.6%), reported waiting time at a water point of between 1 and 2 hours. Lastly, 3.13% of households (Bilel-2.1%; Hassa Hissa-7.2%; Hamedia-1.3%; & Khamsa dageiga-1.9%) reported waiting for more than two hours. All these households fell short of the Sphere standards which mandates the waiting time at a water point to be less than 20 minutes. The major factor reported from consultations was the increasing number of IDPs and refugees in the camps which resulted in increased demand of water at the water points. IDP and refugee camps were observed to be becoming permanent than earlier set for (temporary), with uncertainties over the return of IDPs and refugees.

In addition, the action was faced by many challenges, such as; the instability and fragility of the country during the toppling of Al Bashir regime, the high inflation rate (water supply equipment and chlorine became expensive) and spread of Covid-19, which substantially affected the quality and quantity of the services provided by Action project. One of the FGD participant had this to say;

> *"Yes, we are satisfied with water supply. However, there is shortage in the service (e.g. chlorine for water). Some areas have problems accessing water because they are far from the water sources and had to buy water at higher prices."* ***FGD participant, CDS***

Lack of community participation due to spread of Covid-19 which had a significant effect in implementation of some project activities. However, some activities such as water supply, sanitation and hygiene activities were noted functioning well in the project areas.

Several challenges were observed in terms of access to and quality of water from the evaluation. It was observed by some that there was lack of chlorine to treat the water, which limited the quality of the water. It should be noted that this evaluation was undertaken in July 2021, after the action had ended in February of the same year, with no intervention supporting the communities. Water insufficiency was another challenge observed from the surveyed beneficiaries (48%), as water points were noted to be few to cater for the ever growing population (the camps which were meant to be temporary, were observed to be permanent). One of the beneficiary had this to say;

> *"The water service is very adequate. There are 9 wells in the camp, with 8 working and in good condition. But in the summer, the camp residents suffer from water scarcity. During the COVID-19 pandemic, no health materials were distributed, and awareness and guidance were insufficient."* ***FGD participant at Bilel IDP camp***

In addition, due to the increasing population in the camps, and these camps becoming permanent than temporary as earlier envisaged, there is therefore need for future like-minded interventions to consider increasing the water points for the camps to ensure the sufficiency of water supply. In addition, water chlorination materials should be regularly availed to water point committees for continued chlorination of water so as to enhance water quality.

At endline, 90.5% of the surveyed beneficiaries (target population), surpassing the endline target of 85%, reported having adequate WASH services and hygiene practices: This proportion, as per location, was as follows: Bilel (88%), Hassa Hissa (89.9%), Hamedia (90.1%) and Khamsa dageig (94%). As gathered from consultations, most of the beneficiaries during FGDs reported their basic WASH needs being met and also having adequate hygiene practices (according to the Sphere standards on appropriate use and regular maintenance of facilities and handwashing platforms.

Figure 9 shows the proportion of households indicating the adequacy and reliability of the WASH and water supplies.

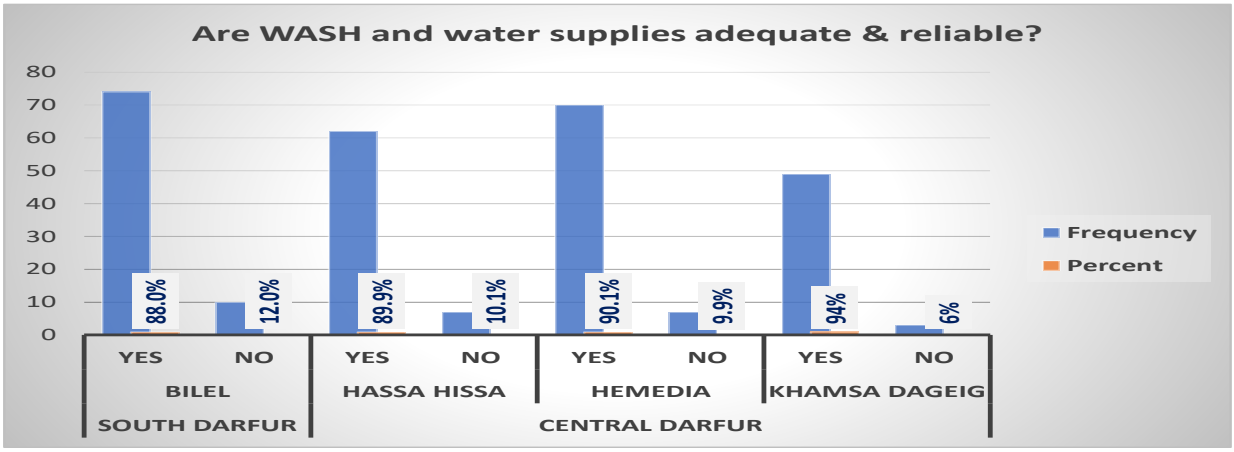


Figure 9: Proportion of households with access to adequate and reliable WASH and water supplies

Activities such as the repairing and rehabilitation of the 19 water supply schemes (16 solar-powered and 3 diesel-powered), support towards hand pumps and construction of latrines ensured adequacy and reliability of WASH and water supplies. A lot of people were observed to have benefitted from such interventions which led to their increased access to adequate and reliable WASH supplies.

The percentage of people practicing safe handwashing behaviours at critical times rose to 91%, from 85% at baseline, meeting its set target: Such an achievement was attributed to the hygiene sessions and IEC materials provided by the action, which sensitised the communities on the need to practice handwashing. In addition, handwashing facilities were placed at all latrines, clinics and institutions by NCA and this again promoted handwashing. The survey results showed that a significant proportion of beneficiaries were practicing handwashing at critical times and these were distributed as follows: Bilel (83%); Hassa Hissa (85.5%); Hamedia (96.1%) and Khamsa dageiga (100%). This is presented in Fig 10.

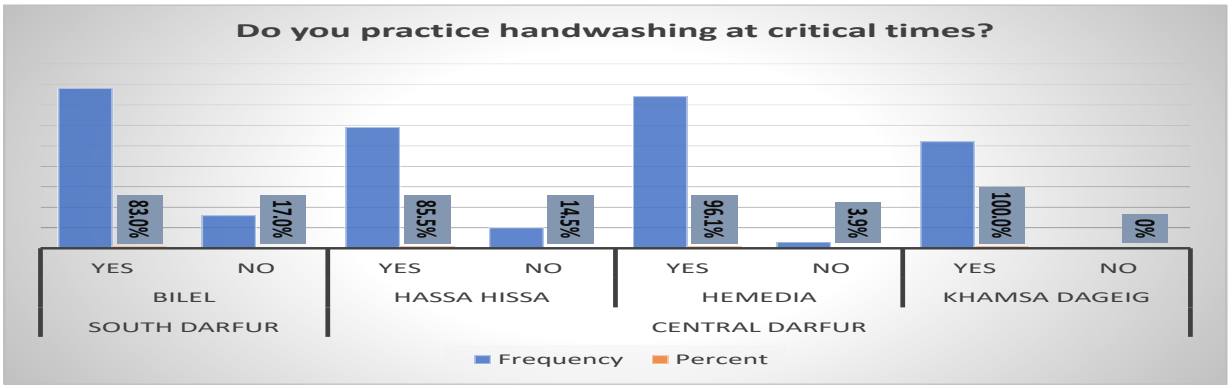


Figure 10: Handwashing behaviour by targeted beneficiaries

The success realised under this outcome was a result of the appreciation of project interventions by IDPs and Refugees who fully backed them, as they were consulted in 2018 before project implementation to proffer their expectations from the project (the activities of the action were in line with those expectations). Generally, the majority of the outputs were implemented with improved quality. These outputs were built on prior comprehensive assessment of the local contexts to ensure local relevance and quality control. Furthermore, capacity building for IDPs and Refugees committees and project partners was implemented with better quality.

Project's investment in handwashing facilities and health related interventions made it highly responsive to the COVID-19 pandemic: As gathered from consultations, NCA office staffs in Zalingei were vaccinated with Covid-19 vaccine. Prior to the coming of COVID-19, the action provided places for washing hands in the markets in food centers and camp clinics, and loudspeakers were used to spread health messages among the targeted communities. Notably, this resulted in no Covid-19 cases recorded in the project area. In order

to respond to Covid-19, and after the first incidence in Sudan, NCA got funding from ECHO as an outbreak response, and some of this fund was used for awareness raising, capacity building and response for outbreaks. The noted gaps were the restrictions of the movement and gathering which led to the suspension of community gathering activities in cleaning and awareness campaigns, and trainings.

RATING OF ACHIEVEMENT

Table 5 shows the overall rating of the achievement of Outcome 1 on its set targets as per the Results Framework

Table 5: Overall Rating of Outcome 1 based on performance of indicators

Outcome 1: Improved access to WASH related supply and services among South Sudanese refugees, IPDs, returnees and host communities					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of people having access to sufficient and safe water for domestic use	174403	184275	191121	**191121**	**A**
% of people from targeted households that practice safe handwashing behaviours at critical times	85%	90%	90%	**91%**	**HA**
% of target population with adequate WASH services and hygiene practices	60%	66%	85%	**90.5%**	**HA**
Overall Rating					**HA**

KEY

HA-Highly Achieved
A- Achieved
AM-Achieved with minor shortcomings
MA-Moderately Achieved
BA-Below Average
NA-Not Achieved

3.2.2 *Health*

Outcome 2	•Improved access and utilisation of health services and reduced morbidity/mortality associated with illness among South Sudanese refugees, IDPs and host communities

KEY ACTIVITIES

Referral & following-up of emergency cases to secondary hospital: 371 complicated cases and emergencies were referred to Nyala Hospital for farther treatment. Patients received support in the form of transport, food, accommodation and allowances during the period of treatment. Patients were referred to a bilateral health unit and secondary hospitals in Nyala. NCA rented a car to use as ambulances for referral of patient following the referral protocols.

Distribution of clean delivery kits and insecticide treated mosquito nets for pregnant women: A total of 340 kits were distributed for pregnant women-this is in addition to 1200 kits that were donated and distributed from UNFPA. The kits given out contained: disposable delivery mat (1), infant receiver (1), sterile gloves (2 pairs), cord clamps (2), mucus extractor (1), blade scalpel (1), bottle of methylated spirit (1) and antiseptic soap (1 bar). As planned, 1500 long-lasting insecticidal nets (LLINs) designed to maintain the effectiveness against those who carry malaria and other diseases, were distributed to children <5 years and pregnant women. Each household within the target group received a mosquito net according to the family size. One (1) mosquito net was therefore given to three (3) people in each target household. Printed insert materials were distributed to those receiving LLINs, in localized language and through a presentation.

Conduction of ante-and-post natal services (awareness sessions for 1000 participants): NCA successfully conducted ante-natal care awareness sessions on a bi-weekly basis, and also undertook post-natal visits. A total of 1000 women participated in the sessions and post-natal visits. Capacity building training was conducted for medical assistants and midwives in 2020 which improve consultations. The trainings were done in collaboration with the SMoH.

Supporting three immunisation campaigns and other health campaigns: Three immunisations campaigns were successfully undertaken as planned in 2020, and routine immunisations were administered at the Bile PHC for pregnant women and children under 5. A total of 650 households (surpassing the planned 370) and 2644 households (surpassing 1523 planned) participated in the mobile awareness campaign for COVID-19 in Elhamidia and Nertiti camps respectively.

Conduction of community participation and mobilisation training for 18 community health committees (CHCs) and Community Health Personnel (CHPs): A total of 12 Community health committees are active and part of the outreach program in Bilel. CHPs and CHCs played a major role in disseminating more information on positive health seeking behaviour, and strengthened their capacities to mobilise communities for health education and positive health seeking behaviours

Procurement and supply of medical & clinical supplies: NCA supplied the clinic with clinical stationaries (2 time replenishment for clinic), medical soap (2 time replenishment for clinic), medical tools and equipment & supplies (charcoal, mats, etc.). NCA also received PEP kits from UNFPA, and these were given within 72 hours of the assault for the victims of GBV.

DEGREE OF ACHIEVEMENT

A total of 43,883 primary health consultations were done, slightly short of the set target of 46,422: Quality Primary health care Services (consultation) was provided to a total 43,883 (24,287F, 19,596M; <5 19, 14 & >5 24,741) South Sudanese refugees, IDP and host communities. As gathered from consultations, at the level of Bilel PHC, priority was given to women, the elderly, people with disabilities and children. The PHC was well equipped, and the services was provided by qualified staff seconded from the State Ministry of Health (SMoH), as earlier indicated. The PHC was supervised by 2 (Health Officer and medical referral Officer) in additional to 3 medical assistants conducts medical consultation and treatment according to the standard protocols. The results obtained from the survey validates this achievement of the project, with a relatively considerable proportion (30.5%) of beneficiaries indicating having visited the health facility in a space of a year. This is presented in figure 11 below

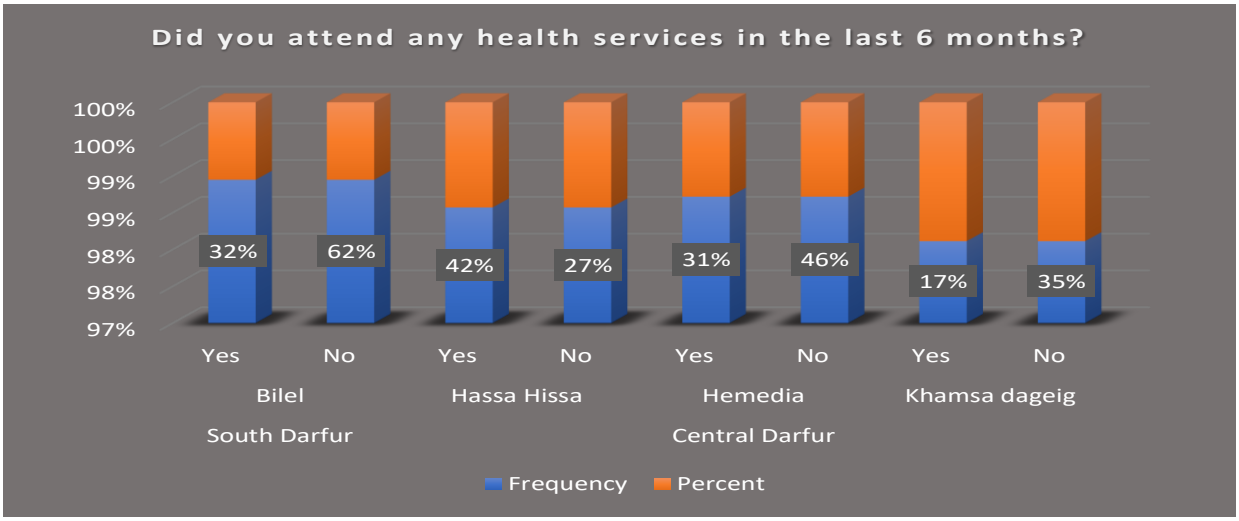


Figure 11: Beneficiaries who went to a health facility in the past year

An average of 130 to 150 patient were reportedly being treated on daily basis at Bilel PHC clinic. However, sseveral challenges were noted on consultations, notably the increased staff turnover at the Bile PHC due to various challenges such as poor remuneration and conflicts. The Belil

PHC clinic was also observed to be under staffed, with 38 employees serving an average of 200 patients daily on a busy day. One of the consulted key stakeholder had this to say;

> *"The daily number of patients is 200. The highest number of patients are during the rainy season from August to October. The staff we have here cannot meet the demands of such numbers."* ***KII, Statistics officer, Bilel PHC***

Based on this, despite the secondment of MoH staff to the Bilel PHC, more support is needed on staffing the PHC. The best practice observed from the action was the training of TBAs, the hygiene community volunteers and other community cadres who would complement the limited clinical staff on health and hygiene.

