



NORWEGIAN CHURCH AID

(NCA)

REPORT

ON THE

**EVALUATION
OF**

PROGRAMME IMPACT IN WARRAP STATE & DEVELOPMENT OF AN EXIT STRATEGY

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ABBREVIATIONS & ACRONYMS

AWD	Acute Watery Diarrhoea
CHD	County Health Department
CHF	Common Humanitarian Fund
CHO	County Health Officer
CHW	Community Health Worker
CRWD	County Rural Water Rural Department
DG	Director-General
DRWSS	Directorate of Rural Water Supply & Sanitation
EC	European Commission
EPI	Expanded Programme of Immunization
ERS	Early Recovery Section
GBV	Gender-Based Violence
HAC	Humanitarian Aid Commission
MCHW	Maternal Child Health Worker
NCA	Norwegian Church Aid
PHCC	Primary Healthcare Center
PHCU	Primary Healthcare Unit
RIEP	Rapid-Impact Emergency Programme
SMoA	State Ministry of Agriculture
SMoE	State Ministry of Education
SMoH	State Ministry of Health
SSRRC	Southern Sudan Relief & Rehabilitation Commission
TBA	Traditional Birth Attendant
UNDP	United Nations Development Programme
UNHAS	United Nations Humanitarian Air Services
UNST	United Nations State Team
VWMC	Village water Management committee
WASH	Water & Sanitation
WES	Water, Environment and Sanitation
WG	Working Group

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EXECUTIVE SUMMARY

Introduction:

This report documents the participatory evaluation exercise facilitated by two Consultants: Peter M. Morabu and Joseph K. Ndolo of Upward Trends Consult, Nairobi. The field exercise took place from 26th October 2010 to 6th November 2010. The purpose of the evaluation was to assess NCA Programme's overall impact in Warrap state and develop an exit strategy.

Background:

NCA has been assisting and strengthening the capacity of the Government and local partners to provide basic services in health, education, and Water & sanitation to the local community in Gogrial West County. The objectives of the current intervention are: (a) to strengthen the duty bearers' ability to deliver basic social services to the rights holders (the state, local authorities and line ministries); and (b) to design an exit strategy for NCA to phase out of Warrap State, and specifically Gogrial West county by December 2011. Gender justice, and HIV & AIDS awareness are mainstreamed into all the above three sectors.

The health sector is involved in the provision of essential medicines and equipments to one PHCC and 9 PHCUs; training of community health workers; training women, youth, teachers and counsellors in behaviour change and communication on HIV and AIDS related issues and conducting public awareness sessions on HIV & AIDS; support to immunization campaigns; production of IEC materials on health related issues / HIV & AIDS; and provision of incentives to health workers.

The goal of the Water & Sanitation programme is sustained access to improved water and sanitation services and improved sanitation behaviour. The sector is involved in assisting and strengthening the Government in its limited capacity to provide clean water and safe sanitation to the population through maintenance and repair of broken/non-functional bore holes and hand pumps; training of hand pump mechanics and members of Village Water Committees in proper water management; provision of tools and slabs for pit-latrines and training on health and hygiene management; production and distribution of dissemination materials.

The goal of Education programme is access to quality education; and is involved in the provision of teaching materials, construction or renovation of schools and classrooms; provision financial assistance to vulnerable girl students; capacity building for PTAs on school administration, importance of education, and capacity building of teachers.

Findings

The evaluation focused on 7 key areas: Relevance, Impact, Sustainability, Effectiveness, Efficiency, Relationships (i.e. Relations/Partnerships or collaborations), and Exit strategies / Hand-over of the programme to local authorities)

The findings indicated as follows: NCA programmes are relevant in the sense that they meet the needs and priorities of the beneficiaries, and are in line with the local and national priorities and policies; and have made significant impact on the lives of the target communities. However for greater impact, there is need for fuller participation and involvement of the beneficiaries and counterparts of the respective line ministries in the implementation of the interventions, including participation in provision of material and financial resources. There is need for aggressive mobilization and sensitization of the communities to create awareness on resource mobilization, in particular local resources to shift away from "dependence" syndrome.

The process also examined sustainability aspects of the programme through four components: (1) Factors that are likely to contribute to sustainability, (2) Benefit sustainability; (3) Capacity of the human resources & institutional sustainability; and (4) Financial sustainability. From the finding it was clear that the benefits of the programme are sustainable. But there is a great need for capacity building of the human resource involved in the different sectors, and strengthening of institutional capacities. The programme, however, does not seem to be financially sustainable, as mechanisms for local resources, logistics for drugs / spare parts / school materials supply, etc, are unclear.