At the endline, 74% women, surpassing the set target of 70%, were giving birth monitored by skilled staff at health facility, home and hospital level (referral): According to reproductive health data, 74% of pregnant women in the Bilel IDPs, Refugees and host community reportedly delivered at the PHC clinic. As gathered from evaluation consultations, this significant achievement was realised as a result of awareness and active role of traditional birth attendance and Community health committee who convinced women to continue with ANC and PNC and to deliver at health facility for safety deliveries, NCA also continued to give out clean delivery kits which encouraged women to visit Health facility continually for better ANC and PNC services. As reported, the reproductive health services in Bilel were running 24 hours (day and night shift), and this was key in ensuring safe deliveries for women. Here is an excerpt from one of the consulted FGD participant;

> *"The Midwifes center in Bilel PHC started in 2012 with 2 staff members, now has 4 midwifes. Birth cases that come to the centre per month are from 50 to 80 cases. Complicated birth cases that are referred to Nyala hospital per month were 5 to 6 cases."* ***Participant during FGD with Bilel PHC Midwives***

NCA was reported from the consultations to be periodically training the midwives at the centre (Bilel PHC). Specifically, NCA trained 8 midwives in Bilel displaced camp, and these were noted to be effectively following up on delivery cases in the camp. Child birth services were noted t be free at the centre, thereby encouraging safe delivery for all. As gathered from the FGD with the midwives, the Bile PHC's midwives regularly provided educational services to the women's community in Bilel locality every Sundays and Thursdays and they also monitored birth at home after work. However, as gathered from consultations at the Bilel PHC, it was observed that the center, as the endline stage, had stopped to provide clean delivery related materials for women, such as soap and mosquito nets. These materials are integral for clean delivery for women, and future like-minded interventions should consider their ready availability.

A total of 371 patients, well surpassing a target of 150 patients, were referred and followed up at a secondary unit (Nyala hospital): A total of 371 patients (<5 male 89, <Female 103) (>5 male 84, > female 95) were referred to Nyala teaching hospital. As earlier reported, good coordination and collaboration was in place with SMoH on referral of the emergency cases to Nyala teaching hospital. The medical doctor who was 100% responsible for referring and following up on referred cases at the Nyala hospital was provided food allowances, medical cost, accommodation, progress of the patient and transportation. The medical personnel at Nyala hospital were observed to be well qualified and were trained on referral of SGBV victims and proper management of GBV cases. The 371 referred patients were had medical complications and with cases that needed treatment at hospital level. As corroborated during consultations with Bilel PHC clinical staff, the criteria for the referral was prepared by MoH and WHO, and the referral was done through NCA medical referral officer who was based in Bilel. NCA supported the referral cases by transportation, food allowances for both caretaker and patients, including treatment fee coverage e.g. laboratory tests, X-ray, MRI, cost of consultation, hospitalization, medicines. Specifically, as fathered from consultation with NCA staff in Darfur, NCA rented one vehicle to use for referral cases, with its medical referral officer and nutrition supervisor responsible for referral monitoring, documenting and reporting accordingly. Discharged children from stabilization centers were admitted by NCA in outpatient program. NCA reportedly paid 300 SDG per child and caretaker per day while admitted at the SC to provide for food.

The FTE findings showed that at Bilel PHC clinic, all SAMs with medical complications were referred to Nyala and El Geneina technical hospital/ stabilization center (SC). Moderate acute malnutrition (MAM) and SAM were health conditions affecting mainly children and Pregnant and lactating women in Bilel where humanitarian situation remained critical. Children with MAM are defined as those with a weight-for-height z-score (WHZ) score between -3 and -2 standard deviations. Children with SAM are defined as having a WHZ d -3 and/or bilateral edema. Children with non-complicated SAM were treated separately with ready-to-use therapeutic food (RUTF) while the ones with complicated were referred to SC. Diagnosis and distribution of food were conducted at one location for both MAM and SAM. Mid-upper arm circumference (MUAC), which is simpler for local staff to use and steadily increases as children improve, was used as both diagnosis and discharge criteria for MAM and SAM.

At endline, the action achieved its set target of 85% pregnant women attending ANC programming and receiving TT2, up from a baseline status of 80%: NCA increased awareness sessions inside health facility as well refugees, IDPs, and rural community on ANC/PNC. The TBAs, mother groups & community health committee undertook awareness sessions on the important of delivery at health facility, and this was done in collaboration with MoH (reproductive health unit also been trained on outreach activities and important of safe deliveries). The 4 midwives in Bilel PHC clinic also got trained for 3 days facilitated by MoH and IMCI on safe delivery. As gathered from TBAs played a big role on community as they successfully convinced pregnant & lactating women (PLW) to visit the PHC for ANT/PNC. Resultantly, much improvement was reported on number of mothers attending ANC/PNC.

There was no single day when stock of 10 tracer drugs, including malaria RDT, was not available (out of stock), as compared to an average of 2 days at baseline: NCA on this project planned well for drugs be stocked and pre-empted for cases such as AWD and other epidemics. Drugs were stocked and prepared for cases such as AWD and other epidemics. As gathered from consultation with NCA staff, medicines under this action were transferred from the previous action. However, some community members still pointed to the lack of drugs and ambulances as challenges on the health services. One of the beneficiary had this to say;

> *"The health services are adequate, but the medicines are not sufficient, and there is no laboratory for testing in the health centre. We ask for the increase of centre numbers and an ambulance to be provided."* ***FGD participant, Bilel IDP Camp.***

The PHC was also reported to be much distant from most community members, which calls for the need to establish more health centres in future. In the same vein, there is need for NCA to continue its efforts of collaborating with WHO and MoH to ensure the regular and uninterrupted supply of drugs at Bile PHC and other centres.

As at endline, NCA achieved, as per target, 100% on timeliness and completeness of reports to early warning, alert and response systems (EWARS): To guard against any shortage of drugs and also during the outbreak, NCA liaised and collaborated with WHO and MoH for any shortage of drugs during the outbreak. NCA regularly shared information regarding diseases and prevention with WHO and MoH, through weekly reports.

RATING OF ACHIEVEMENT

Table 6 shows the overall rating of the achievement of Outcome 2 on its set targets as per the Results Framework

Table 6: Overall Rating of Outcome 2 based on performance of indicators

Outcome 2: Improved access and utilisation of health services and reduced morbidity/mortality associated with illness among South Sudanese refugees, IDPs and host communities.					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of primary health care consultations	43200	43200	46422	**43883**	**AM**
% of women giving birth are monitored by skilled staff at health facility, home and hospital level (referral)	60%	65%	70%	**74%**	**HA**
Number of patients referred and followed up at a secondary unit (Nyala hospital)	270	152	150	**371**	**HA**

% of women attending ANC programing and receiving TT2	80%	85%	85%	**85%**	A
# of days stock of 10 tracer drugs, including malaria RDT, is not available (out of sctock)	2	2	0	**0**	A
% timeliness and completeness of reports to (EWARS)	100%	100%	100%	**100%**	A
Overall Rating					A

KEY

HA-Highly Achieved
A- Achieved
AM-Achieved with minor shortcomings
MA-Moderately Achieved
BA-Below Average
NA-Not Achieved

3.2.3 Nutrition

Outcome 3	•**Reduced malnutrition cases among children <5, and Pregnant and Lactating Women (PLWs) within IDPs, South Sudanese refugees and host communities in Bilel IDP areas**

KEY ACTIVITIES

Provision of nutrition therapeutic and preventive care services: A total of 60 (28M, 32F) sever acute malnutrition (SAM) with medical complication were referred to Nyala technical hospital (stabilization center). Moreover, a total of 218(101m, 117F) children under 5 were discharged from OTP and referred to Target Supplementary Feeding Program (TSFP). Moderate acute malnutrition (MAM) and severe SAM cases were given food. WFP supported NCA with TSFP food for MAM while UNICEF supported with ready-to-use therapeutic food (RUTF) for SAM cases. Health and nutrition education was conducted on daily bases in nutrition feeding center, with a total of 4,766 receiving Health and nutrition massages at community level. NCA rented 1 vehicle which was used for referral cases. NCA medical referral officer and nutrition supervisor were responsible for referral monitoring, documenting and reporting accordingly.

Promotion of improved health practices through mother to mother/lead mothers approaches: NCA planned conducted, as planned two (2) sessions of cooking demonstrations, which successfully reached 422 beneficiaries in 2020. The local food sources were the main topics to be discussed to enhance nutrition practices within the community. The cooking demonstrations were conducted in collaboration with MoH nutrition section. Health and hygiene messages were shared to the participants.

Provision of counselling and Behaviour Change Communication (BCC) messages on Infant and Young Child Feeding (IYCF): Behaviour Change Communication (BCC) messages and counselling support services on IYCF were conducted from 2019. Two sessions, as planned were undertaken covering topics on breastfeeding, complimentary feeding, food preparation, food handling and nutritious food diversification. The action provided information to beneficiaries through leaflets and banners to spread messages and improve behavior change, targeting women, men and religious leaders to increase awareness and foster positive behavior change and practices.

Undertaking of bi-annual Mid-Upper Arm Circumference (MUAC screening): One MUAC screening started in Bilel in collaboration with MoH, and community. In 2020, the screening report was shared. NCA collaborated well with SMoH and other stakeholders in MUAC screening campaigns, which targeted children between 6-59 months and pregnant and lactating mothers.

Community-Based Management of Acute Malnutrition (CMAM): CMAM training was conducted as planned in the month of March 2020. One technical training was conducted on

treatment and other nutrition topics for nutritionists, medical assistants and nurses working in the Bilel PHC clinic. SAM, M&E training and nutrition assessments are among the topics covered by the trainings

Training of mother groups on improved nutrition practices and MUAC screening: The training was conducted in February 2020 as planned. Mother-led MUAC screening is an approach where mothers were trained to screen for acute malnutrition in their children by measuring MUAC and testing for oedema. This was vital to increase the reach of the nutrition intervention and early identification of malnutrition cases.

Training of NCA staff on Health, NFIs and WASH: The NCA staff participated in capacity building trainings which added further to the quality of the action. This also prepared the NCA staff in terms of the ability to analyse emerging challenges in the humanitarian field. The trainings included topics on ethical & professional principles that guide humanitarian response to conflict & disaster, WASH in emergencies and health programming in emergency settings.

DEGREE OF ACHIEVEMENT

At endline, 8738 children under 5 were admitted for treatment of Severe or Moderate Acute Malnutrition (SAM/MAM), well above the set target of 2000: NCA carried out screening for 8,087 children under 5 and 2,087 PLW during home to home visit done by community nutrition volunteers as part of outreach activity. In addition, NCA conducted nutrition screening routinely in nutrition center, and a total 15,526 (10544 Children <5 and 4,982 PLW) were screened. 1,544 severe <5 years SAM cases were referred by community volunteers to outpatient (OTP) program, 6,268 (2022f 2,092m <5 years and 2154PLW) moderate were discharged from TSFP, and 916 sever acute malnutrition without medical complication were admitted to OTP. Data from the Bilel PHC clinic during the FTE consultations indicated a high U5 child morbidity due to three causes- diarrhea, ARI, and malaria. Immunization coverage was noted to be improving but reportedly could not be sustained without continuing support.

As planned, a SMART Nutrition survey on nutrition was undertaken, key for informed decision was making on nutrition and health: The survey was carried out in Bilel locality in collaboration with SMoH. Data was collected from 23rd to 29th of December 2020 by a team of 6 team, each containing three persons and two supervisors. A total of 30 clusters were surveyed, each with 30-33 households, and reached a sample size of 1080 children. Anthropometric data was analyzed for 603 children as in all clusters; all children 6 – 59 months of age in the selected households were measured. A household questionnaire was filled in all households (n=698). Mortality data was collected from all households regardless of whether households contained children or not. From the smart survey, the results were as follows: MAM=11.1% and SAM 0.8%. These are shown in the table 7 below.

Table 7: 2020 SMART survey results on MAM and SAM

	Alln = 603	Boys n = 296	Girls n = 307
Prevalence of global malnutrition (<-2 z-score and/or oedema)	(72) 11.9 % (9.6 - 14.8 95% C.I.)	(35) 11.8 % (8.6 - 16.0 95% C.I.)	(37) 12.1 % (8.9 - 16.2 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and >=-3 z-score, no oedema)	(67) 11.1 % (8.8 - 13.9 95% C.I.)	(32) 10.8 % (7.8 - 14.9 95% C.I.)	(35) 11.4 % (8.3 - 15.4 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(5) 0.8 % (0.4 - 1.9 95% C.I.)	(3) 1.0 % (0.3 - 2.9 95% C.I.)	(2) 0.7 % (0.2 - 2.3 95% C.I.)

At endline stage, recovery rate from the admitted SAM cases was 97% have recovered, 0% default and 0 death. This was a slight rise to the baseline where 99% recovered, 1% defaulted and 0% died. The recovery rate from the admitted SAM cases was 97% recovered, only 0% defaulted and 0% death. The OTP and SFP services served refugees, IDPs and host community. However, poor hygiene and diarrhoea and lack of education were reported and observed during the rainy session. As gathered from consultations and FGDs, some community members indicated difficulty in reaching Bilel PHC clinic during the rainy season, which makes them fail to acquire RUTF and TSFP supplements for their children. Risk factors from malnutrition in the area included infection, shortage of food and lack of diversification during the lean season (hunger gap), recurrent pregnancy, poor hygiene & diarrhoea and lack of

education. However as gathered from the SMART nutrition survey, shortage of food was reported by the households.

As reported from consultation, there was no day Bilel PHC was out of stock of RUTF, thereby meeting its set target: NCA worked closely with UNICEF to obtain RUFT. WFP fully supplied food commodities (RUSP and plump Doze) and UNICEF supported Bilel outpatient program with ready to use supplementary food (RUSF). However, information gathered from consultations at Bile PHC showed interruptions of food for children due to rains, as some families who live far away from the Bile PHC could not easily access the facility. This complicated the treatment of SAM or MAM on children, as therapeutic food is sufficient for only one month, and with some absent for over 2 month, the treatment usually failed.

RATING OF ACHIEVEMENT

Table 8 shows the overall rating of the achievement of Outcome 3 on its set targets as per the Results Framework

Table 8: Overall performance of Outcome 3 based on performance of indicators

Outcome 3: Reduced malnutrition cases among children <5, and Pregnant and Lactating Women (PLWs) within IDPs, South Sudanese refugees and host communities in Bilel IDP areas.					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of <5 children admitted for treatment of SAM and MAM	2000,00	1034	2167	**8738**	**HA**
Number of SMART, coverage, NCA or other related surveys implemented	1	1	1	**1**	**HA**
% beneficiaries admitted to supplementary feeding centre recovered or cured, defaulted and death	Cured: 99 Defaulted: 1 Death: 0	Cured: 95 Defaulted: 2 Death: 0	Cured: 99 Defaulted: 0 Death: 0	**Cured: 97** **Defaulted: 0** **Death: 0**	**A**
Number of days the Bilel PHC clinic is out of RUTF stock	2	0	0	**0**	**A**
Overall Rating					**A**

KEY

HA-Highly Achieved
A- Achieved
AM-Achieved with minor shortcomings
MA-Moderately Achieved
BA-Below Average
NA-Not Achieved

3.2.4 Emergency Shelter and Non-Food Items (ES/NFIs)

Outcome 4	•Support IDPs and returnees affected by the recent conflict in North Jebal Marra locality, Central Darfur state with ES/NFIs

KEY ACTIVITIES

Undertaking of joint assessments form conflict/disaster affected households: 7 (slightly short of the planned 8) joint assessments verification & registration for households affected by conflict/disasters with other NCA sector INGOs and UN Agencies in CDS and SDS.

Procurement & distribution of improved emergency shelter materials for newly displaced people and vulnerable protracted IDPs: A total of 1700 households, slightly short of the planned 1750 households, were provided with emergency shelter materials in CDS and SDS. Vulnerable individuals included; female-led households, unaccompanied girls, orphans, unaccompanied elderly, PWDs, chronically ill and mentally disabled. ES materials included: 4m wooden poles (1,500), 3m long poles (3,000), grass mattes (6,000), bamboo sheets (3,000), bamboo sticks (15,000), locally procured rope (1,500), plastic sheets @4*6m (1375) and large plastic sleeping mats (1375).

Distribution of renewal NFIs & full package NFIs; and post distribution surveying: Initially, no distributions took place due to UNHCR's plan to relocate the new arrived refugees to new camp and the distributions were to take place in the new site. Specifically, a total of 2535 households, well short of the targeted 5375 households were provided with renewal NFIs and full package NFIs and these households were of the most vulnerable persons in IDP camps. The post distribution surveys of ES/NFIs distribution was undertaken as planned.

Training on shelter designing, construction, flood prevention & fire fighting: As per plan, a total of 200 persons were successfully trained on shelter designing, construction, flood prevention & fire fighting. The targeted beneficiaries were community leaders, DRRs, youth, teachers, children and women's groups. The DRRs received awareness sessions on early warning, reporting and community mobilisation, with the NCA using the SPHERE handbook.

Construction & rehabilitation of institutional latrines in school and health facilities: In the CDS, 15 latrines were constructed, short of the 27 planned, in Hassa Hissa (5) and Hamedia (10) camps. This was aimed at reducing the ratio of students per pit latrine, which were at a ratio of 1:80 to 1:30 and 1:60 for boys respectively as per the Sphere Standards. The different stances and blocks were gender segregated and fitted with lockable doors for privacy, safety and dignity. A handwashing facility was fabricated and fitted outside the latrine block for easy access by students. The latrine blocks adhered to WES standards. NCA sensitised committee members in schools (Parents and Teachers Association) and Hygiene clubs who will be tasked to organise the student community to clean their latrines in rotations and set duties at specific times. The project managed to rehabilitate 25 school latrines, against the set target of 25; and 35 latrines as planned in CDS and SDS respectively.

Support Construction of emergency household latrines: A total of 130 household latrines have were constructed, surpassing the target of 120; where 60 were in Abounga village Rokero and 70 in Bilel Camp. In Bilel camp this was targeting the families who had collapsed latrines over the rainy season. 30 latrines were constructed at the refugee settlements, 40 at the IDPs while the 60 in Rokero targeted the settled returnees. In SDS, 480 emergency household latrines, short of the planned 550, were constructed.

Conduction of training on assessment & verification and distribution sessions for Disaster Risk Reduction Committees (DRRCs): A total of 443 people, slightly short of the 500 people targeted members of the DRRCs, were reached with the training on assessment and verification for DRRCs. A total 250 persons who were DRRCs members, as per target, were reached with distribution sessions on community sensitisations for the new criteria-methodology of distributions, share of the ToR and the delivery of ES/NFI.

DEGREE OF ACHIEVEMENT

At the end-term stage of the action, a total of 30000 people, surpassing the set target of 18000, were having access to basic, safe and dignified shelter solutions: As gathered from literature and consultations, NCA managed to distribute shelter materials to households. The aim of this initiative was to have the beneficiaries have a minimum covered floor of 3.5m2 per person as per the Sphere standards. All houses and latrines were observed to the fully in accordance with the safe building materials & standards, as the action promoted the use of local materials (readily available) in constructing those structures. This made the constructed structures to be accepted by the communities.

A total of 2535 most vulnerable IDP households, against a target of 5375 were observed to have accessed NFIs: As reported under the activities section of this outcome, NCA distributed renewal NFIs and full package NFIs for the most vulnerable persons in the IDPs. This action targeted the most vulnerable, specifically unaccompanied children (especially adolescent girls), the unaccompanied elderly, PWDs and the chronically ill. For instance, as gathered from FGDs, women and girls were assisted with menstruation kits. Information from the final evaluation survey showed that an average of 26.3% were having access to NFIs. An analysis shows that this is a considerable proportion (of households accessing NFIs), as this

action was only delivered to the most vulnerable IDP households. Figure 12 shows the proportion of households having access to NFIs.

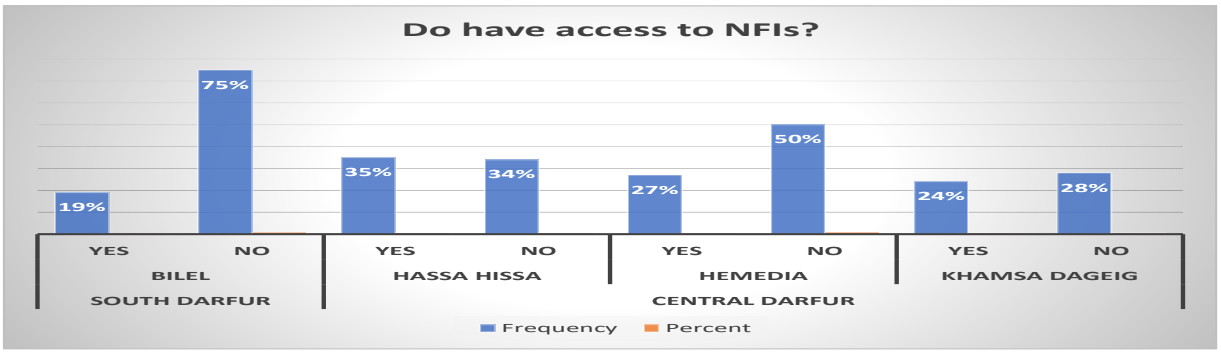


Figure 12: Proportion of beneficiaries having access to NFIs

In SDS, at Bilel, 19% of households indicated having access to NFIs; while in CDS the following were the results: Hassa Hissa (35%), Hamedia (27%) and Khamsa dageiga (24%). However, as indicated on the performance of the result, the action failed to reach its target due to the various reasons. There was observed high cost of the NFIs which made the organisation to limit its reach. Referring to the insufficiency of the NFIs, one of the consulted participant had this to say;

> *"The distribution of the hygiene kits in the IDP camp is not equal to the refugee camp, as small quantities are distributed to them that do not meet the needs of the women in the camp."* ***FGD participant at Bilel IDP Camp, SDS***

In addition, the coming in of the novel COVID-19 disease affected the distribution of NFIs to the vulnerable IDP households. The lock down of markets and towns due to COVID-19, restricted the procurement and distribution of NFIs.

At the endline stage, 89.25% of households, surpassing the set target of 70% were observed to be living in a safe and dignified shelters in secured settlements: The communities affected by disaster and displacement were supported with emergency shelter and non-food items. As indicated above, survey data from both South Darfur State (SDS) and Central Darfur State (CDS) validates this and this is presented in Figure 13 below.

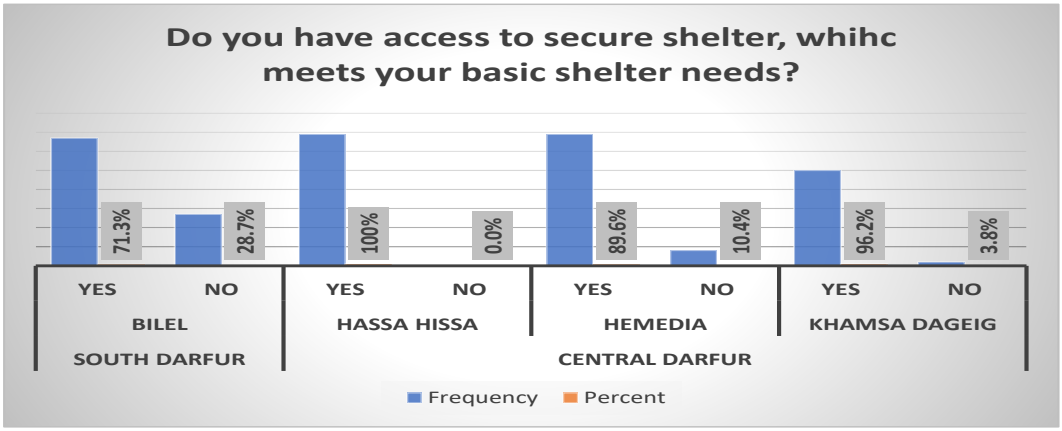


Figure 13: Households with secure and satisfactory access to shelter

An analysis of the above table showed the distribution of households with access to secure shelter for the surveyed locations as follows: Bilel (71.3%), Hassa Hissa (100%), Hamedia (89.6%) and Khamsa dageiga (96.2%). The beneficiaries included newly displaced and protracted IDPs. As gathered from consultations, the procurement of the ES and NFIs was completed and distributions done as per plan. As required, for community involvement, beneficiary selection was completed in coordination with local DRR structures and local community leaders. Information gleaned from consultations indicated traditional leaders recommending the action to be channelled to the most vulnerable in their areas of jurisdictions, such as People with Disabilities (PWD), Pregnant & Lactating Women (PLW), Orphans & Vulnerable Children (OVC) and child-headed households.

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A total of 33423 people, highly surpassing a target of 15640 people were having access to dignified, clean and functional excreta disposal facilities: As reported under the activities section of this outcome, the action constructed gender appropriate latrines with handwashing facilities, and worked with the school management and teachers to improve personal hygiene, water and sanitation conditions, which in turn minimised environmental health risks. In addition, across all target areas, emergency latrines were constructed through community participation targeting vulnerable households. A significant proportion of beneficiaries (28.4%) indicated NCA having constructed latrines in their schools and communities, as shown in figures 14 and 15 below

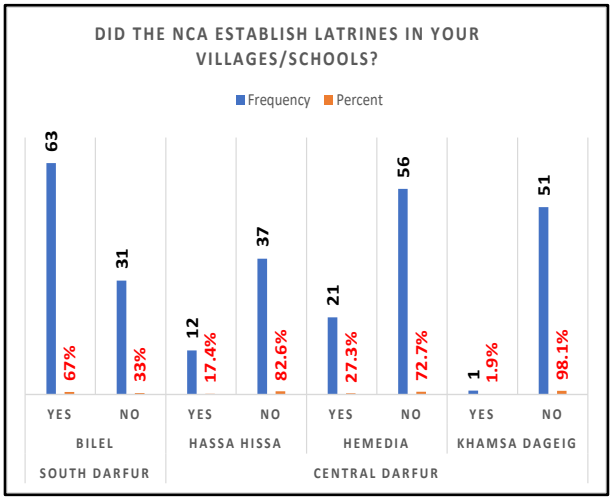

Figure 15: Households acknowledging NCA having constructed latrines in their communities/schools

Figure 14: A constructed VIP latrine at the school by NCA in one of the camps

A further analysis of the above table shows that the action constructed more latrines in Bilel (67%) that other locations-Hassa Hissa (17.4%), Hamedia (27.3%) and Khamsa dageiga (1.9%). More participants indicated the need to have additional support for the construction of the latrines, as building materials were observed to be expensive in both SDS and CDS, making it beyond the reach of ordinary households. Specifically, the FTE results shows the need for toilets in schools in Bilel IDPs and Refugees camp and Zalingei remaining most urgent. The FTE also shows that most vulnerable communities and households were still without access to toilets, and these people need to be targeted by future-like minded interventions. However, the good practice of the action observed was the training of the beneficiaries and school authorities to construct the latrines using local readily available materials (anthill dagga, thatching grass, etc.) which was not only efficient (cheap), but sustainable in the long run. The action used local standards to construct toilets that are gender segregated including hand washing stations and also worked with school staff to build their capacity on relevant topics. The quality and workmanship of latrines was emphasized to ensure durability of the facilities.

As per plan, a total of 40 institutions (schools and health centres) were observed at the final evaluation stage to have improved sanitation facilities: As reported under the activities section of this impact, in Bilel (SDS), the action successfully constructed 5 stand latrines for the PHC clinics, while 35 stands were constructed in schools in Zalingei IDP camps (CDS).

At the endline, a total of 13 Disaster Risk Reduction Committees (DRRCs) were trained and participated in distribution processes, representing 100% achievement rate: NCA successfully strengthened local capacities to respond to disasters by forming new Disaster Risk Committees (DRRCs) in addition to strengthening the existing committees. As gathered from consultations, these committees supported their communities' ability to cope with disasters and mitigate disasters on their own. The new DRRCs were part of the community early warning systems. They participated in the assessment of their community needs and practice of flood and fire control during rainy, winter and summer seasons. The DRRCs were successfully formed in Rokero, North Jebal Marra locality.

RATING OF ACHIEVEMENT

Table 9 shows the overall rating of the achievement of Outcome 4 on its set targets as per the Results Framework

Table 9: Overall performance of Outcome 4 based on performance of indicators

Outcome 4: Support IDPs and returnees affected by the recent conflict in North Jebal Marra locality, Central Darfur state with ES/NFIs					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of people having access to basic, safe & dignified shelter solutions	2310	000	18000	**30000**	**HA**
Number of most vulnerable IDP households having access to NFIs	1200	000	5375	**2535**	**MA**
% of target population living in safe and dignified shelter in secure settlements	53%	55%	70%	**89.25%**	**HA**
Number of people with access to dignified, clean and functional excreta disposal facilities	12650	13300	15640	**33423**	**HA**
Number of targeted institutions with accessible improved sanitation facilities	0	10	40	**40**	**A**
Number of new DRRCs trained and participated in distribution processes	6	8	13	**13**	**A**
Overall Rating					**HA**

KEY

HA-Highly Achieved
A- Achieved
AM-Achieved with minor shortcomings
MA-Moderately Achieved
BA-Below Average
NA-Not Achieved

3.3 Efficiency and Added Value

CHS Commitment 6: Humanitarian responses are coordinated and complementary

NCA coordinated most of its activities with national and local actors, INGOs and the UN Agencies, which ensured efficiency, through avoidance of duplication, as its interventions were complementing other actors'. Most of the activities were reported to be of added value by the stakeholders as they complemented the activities of the other implementing partners and donors.

NCA was observed to be the sole humanitarian service provider in SDS camps, which ensured building of trust with the communities: As reported from consultations with NCAS staff, the organisation NCA worked with the most vulnerable and conflict-affected communities in Central and South Darfur. NCA had thus built up a contextual understanding of the communities and camps in the region. As the sole humanitarian service provider in Zalingei (Central Darfur) and Bilel (South Darfur) camps, NCA developed a relationship of trust with camp populations. Its activities are therefore not only needed in Zalingei (CDS) and Bilel (SDS), but of added value.