Conclusion & Recommendations

Overall the programme has made an impact in the lives of the people of Gogrial West County, and the state of Warrab in general. The programme intervention has been relevant to priorities of the community, and has had a notable impact as a result of commitment and focus on real needs. There are, however, some challenges including retrogressive cultural practices, minimal participation by the counterparts/government, and “dependence” mindset among some communities.

The following are recommendations to facilitate the programme intervention after the phase-out: Firstly, put in place a contingency process of one to two years that will serve as an inter-phase in the transition; Secondly, build adequate capacity of key and/or critical staff for the sectors, thirdly, finish uncompleted building projects, Fourthly, revamp certain facets of the ongoing intervention (e.g. restock inventories, spare parts, etc), and Fifthly, facilitate sensitization of the communities on the importance of resource mobilization, in particular local resources; and Strengthen partnerships with key players & the government who may take over parts of the intervention. Other details are available on [Section 2.8](#) of the main body of this report.

It is noted that the proposed phase-out process is at a time when the country is going for the referendum, which is affecting the operating environment. About 6 months may be taken-up in the run up to the referendum and the aftermath of it. It is therefore recommended that NCA come up with a contingency plans to manage the phase-out process adequately.



Plate 1 – NCA Programme Manager (Alek) with the consultants and a team from the County Headquarters (Gogrial)

1.0 INTRODUCTION

The Evaluation exercise started on 26th October 2010 and the field work concluded on 6th November 2010. The process was facilitated by two Consultants: Peter M. Morabu and Joseph K. Ndolo from Upward Trends Consult, Nairobi. The process involved key selected stakeholders namely: Government officials at State, County and Payam levels; Beneficiaries; Key programme staff and senior management team, and the beneficiaries. Detailed itinerary of the evaluation process is given in [Appendix 3](#) and [Appendix 4](#)

1.1 BACKGROUND

NCA works in four geographical areas in Sudan: South Sudan, Nuba Mountains, Dafur and Khartoum State. In South Sudan the programs are mainly in Eastern Equatorial State, Warrap State and minimal activities in Western Bahr el Ghazal.

The evaluation focused on the interventions being implemented in Gogrial West County, which is located in Warrap State of Southern Sudan. Warrap State is one of ten states in South Sudan. It is located on the Ironstone Plateau in the south and in Western Flood Plains in the north. It is administratively divided into six counties: Twic, Gogrial East, Gogrial West, Tonj East, Tonj North and Tonj South with the State capital located in Kuajok. Abyei borders it to the north, Western Bahr El Ghazal to the west, Western Equatoria to the south, and Lakes and Unity states to the east.

1.1.1 Specific characteristics of Warrap State

Warrap is semi-arid flat land and the clay soil does not make the rain water to sink down. The area is always flooded during rainy seasons. This makes it good for rain catchments ponds. The severe flooding during rains destroys crops in most years, leading to increased vulnerability to food shortage in the area. The roads become impossible to travel during rainy season and there are many water borne diseases like guinea worms.

In most of the areas there is poor environmental sanitation and bad health habits / practices which frequently increase risks of water born disease outbreak in the areas. This is an area where guns are abundant and the region has experienced several tribal conflicts over the years which increased the rate of medical emergencies fatality in the area.

NCA started an emergency response programme in Wau in 1998, providing humanitarian assistance in food distribution, Basic Healthcare, Basic Education, Water and Sanitation and Livelihoods. Over the years, NCA has scaled down operations and to date there is support to basic health care, basic education and Water & Sanitation, plus two cross-cutting interventions: Gender and HIV & AIDS.

NCA is currently implementing a basic services programme in Gogrial West County funded by the Norwegian Ministry of Foreign Affairs (MFA).

Gogrial West County has 9 payams with total population of about 244,000 people. The payams are as follows: Akon North (22,126), Akon South (31,336), Alek North (18,087), Alek South (32,254), Alek West (12,281), Gogrial (28,268), Kuac North (51,268), Kuac South (26,843), and Riau (21,230)¹.

¹ Courtesy: State Ministry of Health (Multifull data base information 2009), Kuajok

1.2 GOAL AND OBJECTIVES OF THE PROGRAMME

The Goal of the Programme is:

Sustained peace by empowering rights holders to claim their fair share of opportunities, resources and services.

The Specific Objectives are:

- (1) To strengthen the duty bearers (the state, local authorities and line ministries) ability to deliver basic social services to the rights holders
- (2) To design an exit strategy for NCA to phase out of Warrap State, and specifically Gogrial West county by December 2011.