NCA's partnership and strong ties with various strategic donors reportedly enhanced its presence, accessibility and visibility: As reported by the NCA staff consulted, the partnership with various donors such as the Sudan Humanitarian Fund (SHF), DFID, OFDA, UNICEF (with CERF funds) and UNHCR made the work of NCA in this action possible. This reportedly allowed NCA to implement quality programming, appreciated not only by target beneficiaries but government line ministries as well. Both the relationships with donors and line ministries has enhanced NCAs presence, accessibility and visibility by supporting the establishment of offices, vehicles and security apparatus, and management and technical personnel based in the region. As gathered from literature and consultations, NCA had strong presence in Rokero with a new base office close to the target areas. Additionally, as an implementing partner under the ECHO-funded action with DCA in Rokero and Al Radom, NCA provided life-saving WASH and H&N services, and developed a level of understanding and trust with the communities in these camps.

Most importantly, all NCA actions in Darfur, including this project were coordinated against a four-year Darfur Programme (DP) appeal & strategy (2018-2020) that is strongly aligned with OCHA's Sudan Multi-Year Humanitarian Response: Reportedly, the project was designed and implemented as a response to other work in the region, both undertaken by NCA and partners, and by other actors. As the Central Darfur State NGO forum lead, NCA was committed to improving synergies and coordination with other ongoing and/or new actions that could improve and further support this proposed intervention.. Both the OCHA document and NCA's DP clearly identified the protracted nature of Darfur and so highlighted the need to provide holistic and integrated responses to provide an increased impact for target beneficiary populations. This prompted the coming in of the project, which is complementing the humanitarian interventions in both CDS and SDS.

NCA coordinated well with national & local actors, INGOs and UN Agencies in project implementation, which avoided duplication of interventions: As reported from consultations, NCA continued its active engagement with NGO coordination forums at all levels (locality, state and national). NCA engaged with a number of INGO's working in Central Darfur, in an effort to reduce the risk of duplication and ensure optimal coordination. NCA's involvement in the WASH, Health and NFI sectors both at the state and national level was reportedly consistent and worked through a number of UN agencies including: UNICEF, WHO and the federal MoH who support immunization campaigns and emergency responses. At the implementation level, the DP partners worked with a number of pertinent stakeholders including: SMoH, UNICEF, WFP, WHO, Catholic Relief Services (CRS), Save the Children, Triangle, DRC, and International Medical Corps (IMC) to ensure strong complementarity of interventions. The coordination also extended to the relevant government line ministries. A standard health information management system (HIMS) format from UNICEF was reportedly used to gather vital statistics on health indicators, against which all NCA health data was

collected and shared weekly with a number of agencies including: SMoH, OCHA, HAC, WHO, UNICEF and all relevant local and national stakeholders to promote consistency in data and relevant reporting.

As gathered from consultations, NCA was vibrantly participating in coordination and cluster meetings which established fruitful partnerships, resulting in complementarity of interventions: Stakeholders indicated NCA being part of the UN Cluster Group and other INGOs meetings, where it actively shares updates on operations, observations and provides informed contextual analysis, lessons learnt, and challenges experienced. Participation in these meetings resulted in fruitful partnership with UNICEF in both the health and nutrition sectors; WFP in nutrition; OCHA in response to the vast humanitarian needs; and UNHCR with refugee working groups. For instance, at the Bilel PHC clinic, RUFT was being provided by WFP, while TFSP was provided by UNICEF. UNFPA also provided NCA with NFIs, specifically menstruation hygiene kits for vulnerable women and girls. Throughout this action's cycle, NCA maintained its active role in the clusters which improved upon synergies, coordination efforts and prevented the duplication of efforts.

Given NCAs long-standing track record and therefore, strong ties, with national and local authorities in Central and South Darfur, a level of mutual trust and respect has been established. By working closely with authorities, close coordination that was aligned with national standards reportedly allowed NCA to continue its operations with relative ease ensuring that the humanitarian principles were adhered to. As reported earlier under the sustainability section, key authorities who NCA will continue to work with-and alongside - throughout the implementation of this action, are as follows:

- Humanitarian Aid Commission (HAC) and NCA will continue to collaborate on issues related to security, joint assessments (including new arrivals or identification of new areas of operation (AoO) and M&E;
- SMoH and NCA's H&N sector will coordinate closely in the implementation of this sector as can be exemplified through the secondment of health staff to the Bile PHC clinic;
- WES and NCA's WASH team will work in close coordination to ensure the gradual handover process of selected WASH facilities;

CHS Commitment 9: Resources are managed and used responsibly for their intended purpose

The action adopted many processes which ensured that functional, human, and technical resources are managed and used responsibly throughout the implementation and in particular the Covid-19 period. Daily visits to the camp, daily and weekly reports, and routine coordination meetings and monitoring through Skype were some of the approaches. Some observed efficiency components of the projects are detailed as follows;

The project through its involvement of key government stakeholders which ensured its tapping in of the government human resources and skills, hence efficiency. As reported earlier, the action maintained its strong ties with the SMoH which ensured that it tapped on the available SMoH staff for most of its programme interventions. For instance, for the health sector, the strong tiles with the SMoH resulted in the secondment of health personnel to the Bilel PHC clinic. These were 3 medical assistance, 4 nurses, 4 midwives, 3 vaccinators and 8 nutritionists. These staff members work on the government ticket and therefore are not obligated to receive anything from NCA

The action inculcated community ownership, through community volunteering and participation in interventions, which ensured efficiency, through use of readily available local human resource. For instance, community members were responsible for the installation of the metal water tank in Faki Sapoan village in Rokero camp, where they contributed with casual labour (not paid by NCA). In the same vein, 540 hygiene promoters' volunteers in targeted communities were capacitated and utilised for health education in CDS and SDS. This not only, provided a sense of ownership of project interventions by the community members, but was also efficient.

Generally, the project worked well with stakeholders as its interventions were mainstreamed into the existing work plans of the various government departments. As reported from consultations, the NCA's project interventions were in line with the strategies and priorities of the government. The WASH activities were in line with the WES department agenda, and this is the reason why the NCA WASH team worked hand in hand with this government department, which will be handed over the WASH activities. The same can be said for SMoH, which accepted and approved most of the action's interventions. This is evidenced by the secondment of MoH personnel/staff to the Bile PHC clinic. Therefore, the designing of the project, within the framework of the government interventions, was key for efficiency

The use of durable and locally available materials in the action's interventions was key for efficiency: The project supported the use of local available materials in construction of structures, with communities encouraged and trained to construct houses and latrines suing locally available resources such as anthill dagga and grass for thatching. This was efficient in the Sudanese context where building materials was reported to be very much expensive. In addition, as earlier reported, the action successfully shifted from PVC to HDPE pipes for water distribution networks and from Oxfam tanks to more durable masonry tanks. As earlier reported, the tank was fabricated, transported and installed in Faki Sapoan village in Rokero.

3.4 Sustainability

This section addresses the sustainability of the **DG ECHO project in Darfur, Sudan**. It encompasses a look at the degree to which the project results are likely to be maintained after its lapse. It will again focus on the extent of involvement & ownership of the project interventions by stakeholders. The degree of the design of the project interventions towards long-term needs and factors, which influenced the achievement and non-achievement of the sustainability of the project, are looked at.

3.4.1 Sustainability Aspects of the Project

NCA continued with the progression of more sustainable systems, through a shift from fossil fuel (diesel pumps) to solarisation (solar pumps): As earlier reported, the action operated and maintained nineteen (19) water supply schemes where three (3) are diesel powered and sixteen (16) were solar powered. The solar powered systems are not only smart, but efficient as they rely on non-payable solar energy, which guarantees their sustained operation. This ensured continued potable water supply to the IDPs, refugees and host communities after the lapse of the project. The action reportedly successfully managed to upgrade two (2) solar systems and four (4) solar systems as planned, greatly ensuring consistent power supply in a sustainable manner.

The action shifted from a temporary to more durable infrastructure, which is key for infrastructural sustainability. The action successfully shifted from PVC to HDPE pipes for water distribution networks and from Oxfam tanks to more durable masonry tanks. As earlier reported, tank was fabricated, transported and installed in Faki Sapoan village in Rokero.

The project played a vital role in the social inclusion through the participation of beneficiaries in the key interventions, which is key for sustainability as it inculcates community ownership of interventions: There was massive youth and women committees in the H&WASH program activities and those groups participated in all the voluntary works such as health and environmental campaigns and other program activities, resultantly raising community awareness on fevers including the Covid-19. For instance, community members were responsible for the installation of the metal water tank in Faki Sapoan village in Rokero camp, where they contributed with casual labour. As reported from FGDs and KIIs, the community members were regularly cleaning the solar panels. In the same vein, 540 hygiene promoters' volunteers in targeted communities were capacitated and utilised

for health education in CDS and SDS. This provided a sense of ownership of project interventions by the community members, which is key for sustainability.

The project also provided information and knowledge & tools and protection facilities to local community and these were reported to be very much helpful: As earlier reported, the action in CDS managed to provide 11 toolkits as planned, while in SDS it successfully provided 4 toolkits. The parts included pump buckets, valves, sealing rings, axle, nuts & bolts, and chains. The distribution was done to the respective community members.

Ground water monitoring was also done to see the rates of ground water depletion and support resource management action plans for sustainability: The static water levels of the selected wells have been measured to determine the rate of ground water depletion. This was meant, in the long run, to give general information on the fluctuations of the water levels. Dip meters are being used to measure these levels.

The project supported the use of local available materials in construction of structures, which is key for sustainability: Communities were encouraged and trained to construct houses and latrines suing locally available resources such as anthill dagga and grass for thatching. This ensured sustainability, and this was corroborated by stakeholders during KIIs and FGDs.

As part of the transition plan, the action involved government ministries and departments in its response, which ensured their buy-in of the project interventions for sustainability: The water quality testing initiatives (including chlorination & bacteriological testing) were done in partnership with Water & Environmental Sanitation (WES) department officers in monitoring and response. WES and NCA's WASH team worked in close coordination which ensures the gradual handover process of these aforementioned WASH facilities. In addition, NCA had strong ties with SMoH, and this is exemplified by the secondment of national health staff to Bilel PHC clinic (3 medical assistance, 4 nurses, 4 midwives, 3 vaccinators & 8 nutritionists), which is key for human resource sustainability.

There were capacitation of beneficiaries in project interventions which is key for sustaining the interventions. The action focused on offering training and refresher training to several stakeholders so that they would have the needed skills to sustain the project interventions. The following were some of stakeholders trained and how this is important for sustainability.

Table 10: Training of stakeholders for sustainability

Training of stakeholders and service providers	How this will ensure sustainability?
In both CDS and SDS, 134 WMCs were trained on community participation, ownership of water sources & general functionality of the water sources.	The WMCs will play a critical role in regulating water supply and management at community level. They are existing personnel in the community who will be there post the NCA project
A total of 76 handpumps mechanics were trained on handpumps in CDS and SDS on diagnosis of hand pump malfunction, replacement of the pump, removal and installation and damaged pipes and rods, replacement of worn out rings and rubbers.	Handpump mechanics will use the expertise and capacities they gained from trainings to continually operate, maintain and repair pumps even after the closure of the project.
Refresher trainings were provided refresher training for 540 hygiene promoters' volunteers in targeted communities for health education in CDS and SDS	These hygiene promoters' volunteers are resident in the communities, domiciled in the villages. They will continue with their sensitisation efforts in the communities on health & nutrition living.
The action managed, in SDS, to train school hygiene clubs and their ToTs, reaching 75 participants.	The use of the ToT approach for the school hygiene clubs is key as it offers the opportunity go the cascading of the skills to other students, hence sustainability
The Bilel PHC clinic was well equipped & supported by qualified staff seconded from Ministry of Health (MoH). The PHC was now overseen by 2 qualified medical doctors and 3 medical staff conducting medical consultations.	The coordination between NCA and SMoH ensured that the national staff were deployed to Bilel health facility (3 medical assistance, 4 nurses, 4 midwives, 3 vaccinators & 8 nutritionists), which is key for human resource sustainability for the realisation of high quality health services provision.

The action trained lead mothers who sensitised the other mothers on breast feeding practices, cooking demonstration and nutritional practices. Mother Groups were also trained on improved nutrition practices and MUAC screening, so as to sensitise and undertake such practices in the communities.	Lead Mothers and Mother Groups trained on health and nutrition practices will continually sensitise the communities where they exist even after the exit of the DG ECHO project.
The DG ECHO project undertook two training sessions for Nutritionists, medical assistants & nurses at Bile PHC clinic.	The trained personnel (nutritionists, medical assistants & nurses) will continually offer the services to the beneficiaries after the ending of the action.
DRRCs members were reached with distribution sessions on community sensitisations for the new criteria-methodology of distributions, share of the ToR and the delivery of ES/NFI	The trained DRRCs members will continually offer the services to the beneficiaries after the ending of the action.
The action successfully trained community members on shelter designing, construction, flood prevention & fire fighting. The targeted beneficiaries were community leaders, DRRs, youth, teachers, children and women's groups.	The capacitated community members will use their obtained skills to effectively prepare and respond to hazards and disasters whenever they occur.

3.4.2 Factors Militating Against Sustainability

The following are some of the observed factors which might militate against the sustainability of the NCA action.

As gathered from consultations, the project was yet to develop and roll-out the tariff systems for water supply, which hinders sustainability. For instance, as South Sudanese refugees are not entitled to work in Sudan, payment of water services would need to be continually met by the project. Given the challenges on this aforementioned matter, a more proactive sensitisation and community mobilisations is key to ensuring increased buy-in by the community.

The DG ECHO project lacked a clear exit strategy or roll-out plan for most activities. As gathered from consultations, key partners such as SMoH were supposed to have been handed over some of the project activities, but this was yet to happen. This is a dent on the sustainability of the project interventions, as such departments are key.

Lack of incentives and motivations for community volunteers undertaking project interventions: Information gathered and gleaned from KII and FGD consultations showed that most of the community volunteers such as lead mothers, mother group members and hygiene promoters' volunteers are not paid anything, and did not receive materials (t/shirts, caps or bags for visibility). This was in contrast to water management committees and pump mechanics who were being paid from tariffs. This demotivated these volunteers which threatens the sustainability of the interventions.

3.5 Impact

This section addresses the impact of the project in Central and South Darfur states, establishing and generating the desired changes as a result of the project interventions. It encompasses a look at the extent of policy and behaviour changes at national, district and community levels. A look at the changes of community and beneficiary level attitudes and perceptions as a result of project intervention is very critical in this section. The following highlights the impact of action on stakeholders & beneficiaries.

There was an increase in quality and utilisation of PHC services for refugees, IDPs and the vulnerable host communities. The support provided to Bilel PHC by NCA's action made it more capacitated to deliver on quality health services, which allowed the communities to demand for more health care at the institution. As reported by one key informant, at some point, the Bilel PHC received 200 patients daily. There was also no reports of shortage of required drugs, while RFUT and TSFP were provided to SAM and MAM children as required. As earlier reported, 30.5% of the surveyed individuals indicated having visited a

health facility in the past 6 months. In response to the quality of health services, 43.58% of the surveyed indicated improved quality of health services, as presented in Figure 16.

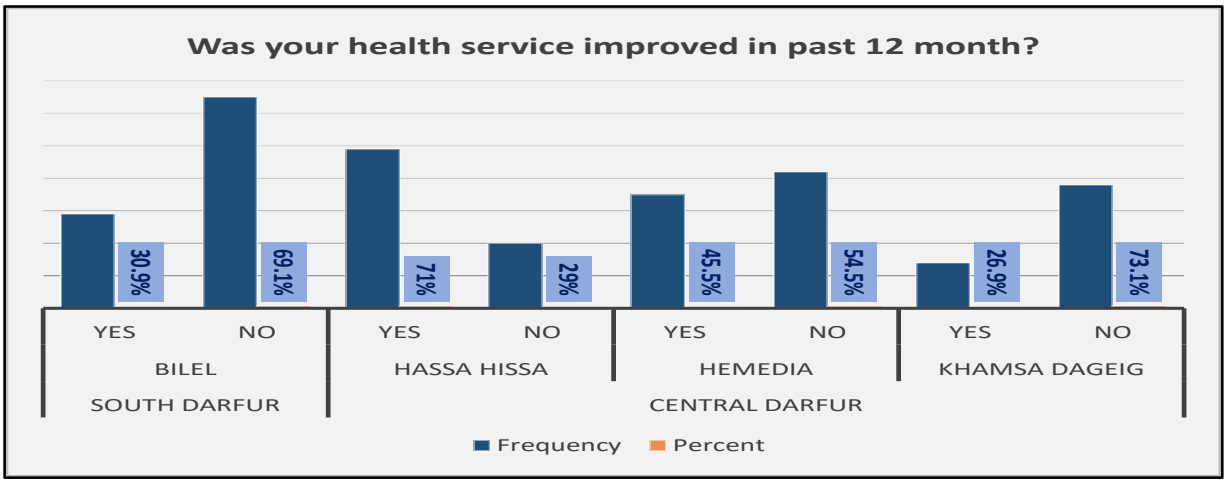

Figure 16: Households with improved health in the past six months

Increased access for women to maternal health care has seen a major improvement with more mothers attending ante-natal clinic during pregnancy and a post-natal clinic after delivering: This was observed to have been positive as seen in the increase of women bringing their infants for immunisation. The need to protect children from malnutrition saw a rise in the vaccination of children <5 in the communities. Survey results showed that 46.25% of parents vaccinated their children against PENTA. In the same vein, survey results show a considerable number of households (47%) vaccinating their children against measles. This is shown in Figures 17 and 18 below

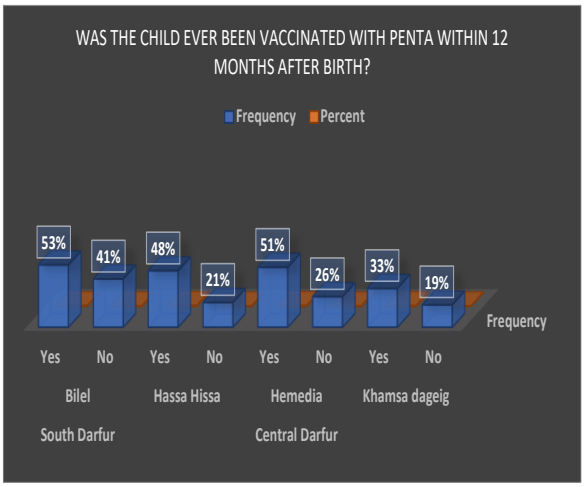

Figure 18: % of households vaccinating children (PENTA)

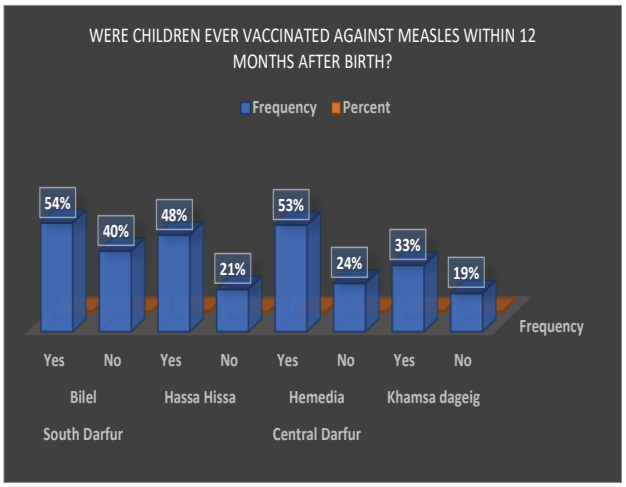

Figure 17: % of households vaccinating children (Measles)

The action oversaw an increased number of clinical deliveries as a result of clinical collaboration with TBAs who were given refresher trainings on essential ANC and PNC. This was also achieved through the conduction of meetings with midwives at the clinic monthly. As observed by the evaluation, the TBAs were now referral agents for pregnant women in the community. Being domiciled in the community, the TBAs effectively offered the needed assistance on the deliveries of women. Moreover, the availing of night shift midwives and provision of transport also encouraged clinical delivery in targeted communities, which was a positive shift.

The distribution of NFIs transformed the lives of many households, with a considerable number indicating ability to cope with future shocks. A considerable proportion of beneficiaries indicated having an increase in productive assets (25.25%), savings & credit (24.53%), community cohesion & cooperation (77.25%) and food security (44,5%). Table 11 shows the impact of the project on the aforementioned components;

Table 11: Impact of the DG ECHO project on beneficiary livelihoods

Impact statement	Average % increase	Distribution by location
Increased access to productive assets	25.25%	Bilel-30.9%; Hassa Hissa-33.3%; Hamedia-28.6% & Khamsa dageiga-21.2%
Increased access to savings and credit	24.53%	Bilel-25.5%; Hassa Hissa-27.5%; Hamedia-18.2% & Khamsa dageig-26.9%
Increased community cohesion & cooperation	77.25%	Bilel-67%; Hassa Hissa-95.7%; Hamedia-67.5% & Khamsa dageiga-78.8%
Increased food security	44.5%	Bilel-28%; Hassa Hissa-69.6%; Hamedia-28.6% & Khamsa dageiga-50%

Resultantly, as a result of the improved livelihoods, 30.6% of the surveyed beneficiaries professed having the increased ability to cope with the future shocks. This is presented in Figure 19 below.

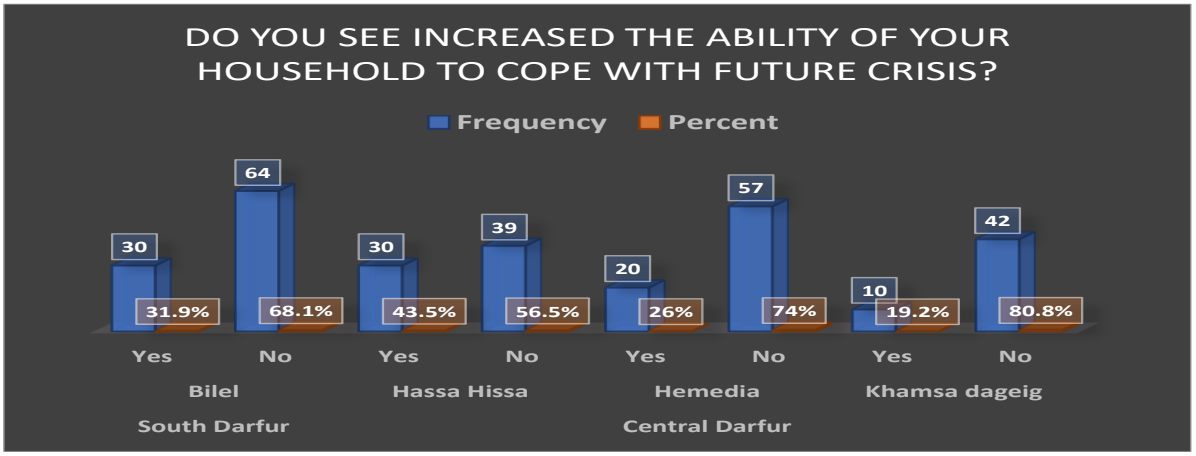

Figure 19: Surveyed households indicating increased ability to cope with the future shocks

One of the consulted key stakeholder, who appreciated the impact of the NFIs has this to say;

> *"The distribution of NFIs and shelter materials helped the target communities to have dignified living conditions"* ***KII, EPRU Coordinator***

The action therefore improved the livelihoods of the beneficiaries, making a considerable number of them to have the ability to cope with future shocks. As gathered from consultation, the camps, which were initially temporal, are becoming more permanent with uncertainties over their return, thus a lot of surveyed households (77.25%) indicated an increase in community cohesion & cooperation.

The action during its lifespan supported them with many life-saving aid, WASH and Sanitation, health and nutrition and shelter and food services. Besides using washing machines in public places, social distancing, reducing of unimportant gatherings, continuous hand washing practice and supply of safe drinking water and hygienic sanitation were observed as major achievements for the program. All these services led to significant improvement in their livelihoods. The good practices are now in the hands of the communities through their established committees as they started to manage their own resources, e.g. water committees collect money and provide some spare parts, such as faucets, if they are not available in the organization, in order to reduce losses and rationalize water consumption.

At endline stage, there was an increase in management of human waste, with 98% of beneficiaries indicating being free from human waste in the camp, up from 94% at baseline. A lot of health and hygiene messaging was proffered to the communities which led to a change in Knowledge, Attitude & Practices (KAP) of the communities on health and hygiene. It was observed from consultations that the camps had become Open Defecation

Free (ODF) areas, with open defecation sparingly practiced. The action, as earlier reported, constructed VIP latrines at schools and community levels which increased the management of human waste. In the same vein, hygiene promotion messaging was relayed by the trained cadres in the communities such as hygiene promoters' volunteers, DRRCs, TBAs, to mention just a few.

In the same vein, waste management seemed to have improved in the communities, owing to the NCA efforts and those of the already mentioned community cadres. From the surveyed households, 25.25% indicated having heard or seen west collection messages in the last 12 months**. Specifically, about 40.75% of the surveyed households acknowledged the availability of waste collection points in their communities.** Figure 20 presents the proportion of households with knowledge on the availability of designated waste collection points in their communities.

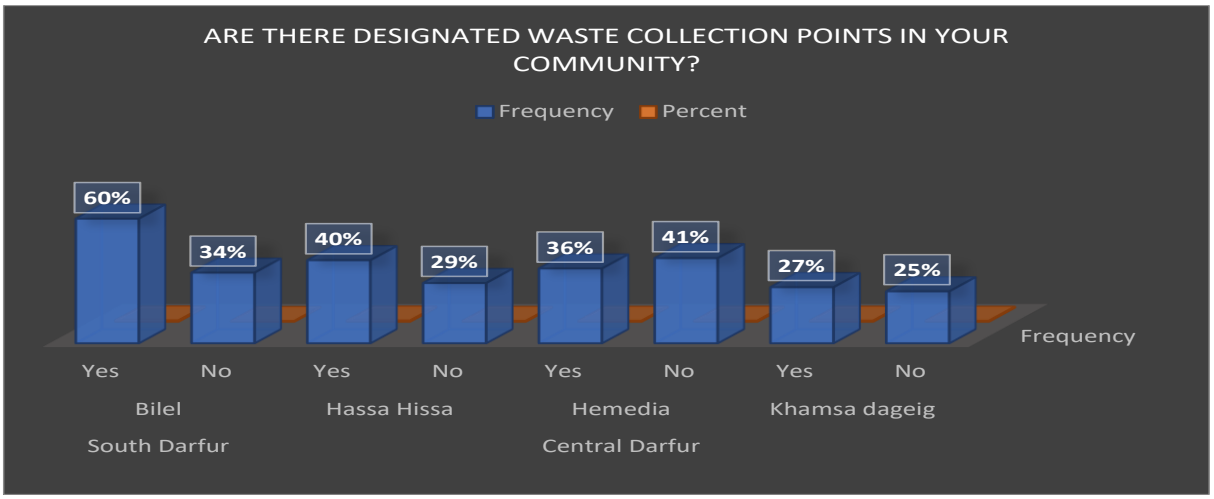

Figure 20: Proportion of households with knowledge on the availability of waste collection points in their communities

3.6 Participation and Complaints Handling

CHS Commitment 4: Humanitarian response is based upon communication, Participation & feedback

CHS Commitment 5: Complaints are welcomed and addressed

The selection was based on the vulnerability of the local communities, as the project undertook various needs assessments at baseline which involved the participation of the targeted beneficiaries. The participation of the beneficiaries at the project inception (especially baseline and design stage) ensured that the project was context-specific and speaking to the needs of the beneficiaries. Data from FGDs showed that the leaders of the beneficiary community and youth actively participated in the survey to determine the activities that required approval from the list of mission proposals at its inception phase, and thus facilitated the follow-up because the beneficiaries, who were the vulnerable, provided the information. In some cases especially in some camps such as Hamedia camp when there was a short in distribution items, latrine slaps or covers, the community leaders decided to give the priorities to the families with disability and elder members.

Generally, most of community members participated in implementation and management of the program activities through their established committees: These included inter alia; Water Committee, Health and Environment committees, Women Committees, Mother Groups, Hygiene Promoters Volunteers, DRRCs, and others. Consequently, the project was very successful with regards to community mobilization and engagement of targeted social groups in program activities. Other notable examples of community participation included cleaning of solar panels, community members offering casual labour on the installation of the metal water tank in Faki Sapoan village in Rokero camp,

among others. Such an approach inculcated ownership of the interventions by the communities, which is key for sustainability.

As gathered from consultation with NCA staff, the action ensured the participation of people in the project especially highly vulnerable groups. The response and feedback indicated that most of the targeted communities especially the IDPs and Refugees participated in community meetings with members from the NCA to determine which activities are more suitable and which activities are not suitable. The results from the KIIs and FGDs also showed that beneficiaries were involved in most of the H&WASH, shelter and NFIs activities. Women and girls groups were very active in mobilizing their communities in the clean-up campaigns. Men and youth were greatly involved in vector control activities by spraying of vector and backfilling of the water ponds with soil. Consultative talks were conducted on the construction sites of the sanitation facilities. The same also took place in all the latrine rehabilitation sites where NCA was accompanied by respective school administrations and agreement was reached on the stances to be repaired in each school depending on the need.

For complaint mechanisms, the survey showed 90% of the beneficiaries reporting humanitarian assistance being delivered in a safe, accessible, accountable and participatory manner: This was a rise from 85% at baseline, thus the action achieved its target on this aspect. There was a hotline phone at number 2487 posted in most water service sites, and the public places within camp and schools. The individuals who participated in the project were welcomed to use the hotline free of charge for raising their problems and concerns. Here is an excerpt from one of the key informants consulted.

> *"NCA has a very active complaint response mechanism. A hotline function all the time to receive the community complaints and share them with the complaints committee"* ***KII, EPRU Coordinator***

The complaint mechanism was easy, and it was used any time. In addition, the community leaders sometimes played a vital role to link between NCA staff and the communities; with some concerns having been addressed by the same phone. From the FGDs, the community leaders and water and health and environmental committees were used to relay complaints of their communities to NCA Staff. Data from the survey showed that in SDS (Bilel), 67% reported having their complaints having been addressed by the project, while in CDS (Hassa Hissa, Hamedia, & Khamsa dageiga, 80.6% reported their complaints having been addressed. Figure 21 shows the views of the communities on the response of the programme to their concerns.