1.3 NCA's CURRENT PROGRAMMES

1.3.1 Health Care Sector

NCA has been assisting and strengthening the Government and local Partners' capacity to provide basic health services to the target groups through provision of essential medicines and equipments to Alek PHCC and nine PHCUs in Gogrial West; training/refresher courses of community health workers; training women, youth, teachers and counsellors in behaviour change and communication on HIV and AIDS related issues and conducting public awareness sessions on HIV and AIDS targeting women and youth; support to immunization campaigns targeting children below 5 years and pregnant mothers; providing dissemination material on health related issues, including HIV and AIDS and providing incentives to health workers.



Plate 2 – Alek PHCC in session (Left: Outpatient; Right: one of the wards)

The county has 5 primary healthcare centers in the following townships: Alek (run by NCA), Kuajok and Akon (run by the state MoH), Gogrial (run by MSF-Belgium), and Ajiep (run by World Vision). It has also 18 PHCUs of which nine are run NCA.

Healthcare is the largest sector among the NCA programmes in Gogrial West County. It runs one healthcare center (in Alek) and nine primary healthcare units (PHCUs) distributed in various townships across the county.

Prior to 2006, NCA managed 14 PHCUs, but the number was reduced when some were closed. Mankuac PHCU, Malual Awien PHCU, Ayuung PHCU, and Wundong PHCU were

closed due to insecurity in those areas. Bao PHCU was handed over to the Aweil county line ministry following the CPA.

1.3.2 Education Sector

The goal of Education programme is access to quality education. The objective is to have strengthened community to secure the right of access to and the quality of basic education services, resulting into increased local community owned education resulting in increased sustained access for girls and boys to schools through NCA supported programmes; and improved quality of teaching, school administration and coordination of educational services.

The main activities of the NCA education programme are: Provision of teaching materials, such as text books, exercise books, desks, cupboards, stationery, chalk boards, chalk, etc.; Construction / renovation of classrooms; Provision of uniforms (limited); Provision of school fees to vulnerable students (limited); Provision of some gadgets mainly to teachers, such as gumboots, rain coats; Capacity building for PTA on school administration, importance of educating the young people; and Capacity building of teachers through “in-service training” programmes.

NCA supports 9 schools in Gogrial West County and 2 the neighbouring counties as follows:

- (a) Alek south Payam: Alek , Amoth, Door, and Atukuel Primary Schools
- (b) Alek West Payam: Ngapathian, Nyokithian , and Keet Primary Schools
- (c) NCA also supports two schools in the neighbouring counties: Dirakok Primary School in Wau County, and East bank School in Jur River County.



Plate 3 – A class in session under a tree ...Atukuel Primary school

1.3.3 Water & Sanitation Sector

The goal of NCA Water and Sanitation programme has been sustained access to improved water and sanitation services and improved sanitation behaviour.

In order to realize the Water and Sanitation goal, NCA has been involved in assisting and strengthening the Governments in their limited capacity to provide clean water and safe sanitation to the population through maintenance and repair of broken/non-functional bore holes and hand pumps; training of hand pumps mechanics and members of Village Water

Committees in proper water management; provision of tools and slabs for pit-latrines and training on health and hygiene management; production and distribution of dissemination materials.

1.3.4 Gender Justice

Women always carry the burden in war and displacement situations, both physically and psychologically. Although the gender concept has reached communities that NCA serve, there is still misconception garnered by strong traditional beliefs and practices.

The thematic area of this cross-cutting component of NCA programme has been Women in Governance, mainly focusing on empowerment of women through adult class education empowerment and income generating activities.

The adult classes are designed purely for illiterate women. They are trained on how to write and read English. The length of the training is between one to two years, depending on the background of the individual woman. On the other hand accelerated learning programme (ALP) is designed for school drop outs. These are women who had started school, but had to leave due to a situation e.g. war, community conflicts, community cultural pressure). The students are expected to complete the eight-year course in four years. The teachers for this programme are paid incentives by NCA.

1.3.5 Phase-out Process

NCA Programme intends to consolidate and focus its work in Southern Sudan to Eastern Equatoria State, focusing primarily on Magwi and Lofan Counties. NCA, therefore, plans to phase out completely the activities in Western Bahr el Ghazal and Warrap States, hence the need for this impact evaluation.

1.4 PURPOSE

The purpose of the evaluation was to assess NCA Programme's overall impact in Warrap state and develop an exit strategy.

1.5 OBJECTIVES OF THE EVALUATION

The specific objectives of this evaluation were:

- (i) Identify the impact the NCA programme has made in the lives of the communities of Gogrial West County (Warrab State)
- (ii) Review strategies that NCA has put in place to ensure sustainability of the programme in Gogrial West County
- (iii) Identify capacity development / training needs of the local authorities / communities to continue with the projects that NCA has been managing to ensure sustainability.
- (iv) Design and recommend an exit strategy for NCA that ensures continuity of benefits of service provision to the rights holders
- (v) Review the relationship between NCA and the target communities /rights holders, as well as relationship between NCA and the local authorities.
- (vi) Review the different components of the current programme (Education, Health, and Water & Sanitation) in terms of relevance, effectiveness, and efficiency.
- (vii) Identify current assets belonging to NCA programme (Gogrial West County), and propose modalities for eventual handing over to local authorities.