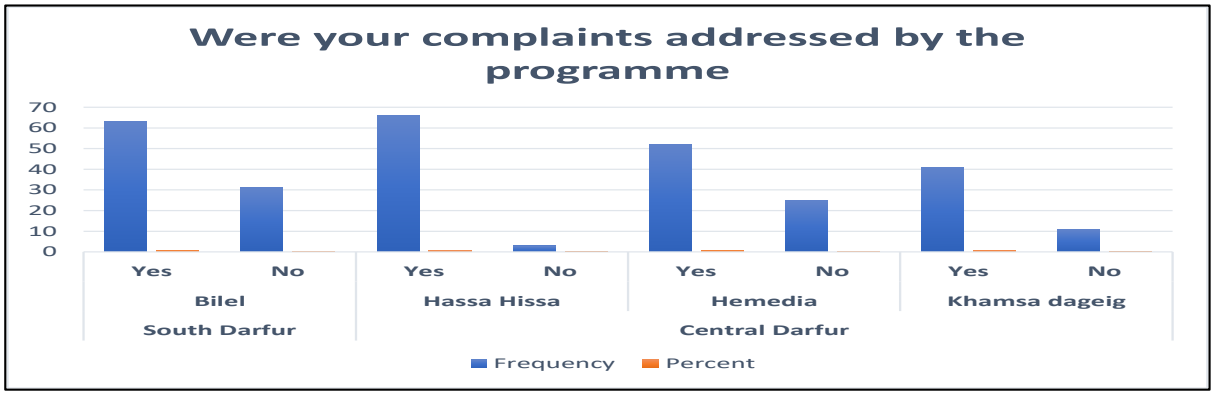

Figure 21: Proportion of individuals indicating their complaints having been addressed during the project cycle

However, as observed and worryingly, a considerable proportion of beneficiaries: Bilel (33%), Hamedia (32.5%) and Khamsa dageiga (21.2%) reported their complaints having not been addressed. One of the participant during an FGD had this to say;

> *"Complaints are raised to the village sheikh, and he delivers them to the organisation. There was no response to the complaints by NCA."* ***FGD participant on Women Group, CDS***

The communities in Hamedia and Belil camps showed that complaints especially in WASH services were not well addressed. These is therefore need for the future-like minded projects to decentralise the CRMs in an efficient and effective way, through having the Community Help Desks. This allows for swift addressing of the complaints of beneficiaries in any intervention.

3.7 Cross Cutting Issues

This section looks at the extent or degree to which the project mainstreamed or considered cross cutting at its design and implementation stages. Major cross cutting issues looked at are gender, environment and conflict sensitivity & 'Do no Harm'. These are assessed and presented in detail in this section.

3.7.1 Gender, Conflict Sensitivity and Do No Harm

The project operated in line with the 'Do No Harm' (DNH) approach to ensure the protection of vulnerable groups such as women, children and the disabled: As gathered from consultations, the action was in line with principles of 'Do No Harm' (DNH) approach and these were utilised throughout the project cycle. Gender-sensitive responses were based on the varied needs of men, women, boys and girls as well as how they can realise Protection rights. Protection needs specific to women and children, especially related to accessing toilets and fetching water, were considered in project planning, design and implementation to ensure that their safety, security and dignity are maintained. For example, the standard toilet design included a lock from the inside (designed for schools), and this was corroborated from consultations. WASH responses such as this did not only allow girls a sense of security and privacy but also improved education outcomes related to attendance and dropout. Figures 22 and 23 shows both genders participating in handpump mechanic training and a lockable VIP latrine for school girls respectively.

Figure 23: Women and men participating in hand pump mechanic training in Rokero

Figure 22: Lockable VIP latrine for school girls at one of the schools, for their privacy

A gender-inclusive and participatory approach was highly utilized throughout the project design and cycle of this which maximized women's engagement in activities which had direct effect on their wellbeing. The action's responses provided gender-specific programming such as ante-and post-natal care and support to PLW. For instance, a total of 340 clean delivery kits were distributed for pregnant women-this is in addition to kits 1200 kits that were donated and distributed from UNFPA. The kits given out contained: disposable delivery mat (1), infant receiver (1), sterile gloves (2 pairs), cord clamps (2), mucus extractor (1), blade scalpel (1), bottle of methylated spirit (1) and antiseptic soap (1 bar). In addition, 1500 long-lasting insecticidal nets (LLINs) designed to maintain the effectiveness against those who carry malaria and other diseases, were distributed to children <5 years and pregnant women.

Additional plans were made to incorporate sensitization messages on the importance of women's inclusion to community decision making processes. Engagement with men and women was done - when necessary - separately, resultantly ensuring gender and cultural sensitivities are secure. As gathered from consultations (KIIs and FGDs), women were part of the management committees such as Water Committees, DRRCs, Environment and Health Committees, among others. There were groups which only included women such as Mother Groups and Lead Mothers which were promoting health and hygiene practices in the communities they were domiciled. Information gleaned from consultations corroborated this.

As for Monitoring and Evaluation (M&E) aspects, gender and age disaggregated data had been provided in this action and continued to be shared through all future reporting. As indicated by the consulted NCA MEAL staff in Darfur, given that disaggregated data was shared throughout implementation, a gender analysis will be able to be undertaken to further develop future programming that is gender-specific, contextually relevant and sensitive to the needs of beneficiaries.

Most importantly, as it relates to safety and security management, NCA worked closely with OCHA in gathering security updates during bi-weekly meetings throughout all operational areas. NCA continue its collaboration with community leaders on security management since this group contributed towards securing information and strategic planning for the movement of staff and assets. This protected most of its staff and beneficiaries as a result, with no one reported to have been harmed during the action's life cycle.

Most of the beneficiaries who were victims of the civil war formed the large chunk of the beneficiaries, thereby demonstrating the conflict sensitivity of the project: The project targeted IDPs, returnees, refugees and host communities settled in IDPs camps and rural areas. A look at the profile of the aforementioned beneficiaries validates the assertion that the project was targeting victims affected by conflict. From the KIIs and FGDs, the results showed that most of the vulnerable communities and individuals affected by civil war participated in the project activities from design to the implementation phase. The people were selected through mobilization, coordination and consultation with community leaders and interview with households and verification checks (home visits).

3.7.2 Environment

The project was highly sensitive to the need to protect the environment with a view of climate change as a global phenomenon. The following are some of the interventions which evidences the sensitivity to environment and climate change by the action.

The project involved in its implementation, community cadres such as DRRCs, Hygiene Promoters volunteers, and Environment & Health committees who championed hygiene and environmental protection in communities: The action involved a various community structures which were championing environmental protection, which made it sensitive to the environment and climate change. Structures such as DRRCs, Hygiene Promoters volunteers and Environment & Health committees full participated in the project, especially on health & hygiene promotion sensitisation. The evaluation also gathered how the action supported the regular celebrations of the World Handwashing day (October 15) and the World Water day (March 22), which sensitised the communities on the need to practice hygiene and protect the environmental resources.

The use of locally available structures in construction of houses and latrines was environmentally sensitive: Communities were encouraged and trained to construct houses and latrines suing locally available resources, which did not jeopardise the environment, such as anthill dagga and grass for thatching. This, as observed earlier, was key for sustainability as it ensured communities would not rely on expensive building materials in CDS and CDS

The project embarked on the planting of trees around water sources, which rejuvenated the environment: As gathered from consultations, 300 tree seedlings were distributed and planted around water sources and public places. The water which spilled from the distribution water points during drawing was channelled to the planted seedlings. This eliminated the wastewater draining dripping from the water points. This was a good move for environmental protection

The transformation of the project from fossil fuel (diesel pumps) to solarisation (solar pumps) was observed to be environmental friendly. This, not only reduced the emission of carbon monoxide from diesel generators, but also reduced the exploitation of the environment during the process of generating fossil fuels. The project managed to upgrade solar systems to a hybrid systems which ensured the consistent supply of power.

4.0 LESSONS LEARNT AND BEST PRACTICES

CHS Commitment 7: Humanitarian actors continuously learn and improve

The following are the lessons learnt and best practices from the project;

1. Through payment of the service fee by community members on water supply, the good practices were noted to be in the hands of the communities through their established committees as they started to manage their own resources, e.g. water committees collect money and provide some spare parts, such as faucets, if they are not available in the organization, in order to reduce losses and rationalize water consumption.
2. Community can be supported with appropriated humanitarian aid which directly addressing their needs, as they are willing to embrace the interventions.
3. Community buy-in is critical to the success of a project. Thus, the involvement of the community and the management and sustainability of WASH resources among institutions is necessary to support a smooth handover process. Furthermore, the training of teachers leading to improved hygiene and care, a trickle-down effect is expected to reach greater community. The same can be said of the training of the school clubs and their ToTs on health & hygiene practices. In addition, the trained local persons in WASH, Health and Nutrition program components are doing excellent work professionally for the target communities.
4. The IDPs, Refugees and Host community Committees could lead the exit strategy if assisted by the NCA team or external assistance.
5. The involvement of community members in project interventions inculcates ownership by beneficiaries which is key for sustainability. The project involved the communities in installation of tanks and pumps, as well as the cleaning of solar panels.
6. Available community structures are key to foster the continuation of the project after its exiting. Trained committees such as Water committees, DRRCs, Environment & Health committees are key for sustaining project interventions on WASH, Health and Nutrition as they are existent in the communities.
7. Working with Strategic Partners within already established structures at district and community levels ensured ownership and strong buy-in of the project. At state level, the action worked with SMoH and WES, and as an exit plan, health and WASH activities will be handed over to these stakeholders respectively. At the community level, the project worked with water committees, Environment & Health committees, DRRCs, among others. This ensured ownership of the project by stakeholders and commitment towards project delivery.
8. Identifying beneficiary priorities at the inception of the project, ensures the interventions to be context specific and responsive to the actual needs of the beneficiaries. The action, before being implemented, undertook the HNO assessment in 2018 which identified the needs of the beneficiaries. This is the reason why most of the project interventions were rated by beneficiaries (IDPs, refugees, returnees & host communities) as much relevant.
9. The utilisation of existing structures is not only effective and efficient, but a guarantor of sustainability. The action worked with INGOs, UN Agencies and government departments (WES & SMoH) which had structures at state and community levels. For

instance, the project utilised the capacities of the following UN Agencies: UNICEF (health-provision of TSFP), WFP (nutrition-provision of RUTP), UNHCR (protection) and FAO (food security). As for the government departments, the project worked in cahoots with both WES and SMoH, thus tapping on the available human resources on the government payroll, which was efficient. For instance, MoH seconded staff on government payroll to Bilel PHC clinic.

10. Furthermore, the engagement of local human resources e.g. technicians and skill labourers in construction of household latrines and installation of water pipeline system and minor repairing of water system was well appreciated as a lesson learnt for efficiency and sustainability.
11. Communities can be self-reliant if provided with appropriated humanitarian aid, directly addressing their needs. In the health and nutrition sector, the lesson learned from FTE was that trained local midwifes were doing excellent lifesaving work professionally for the target communities, and committed to assist the PLW even after working hours. However, more training especially in Belil IDPs camp and Hamedia camp was observed as still needed.
12. The Village Development Committees (VDCs) could lead the exit strategy if assisted by NCA project staff.
13. Increased water access by individuals; personal hygiene awareness and use among students, pupils and the community at large are good results, which NCA still needs to maintain through extension or request for proposal of new external assistance to help the community to manage and mind their own affairs.

5.0 CONCLUSION AND RECOMMENDATIONS

The rationale of this end of project evaluation was to assess the performance of the project including the extent to which particular implementations strategies/approaches and intervention activities contributed to the achievement of results. The evaluation team, based on the aforementioned rationale, assessed the performance of the project in line with the OECD-DAC criteria for evaluation. The end of project evaluation provided actionable recommendations for learning, identifying best practices and lessons learnt. The following are the key highlights of the findings from the evaluation, and the evidence-based and actionable recommendations to comprehensively inform future like-minded programming.

9.1 Conclusion

The end of project final term evaluation used an impact outcome evaluation model covering the three main components namely WASH, Health & Nutrition and shelter & protection sectors, which were simultaneously evaluated using a rapid beneficiary assessment (RBA)-rapid participatory appraisal through FGDs, KIIs, and Post KAP household formal questionnaires and observation checklists for data gathering during the ten working days field of data collection.

The FTE team concluded that, the action was very relevant because basic health needs are almost met in Host and IDPs communities. The project was well-appreciated by IDPs, Refugees and Host communities. However, sometimes the clinics due to the large number of people, ran out of medicine and drug stocks. The beneficiaries also recognized health services, nutrition and general medication provided by NCA medicals in IDPs and Refugees camps. The nutrition program also seemed more relevant and the nutrition services were provided for all targeted groups assisted by NCA and WFP partner, together providing nutrition services in a well-coordinated manner. However, emergency nutrition program for IDPs and Refugees would be better if it is administered concurrently with WASH and PHC services in one shot program package.

Generally, the action/project formed well on its four (outcomes) and, as observed from the analysis on the effectiveness section, all outcomes were achieved, and the following ratings applied: WASH Outcome 1 (Achieved); Health Outcome 2 (Achieved); Nutrition Outcome 3 (Achieved) and ES/NFIs Outcome 4 (Highly Achieved). The global challenges on all the outcomes were COVID-19 restrictions, inflation and lack of fuel. In terms of sustainability, the

evaluation team ranked the action highly sustainable, albeit with some needed improvements. The action capacitated state and community personnel which is key for the continued implementation of interventions. The involvement of key existing stakeholders such as SMoH and WES was key, as Health and WASH interventions will handed over to them after exiting. The action was also efficient and impactful on the targeted beneficiaries

Nevertheless, the fact that the most prevalent response with regards to the availability of drugs was "sometimes" indicates that there were times when certain drugs were out of stock, and this calls for improvement in the medicine supply chain and stock management. Also, behavior change is essential on the issue of post-natal visits to the health centers, because mothers were noted to be not prioritising this treatment after successful birth delivery. In general, for NCA/ECHO humanitarian assistance, there is still high demand from the target populations for humanitarian (emergency) assistance on Health, WASH and Nutrition programs in South and Central Darfur States. For PHC, the increasing demand for basic health necessitates the involvement of all stakeholders including the communities. Most of the visited clinics experienced stock out of drugs, which should be addressed by increased medical rations. For WASH & sanitation sector, personal hygiene remarkably improved and its effect spilled over to health and nutrition sector. However, there is increasing demand for WASH emergency services necessary to accommodate the increasing of new IDPs and Refugees in the targeted States

9.2 Recommendations

The following are the evidence-based and actionable recommendations for future like-minded projects by project sectors

WASH

1. **New external assistance needed to sustain the NCA action's results on WASH:** Increased water access by individuals; personal hygiene awareness and use among students, pupils and the community at large are good results, which NCA still needs to, maintain through extension or request for proposal of new external assistance to help the community to manage and mind their own affairs.
2. **Capacity building of local structures is key for sustainability which should be replicated:** Capacity building for the local community in project management (such as water management committees) especially on their water resources is a basis for sustainability, which should be replicated by future like-minded interventions.
3. **Need to provide durable software & hardware interventions by future projects as camps for IDP and refugees are becoming permanent:** Against the backdrop of the camps transitioning from temporary to permanent structures (as returning is proving difficult), future like-minded projects should consider providing both durable software and hardware intervention. Water supply, sanitation, and personal hygiene remarkably improved and its effect spilled over to health and nutrition. However, there is increasing demand for WASH emergency services necessary to accommodate the increasing numbers of new IDPs and Refugees arrival in Hamedia, Hassa Hissa and Bilel refugee camps.
4. **Gaps in emergency latrines need to be closed:** Construction and rehabilitation of emergency latrines in both IDPS and Refuges camps is urgently needed, and futuristic interventions should consider this.
5. **Community sensitisation, including using community structures should be replicated:** Raising of communities awareness through health and cleaning campaign is needed to improve the camps environment and to reduces diseases such as Malaria and other transmitted diseases

HEALTH AND NUTRITION

1. **Support to drug stocking and transporting key:** Stocking out of drugs experiences should be addressed by increased medical rations and transport facilities.
2. **Support to stocking of nutrition foods:** Nutrition support should be addressed because sometimes the nutrition units in most of visited sites were stocked out of foods which led to an increase in SAM & GAM cases.
3. **Need for more staffing at PHC and identification of TBA to complement the medical staff:** Despite the secondment of MoH staff to the Bilel PHC, more support is

needed on staffing the PHC. The best practice observed from the action was the training of TBAs, the hygiene community volunteers and other community cadres who would complement the limited clinical staff on health and hygiene. This should be replicated by future like-minded interventions.

4. **In-demand health & nutrition services need continued implementation:** Continuation of both health and nutrition services is key because there was high need observed as evidenced by the Post KAP survey.
5. **Further support to nutrition units in Darfur:** There is need for future actions to support the nutrition units in the targeted localities

SHELTER AND NFIs

1. **Use of locally available resources and standards in construction of structures for sustainability:** Future projects should replicate use of local materials and local standards in construction of structures, such as latrines which ensures sustainability as they are cheap and accessible to beneficiaries. In addition, these structures meeting the local standards of the beneficiaries is key for acceptability by the communities and beneficiaries, key for sustainability and durability
2. **More support needed on Shelter/NFIs provision for the ever-increasing number of IPDs and refugees:** Due to COVID-19 and shortage of fuel, many affected people were not reached, thus more support for the new displaced people is needed. There was observed ever-increasing number of IDPs and refugees, especially from Central African Republic (CAR) which call for the need for further support on shelter/NFIs.
3. **Capacity building for local community and structures:** Capacity building for the local community and structures in assessing their needs and distribution of assistances is key. This should be taken on board by future projects/actions

GENERAL RECOMMENDATION

1. **Tracking replication:** Consider the systematic tracking of replication of project approaches by other UN Agencies, INGOs, CSOs, or government partners, to build the evidence base for the efficacy and impact of the DG ECHO project.
2. **Need for long-lasting structures/facilities and services as refugee & IDP camps are becoming permanent:** As observed from the evaluation, the refugee and IDP camps are becoming permanent as there are uncertainties over the return of the refugees and IDPs. This therefore calls for future-like minded interventions to consider erecting long-lasting structures/facilities and providing quality sustainable services.
3. **Active participation of stakeholders & communities:** Ensure active participation of stakeholders and communities at local level through putting in place participatory planning, monitoring and review processes and mechanisms to ensure commitment and ownership of Stakeholders.
4. **Strengthen support for livelihoods:** The NCA should consider strengthening support to livelihoods; capacity building and community-based activities in IDPs and Refugees camps.
5. **NCA capacity for dissemination of Lessons Learnt:** NCA should strengthen its capacity to keep and disseminate lessons learnt, to avoid “reinventing the wheel” and to possibly support the implementation of more cost-effective activities.
6. **Need for further external assistance:** For sustainability, external assistance is still required to serve the challenging high demands from IDPs and Refugees camps.
7. **Community mobilisation for sustainability:** Community mobilization and training in project management is needed for sustainability purpose
8. **CSO & Stakeholder Partnerships:** Strengthen the documentation and sharing of successes, challenges and lessons learned with CSO partners and stakeholders. This information would strengthen the future engagement with these stakeholders and NCA’s knowledge management system.
9. **Current needs:** Given the current COVID-19 situation and impact on beneficiaries in both SDS and CDS, it is important to respond, in collaboration with relevant partners, quickly and sensibly to the urgent WASH, Health, Nutrition and Shelter/NFIs needs of host, refugee and IDP communities. This is a matter of remaining relevant and building on the programme’s significant achievements.

Table 12 presents the recommendations in tabulated form

Table 122: Recommendations in Tabulated form

Sector	Ref No. Conclusion	Recommendations	To Whom?	Priority	Importance
CAP	C1	Ensure active participation of stakeholders and communities at local level through putting in place participatory planning, monitoring and review processes and mechanisms to ensure commitment and ownership.	**NCA**	Medium-term	High
LFS	C2	Strengthening support to livelihoods; capacity building and community based activities in the camps	**NCA**	Medium-term	High
CAP	C3	NCA should strengthen its capacity to keep and disseminate lessons learnt, to avoid "reinventing the wheel" and to possibly support the implementation of more cost effective activities.	**NCA**	Medium-term	High
H&N	C4	Nutrition support should be addressed because sometimes the nutrition units in most of visited sites were out of stock in food which lead to an increase in SAM cases	**WFP**	Medium-term	High
WASH	C5	Water supply, sanitation and personal hygiene remarkably improved and its effect spilled over to health and nutrition. However, there is increasing demand for WASH emergency services necessary to accommodate the increasing numbers of new IDPs	**NCA**	Medium-term	High
SUS	C6	For sustainability, external assistance is still required to serve the challenging high demands from IDPs and Refugees camps	**ECHO**	Short-term	High
WASH	C7	Increased water access by individuals; personal hygiene awareness and use among students, pupils and the community at large are good results, which NCA still needs to maintain through extension or request for proposal of new external assistance to help the community to manage and mind their own affairs.	**ECHO**	Short-term	High

APPENDICES

Appendix I Project Performance on Outcome Indicators

Indicator Ratings KEY

HA-Highly Achieved
A- Achieved
AM-Achieved with minor shortcomings
MA-Moderately Achieved
BA-Below Average
NA-Not Achieved

Outcome 1

Outcome 1: Improved access to WASH related supply and services among South Sudanese refugees, IPDs, returnees and host communities					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of people having access to sufficient and safe water for domestic use	174.403,00	184.275,00	191.121,00	**191.121,00**	**A**
% of households that practice safe handwashing behaviours at critical times	85%	90%	90%	**91%**	**HA**
% of target population with adequate WASH services and hygiene practices	60%	66%	85%	**90.5%**	**HA**
Overall Rating					**HA**

Outcome 2

Outcome 2: Improved access and utilisation of health services and reduced morbidity/mortality associated with illness among South Sudanese refugees, IDPs and host communities.					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
# of primary health care consultations	43.200,00	43.200,00	46.422,00	**43.883,00**	**AM**
% of women giving birth are monitored by skilled staff at health facility, home and hospital level (referral)	60%	65%	70%	**74%**	**HA**
# of patients referred and followed up at a secondary unit (Nyala hospital)	270	152	150	**371**	**HA**
% of women attending ANC programing and receiving TT2	80%	85%	85%	**85%**	**A**
# of days stock of 10 tracer drugs, including malaria RDT, is not available (out of stock)	2	2	0	**0**	**A**
% timeliness and completeness of reports to EWARS	100%	100%	100%	**100%**	**A**
Overall Rating					**A**

Outcome 3

Outcome 3: Reduced malnutrition cases among children <5, and Pregnant and Lactating Women (PLWs) within IDPs, South Sudanese refugees and host communities in Bilel IDP areas.					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of <5 children admitted for treatment of SAM and MAM	2000,00	1034	2167	**8738**	**HA**
Number of SMART, coverage, NCA or other related surveys implemented	1	1	1	**1**	**HA**
% beneficiaries admitted to supplementary feeding centre recovered/cured, defaulted and death	Cured: 99 Defaulted: 1 Death: 0	Cured: 95 Defaulted: 2 Death: 0	Cured: 99 Defaulted: 0 Death: 0	**Cured: 97** **Defaulted: 0** **Death: 0**	**A**
Number of days the Bilel PHC clinic is out of RUTF stock	2	0	0	**0**	**A**
Overall Rating					**A**

Outcome 4

Outcome 4: Support IDPs and returnees affected by the recent conflict in North Jebal Marra locality, Central Darfur state with ES/NFIs					
Indicator	**Baseline**	**Progress**	**Endline Target**	**Endline Value**	**Rating**
Number of people having access to basic, safe & dignified shelter solutions	2310	000	18000	**30000**	**HA**
Number of most vulnerable IDP households having access to NFIs	1200	000	5375	**2535**	**MA**
% of target population living in safe and dignified shelter in secure settlements	53%	55%	70%	**89.25%**	**HA**
# of people with access to dignified, clean and functional excreta disposal facilities	12650	13300	15640	**33423**	**HA**
Number of targeted institutions with accessible improved sanitation facilities	0	10	40	**40**	**A**
Number of new DRRCs trained and participated in distribution processes	6	8	13	**13**	**A**
Overall Rating					**HA**

Appendix 2 Project Performance on Output Indicator

Appendix 2.1 Project Performance on Output Indicators

No	Activates	Unit	Planned	Achieved	Rating
1	Operation and maintenance of existing solar pump and hybrid systems for daily water provision in Bilel and Al Radom camp.	System	8	8	
2	Rehabilitation and/or upgrade of 1.5 km of existing water distribution network.	kilo	1.5	1.5	
3	Upgrade Six (2) solar systems to hybrid solar systems	System	2	2	
4	Provision of water systems at 2 basic school in Bilel	School	2	2	
5	Repair /rehabilitation of hand pumps together with communities Al Radom, and Bilel camp	Hand pump	18	18	
6	Water quality monitoring including chlorination and bacteriological testing in Bilel 210and 160 in El Radom	Test	370	360	
7	Provision of fuel for running generators (water pumping) in Bilel camps	Barrel	24	21	
8	Monitoring ground water levels in Al Radom and Bilel	Station	2	2	
10	Conduct refresher training for water management committees	Participants	90	60	
11	Provision of tools kits and fast-moving kits to support hand pump mechanics in Al Radom and Bilel.	kit	4	4	
12	Refresher training of hand pumps mechanics 14 in Bilel and 14 in Al Radom.	Participants	28	28	
Green= Achieved		**Yellow= On-target to be achieved**		**Red= Not on target to be achieved**	

Appendix 2.2 Improved access to WASH services among IDPs, communities in Hassa Hissa, Khamsa dageiga, Hamedia camps & Rokero returnees villages in CDS

No	Activates	Unit	Planned	Achieved	Rating
1	Operation and maintenance (O&M) of 19 existing water pumping systems -16 solar powered and three (3) diesel	System	11	11	
2	Rehabilitation and/or upgrade of 7 km of existing water distribution network(s).	Km	5.5	6	

3	Upgrade Six (6) solar systems to hybrid solar systems	System	4	4	
4	Fencing solar pumping system (1) and constructing 3 water distribution points in Rokero	system	1	1	
5	Repair /rehabilitation of 69 hand pumps together with communities	HP	51	49	
6	Fabrication of 1 elevated metal water tank 25 cubic meter with it support equipment's and install it in Rokero.	Tank	1	1	
7	Water quality monitoring including chlorination and bacteriological testing	Test	414	460	
8	Provision 346 barrels of fuel for running generators for water pumping.	Barrel	339	320	
10	Monitoring ground water levels.	Station	6	6	
11	Conduct refresher training for water management committees.	Participants	60	74	
12	Provision of tools kits and fast moving kits to support hand pump mechanics.	kit	11	11	
13	Refresher training of hand pumps mechanics.	Participant	49	49	
14	Construction of 27 institutional latrines in the schools and health facilities.	Latrine	27	15	
15	Support construction of 120 emergency household latrines.	Latrine	120	120	
16	Conduct 10 Vector control campaigns.	Campaign	4	4	
17	Procurement of 42 sets of solid waste collection equipment, tools and disposal facilities.	Set	32	37	
18	Hold 22 Solid waste management campaigns and clean-up.	Campaign	14	24	
19	Rehabilitation of 60 school latrines.	Latrine	25	25	
20	Knowledge, Attitudes and Practices (KAP)	Survey	2	1	
21	Conduct 36 public hygiene sensitization campaigns in public places in IDP camps	Campaign	18	24	
22	Implementation of 22 jerry can (water storage containers) cleaning campaigns and awareness at water points.	Campaign	10	20	
23	Refresher training for 480 hygiene promoters' volunteers in targeted communities for health education.	Participant	360	240	
Green= Achieved	**Yellow= On-target to be achieved**		**Red= Not on target to be achieved**		

Appendix 2.3 Planned and achieved sanitation and Hygiene Program activities in Bilel and Al Radom localities

No	Activates	Unit	Planned	Achieved	Rating
1	Support construction of emergency household latrines	Latrine	550	480	
2	Rehabilitation of school latrines in Bilel	Latrine	35	35	
3	Vector control campaign in Al Radom and Bilel	Campaign	4	3	
4	Procurement of sets of solid waste collection equipment, tools and disposal facilities in Al Radom and Bile	Set	10	10	
5	Hold Solid waste management campaigns and clean up in Al Radom and Bilel	Campaign	8	8	
6	Conduct public hygiene sensitization campaigns in public places in IDP camps Bilel and in Al Radom	Campaign	18	18	
7	Conduct hygiene promotion health inspections at household levels in the project targeted areas in Al Radom and Bilel	Visit	400	400	
8	Conduct community drama, video shows and hygiene competitions in Bilel camp and in Al Radom.	Campaign	2	2	
10	Implementation of 20 jerry can (water storage containers) cleaning campaigns and awareness at water points in Bilel camp,	Campaign	12	8	

11	Celebration of World Hand washing Day (October 15) and World Water Day (March 22)	Campaign	2	2	
12	Distribution of 1000 hygiene kits to vulnerable families among target groups.	Campaign	1000	1000	
13	Refresher training for hygiene promoters' volunteers in targeted communities for health education	Participants	210	200	
14	Training of school hygiene clubs and their TOTs	Participants	75	75	
15	Support SMOH for acute water diarrhoea during rainy season= 1 support	Location	0.2	0.2	
Green= Achieved	**Yellow= On-target to be achieved**		**Red= Not on target to be achieved**		

Appendix 2.4 Improve health and nutrition services among IDPs, Refugees and host communities in Bilel and Al Radon localities

No	Activates	Unit	Planned	Achieved	Rating
1	Improved access and utilization of health services and reduced morbidity and mortality associated with Illness among South Sudanese refugees, IDPs and host communities.	HH	46.422	46.422	
2	# of primary health care consultations.	HH	46.422	46.422	
3	% of women giving birth are monitored by skilled staff at health facility, home and hospital level (referral).	HH	70	70	
4	# of patients referred and followed up at secondary unit (Nyala Hospital) disaggregated by gender and age.	HH	150	371	
5	% of children> 1 received all antigens in EPI programme.	HH	94	94	
6	% of pregnant women attending ANC programming and receiving TT2	HH	85	85	
7	% timeliness and completeness of reports to Early Warning, Alert and Response System (EWARS	HH	100	100	
8	Mobile awareness campaign for CoVID-19	HH	530	734	
9	Mobile awareness campaign for CoVID-19 Elhamidia Camp	HH	370	650	
10	Mobile awareness campaign for CoVID-19 Elhamidia Camp Nertiti	HH	1523	2644	
Green= Achieved	**Yellow= On-target to be achieved**		**Red= Not on target to be achieved**		

Appendix 2.5 Improve Shelter and NFIs services among IDPs in Hamedia, Khamsa dageiga and Hassa Hissa camps in Central Darfur State

No	Activities	Planned	Achieved	Rating
1	Conduct 8 joint assessments verification and registration for households affected by conflict/disaster with partners other NCA sectors INGOs and UN agencies in South and Central Darfur States	8	7	
2	Procure and distribute improved emergency shelter materials to 1,750 HHs for newly displaced people and vulnerable protracted IDPs in South and Central Darfur states.	1,750 HHs	1,700 HHs	
3	Distribution of renewal NFIs (3,000) and full package NFIs (2,375) for the most vulnerable persons, in IDP camps	5,375 HH	2,535 HHs	
4	Conduct distribution sessions is targeting Disaster risk reduction committees on community sensitization for the new criteria - methodology of distributions, share of the ToR and the delivery of the ES/NFI	250 persons	250 persons	
5	Conduct training on Assessment and verification for DRRCs - 500 members	500 persons	443 people	
1	Training on Shelter design, construction, flood prevention and fire fighting	200 persons	200 persons	
Green= Achieved	**Yellow= On-target to be achieved**	**Red= Not on target to be achieved**		

Appendix 2.6 Capacity building activities among project partners and local communities

NO		Unit	Target	Achieved	Rating
1	Refresher training of hand pump mechanics	Participants	49	49	
2	Conduct refresher training for water management committees	Participants	60	74	
3	Conduct public hygiene sensitization campaigns in public places in IDP camps Bilel and in Al Radom	Campaign	18	18	
4	Refresher training for 480 hygiene promoters' volunteers in targeted communities for health education.	Participants	360	240	
5	Training of 230 school hygiene clubs and their TOTs.	Participants	155	136	
6	Refresher training for hygiene promoters' volunteers in targeted communities for health education	Participants	210	200	
7	Training of school hygiene clubs and their TOTs	Participants	75	75	
8	Conduct community drama, video shows and hygiene competitions in Bilel camp and in Al Radom.	Campaign	2	2	
9	Vector control campaign in Al Radom and Bilel	Campaign	4	3	
10	Distribution of 1000 hygiene kits to vulnerable families among target groups.	Campaign	1000	1000	
Green= Achieved	**Yellow= On-target to be achieved**	**Red= Not on target to be achieved**			

Appendix 3 Case Studies/MSC Stories

Appendix 3.1 Case Study 1

Mr. Rizk Mosa a southern refugee in Belil Camp, a 42 years old, is responsible for his family. He

lives in a free house in the refugee camp, and has 10 children. He completed high school, and works as a casual labor, with monthly income of about 5,000SDG. Rizig gets drinking water from hand pumps built by the NCA. The water is clean but not enough due to the overcrowding of the camp with refugees. There are many latrines built by NCA project, but some need maintenance. His family uses soap, but not constantly because it is difficult to get it. The project only distributed soap for once. Rizk says there are places for weekly waste collection, but far distance, the garbage box is sometimes used, so waste and its disposal are big problems in the camp. Rizig says that they get free treatment and medicine from the project's health center, but sometimes medicine is not available, which forces them to go to the city and the treatment is more expensive. The project played a role in improving life in the camp through free water and health services and the distribution of hygiene materials, and it is expected that these services will continue and be better in the coming years.

Appendix 3.2 Case Study 2

Miss Sabah Adam Abdallah, is a single 21-year-old, main support member of an IDP household

of size 12 persons, one of them is person with disability. She is responsible for taking care of her family as she works in the trade, and her daily income ranges between 1-3 thousand SDG. She confirmed that the services were useful and suitable with their needs, including water and Health services. Water is available and clean and no health problems. Her family consumes about 50 liters per day, and there is regular maintenance of water points. She has emergency latrine. She and her family use soap to wash hands, but there is no special place for washing hands in the camp. The motivation for them to go to the health center the provision of free treatment and medicines, but sometimes the medicines may not be available, forcing them to go to the city hospital. The project distributed some food services and did not include all families. Miss Sabah says that providing free water and medicine helped them a lot in improving the income and she expects more improvement in the coming years. She also says that the training that the girls received in the camp in how to take care of children and pregnant women helped to establish cooperation and interdependence between everyone and she expects that there will be more cooperation in the future. Sabah recommends the project to provide monthly financial support that includes all families in the camp.

Appendix 3.3 Case Study 3

Mrs. Sana Hussein Adam, who is 31 years old, is a university graduate. She, and her husband

and 3 children live in a free house inside the camp for displaced people in Bilel. She and her husband work in agriculture services and casual labor and the family's monthly income is about 2,000 SDG. She gets water from Hand pumps, and Water tank that the project built in the camp, but sometimes she faces difficulty due to the large number of residents in the camp. Sana is not satisfied with the quality of the water because it caused many diseases such as vomiting, stomach pains, diarrhea, parasites and skin diseases. The project built latrines, but they are not enough. She indicated their willingness on handwashing, which was impended by lack of public place for washing hands in the camp. Sana says that the project distributed hygiene kits, but they were not enough and were distributed randomly. The project specified a place to collect waste, but people were not committed, so dirt poses an environmental problem in the camp. Sana has two children under the age of five and she vaccinated them with all the immunizations designated for children. Sana says that the project did not change much on her family's income and standard of living.

Appendix 4 Pictures from Data Collection/Field-work

Figure 25: Communities drawing water at a water point in Hamedia camp

Figure 24: Flooding challenges during data collection in Hassa Hissa camp

Figure 27: Consultants pose for a photo at a solar-installed water pumping system

Figure 26: Community members at a health facility (Bilel PHC)

Figure 28: Women during consultations at Bilel PHC

Figure 29: FGD underway at Hassa Hissa camp

Figure 30: Nutrition centre, Hamedia camp

Figure 32: Main water pumping station

Figure 33: Water tank at one of the visited sites

Figure 31: Consultants at a site during field visits

Appendix 5 Terms of Reference (ToR)

Norwegian Church Aid- Final Evaluation of ACTIONFunded project in South and Central Darfur, Sudan

Posted
8 Mar 2021

Closing date
25 Mar 2021

I. CONTEXT AND BACKGROUND

Norwegian Church Aid (NCA) was part of the international relief programme launched by international community in 2004. The programme until December 2020 was supported by Action by Churches Together International (ACT) and Caritas Internationalis (Caritas). ACT International is the network of Protestant and Orthodox Aid and development agencies worldwide. Caritas Internationalism is the international confederation of Roman Catholic relief and development agencies. ACT and Caritas networks work together in a joint response to the Darfur crisis through NCA which implements the programme on behalf of the two networks. NCA is a member of ACT and provides the legal basis for the operation in Sudan. NCA's Darfur programme has been a multi-sector operation managed by NCA working jointly with national implementing and contractual partners.

2020 was the final year of the combined appeal, and as of 2021, NCA manages the programmes in Darfur as independently.

The targeted overall outcome of the project is that *Conflict affected communities of Darfur have enhanced resilience to the recurrent crises in South and Central Darfur States*. The project primarily targeted internally displaced persons, South Sudanese and Central African refuges and host communities under Four Results:

1) Improved access to WASH related supply and services among South Sudanese refugees, IDPs, Returnees and host communities

2) Improved access and utilization of health services and reduced morbidity/mortality associated with illness among South Sudanese refugees, IDPs and host communities.

3) Reduce malnutrition cases among children <5, and Pregnant and Lactating women (PLWs) within IDPs, South Sudanese Refugees and host communities in Bilel IDP areas.

4) Support IDPs and returnees affected by recent conflict in North Jebal Marra locality, Central Darfur state with ES/NFIs

The project aimed to reach a total of **240,121** persons (108,054 male / 132,067 female) in the targeted settlements.

The programmes have received funding from Action since 2009. The previous evaluation of Action funded support was conducted at the end of 2019. The current grant support period under evaluation is from 01-08-2019 to 31-03-2021.

In 2020 the WASH, and Health and Nutrition sectors through Action funding aimed at implementing projects in Central Darfur (Hassa Hissa, Hamedia, Khamsadageig, Funga, Foko Deko, Rokero) and in South Darfur (Bilel, Al Radom and Um Dafug settlements). Target beneficiaries included South Sudanese and Central African Republic refugees, internally displaced persons, and host communities.

II. PURPOSE

The purpose of this evaluation is to assess the Action funded project results versus DAC criteria for evaluation as well as towards crosscutting issues of gender, conflict sensitivity and environment. In addition, the evaluation will assess to what extent the core dimension of participation of beneficiaries has been included in project design, planning and implementation and to what extent the NCA systems and procedures for complaints handling have been implemented by the project. Finally, the evaluation will seek to identify and assess key traits of NCA added value in implementation of the Action funded project in Darfur.

The evaluation will feed into the NCA Sudan Country Strategy 2020-2024. It is expected that lessons learned and recommendations from the evaluation will empower NCA to improve its response in Darfur and to enable increased alignment towards described needs and challenges facing the intended beneficiaries of this response. It will in addition document best practices and methodologies of the respective sector interventions there by enabling adjustment of responses to the changing dynamics of the challenges and concerns of the Darfur region.

The evaluation will form the basis for external and internal stakeholder discussions and reflections determining the future architecture and mechanisms of NCA interventions in Darfur.

III. DESIGN AND APPROACH

The evaluation will use pre-post performance evaluation design, will employ industry standard mixed-methods of both quantitative and qualitative data collection and include as a minimum the following approaches:

- A clear evaluation approach and rigorous design to examine programme performance and delivery process, including justification of why the chosen approach is appropriate.
- Examination of the programme theory of change as an overarching framework for the evaluation, including anticipated outputs and outcomes, and linkages and assumptions between them.
- A clear evaluation framework, setting out the data collection methods and data sources that will be used to answer each of the evaluation questions.
- Triangulation of different data sources, perspectives (including beneficiaries and other stakeholders) and time points when addressing each of the questions.
- Consideration of how beneficiary populations and communities will be involved, including how their perspectives will be captured, and how feedback on outcomes / findings will be provided to them.

Sources of Data and Data Collection Methods

The following broader methods are suggested which could be revised and finalized with the selected external consultant in line with the design and approach recommended above:

(i) Quantitative beneficiary household survey to estimate outcome and output performance indicators and to compare with baseline benchmarks. Inclusive of Knowledge, Attitude and Practices survey and SMART Nutrition survey modalities.

(ii) Document review: Programme proposal; baseline and interim survey reports; donor reports; reports of assessments or standard operating guidelines; routine monitoring system tools; and updated Log frame which precent achievements against milestones targets of sector performance indicators of impact, outcome and outputs.

(iii) Interviews, discussions and post-evaluation workshop: with stakeholders including DG ECHO; national and state government (WES, Ministry of Health, and Humanitarian Aid Commission)

(iv) Field Observations: WASH installation, project formed/facilitated WASH committees, Bilel primary health care and nutrition facility.

IV. EVALUATION QUESTIONS

1. Project results

i. Assess the ***Relevance*** of the project and the extent to which the project has included vulnerable groups and responded to the expressed needs of the intended beneficiaries. How did the project adapt to feedback from beneficiaries and changing needs?
ii. Assess the ***Effectiveness*** of the project in terms of delivering benefits to intended beneficiaries and achieving outcomes within agreed timeframes and budget. Which key factors have been important in supporting and/or limiting achievement of results? Which unintended results, both positive and negative were produced; how did these occur?
iii. Assess the ***Efficiency*** of the project in terms of to which extent project delivery options and models have ensured efficient use of funds and added value, including procurement, logistics, management structures; integration of and synergy between project activities; delivery at scale.
iv. Assess the ***Impact*** of the project towards enhancing resilience and empowering beneficiaries towards achieving lasting change in livelihoods.
v. Assess the ***Sustainability*** of results achieved by the project in terms of participation and enhanced capacities of beneficiaries as well as local government and local leadership structures. To what extent has the project aligned and responded to policies and strategies of national and state government.

2. Cross-cutting issues

i. To what extent has gender been considered in project design and implementation? How has the programme demonstrated good practice in ensuring issues such as protection and UNSCR 1325 on women, peace and security have been considered in project design and implementation
ii. To what has extent has the project included and addressed conflict sensitivity and "Do No Harm" in its planning, implementation and monitoring
iii. To what extent has the project included and addressed environmental challenges and concerns.

3. Participation and complaints handling

iv. Assess to which extent NCA guidelines for participation of beneficiaries as well as systems and procedures for complaint handling have been incorporated and implemented in the project

4. NCA Added Value

v. Identify and assess key factors of NCA added value in implementation of the Action project.

V. TIMING AND RESPONSIBILITIES

1. NCA Responsibilities

NCA shall establish an Evaluation Steering Group that will be responsible for the evaluation. The Steering group composition will be comprised of

- Representatives at management level from both NCA Sudan and NCA Darfur representations
- Representative from NCA Oslo head office (Country Advisor)
- Led by a person appointed by the Country Office Management team.

Both men and women must be represented.

If possible, a partner representative should participate.

The steering group assigns one focal point that is the one to manage the relations and contact with the evaluation team.

Specifically, NCA will be responsible for the following:

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

2. Time frame and site visits

The time frame and site visits for the evaluation will be determined by the Evaluation Steering Group. Upon the commencement of the evaluation the timeframe for the respective content/deliverables is stipulated as **3. Evaluation team**

The composition and necessary qualifications of the evaluation team will be determined by the Evaluation Steering Group. The evaluation will be led by an external consultant with experience in the thematic areas of WASH, and Health and Nutrition, in particular in emergency settings. The consultant will lead the overall management of the evaluation design, implementation including capacity building for survey teams, data management and analysis, and report writing.

Stakeholders involvement: In coordination and collaboration with NCA, the evaluation team shall work with the different stakeholders (community-based committees, local administrators, etc) in their respective geographic areas of implementation. In addition, government line ministries particularly WES and the Ministry of Health will have significant

contribution to the project implementation and the consultant would be expected to have discussions and consider them as part of the project stakeholders.

The consultant will be responsible for the key deliverables as itemized below:

VI. DELIVERABLES AND BUDGET

The following deliverables are expected from the evaluation team:

(i) Budget within existing frames

(ii) Inception Report, Draft Report and Final Report

(iii) Feedback from stakeholders to draft report

(iv) Evaluation report within the requirements: 1-3-25: One page: Recommendations. Three pages: Executive Summary. 25 pages: Presentation of the findings

(v) Presentation of evaluation report including recommendations

The Evaluation report and all documents pertaining to the report are considered as NCA property and under NCA ownership.

HOW TO APPLY

Proposals, questions and clarifications must be submitted to the following addresses:

Darfur Head of Programs, Ingrid Revaug (Email: Ingrid.revaug@nca.no)

M&E Manager, Getachew Worabo (Email: getachew.Amsalu@nca.no)

Logistics Coordinator, Bakhit Ahmed (email: Bakhit.Ahmed@nca.no)