1.6 EXPECTED OUTPUTS / DELIVERABLES

The main expected output in this evaluation is:

- (i) Evaluation report (findings, conclusions, and recommendations)
- (ii) Exit / hand-over strategy of the programme including its assets

1.7 METHODOLOGY

The approach to this evaluation was participatory, seeking the involvement of most stakeholders at different stages of the process. Prior to the evaluation, the team prepared a scope and design document which provided details and direction for the exercise.

1.7.1 Methods

The evaluation team used several methods to gather required data / information. Such methods included, but were not limited to the following, *inter alia*: review of relevant documents/literature; interviews with targeted groups (sample basis); focused group discussions; and field visits / observations.

1.7.2 Process

(a) Document/Literature review:

The evaluation team reviewed relevant documents/literature on Norwegian Church Aid and the Gogrial West County project. The documents reviewed included:

- Project proposals and other related documents.
- Periodic project reports (narrative)
- Correspondences with project collaborators.
- NCA organization structure.
- Reports of project activities e.g. training, etc.
- Policy manuals (financial, personnel/human resources, project, etc).

(b) Field Work Visits/Observations

The evaluation involved visiting the areas of operation of the project, to gather data/information and assess the project performance. The field visits schedule is given on [Appendix 3](#). During the fieldwork, the consultants applied a number of methods to gather data/information and assess the project performance. These included interviews using structured questionnaires, focused group discussions, informal discussions and observations.

Before the fieldwork commenced, the consultants decided with NCA on places to be visited, the people to be interviewed and when the interviews were to take place. A full itinerary was developed jointly. Both individual and focused group discussions were guided. The guiding questions used and a summary of the outcomes are contained in [Appendix 7](#), [Appendix 8](#), and [Appendix 9](#).

(c) Analysis of Data and Information:

The consultants analyzed the information and data collected through the various components of the evaluation.

(d) Writing of the Draft Report

The consultants compiled a draft report based on the outputs of above.

(e) Submission/Presentation of the Draft Report

The consultants had a debriefing meeting with the Programme Manager in Alek and the senior management team of NCA in Juba following the field visits then embarked on the writing of the draft report.

(f) Feedback process

The consultants submitted the first draft of the evaluation report. The NCA management and staff went through the Draft report and provided their feedback through their Senior Programme Coordinator.

(g) Finalization of the Report

Following the receipt of input/feedback from the NCA management and staff, the consultants finalized the report and forwarded it to the NCA Management in Juba.

1.7.3 Constraints & Limitations

While conducting this evaluation, the evaluation team encountered a number of constraints and challenges, namely:

- (a) *Closure of schools*: The evaluation was carried out during the last week of the schools term, closing date was just approaching. As such the evaluation team could not get some of the beneficiaries (students / teachers).
- (b) *Acessibility*: Some of the locations were not accessible due to floods. However, in order to ensure sufficient data was gathered, the Consultants visited most of the other areas, which were accessible.
- (c) *Time limitation*: The time allocated for the evaluation was too short especially for the field work.
The consultants, however, divided the coverage areas allowing two areas to be covered concurrently by the two consultants and those accompanying them.
- (d) *Language barriers*: Some informants and beneficiaries targeted for interviews could only speak in Arabic or Dinka languages. This presented a challenge to the external consultants. This was however overcome by having two officials from the SSRRC State and County offices accompany the consultants. They provided the necessary protocols and facilitated in translations.

1.7.4 Evaluation Team

The evaluation process was carried out in a participatory manner, involving external consultants, some staff members of NCA, members of local authorities/administration, and some beneficiaries.

- (i) The members of the external evaluation team were:
 - (a) Mr. Peter Mwanchwa Morabu - Management / OD Consultant (Team Leader)
 - (b) Mr. Joseph Kioko Ndolo - Management / OD Consultant
- (ii) Members of staff of NCA Gogrial West project, who participated in the evaluation process were:
 - (a) Mr. Pax Apwoya - Programme Manager
 - (b) Mr. Madut Malual Wol - Food Security Manager
 - (c) Ms. Santina Sadia Samsom - Gender Coordinator & HAP Focal Point
 - (d) Ms. Yolanda Ile Felix - Education Officer
 - (e) Ms. Josephine Koloro Awata - Health Officer
 - (f) Mr. Onj Charles Christopher - Water & Sanitation Officer
 - (g) Mr. Charles Joseph Yak - Accountant
 - (h) Mr. Azima Arkanjelo Rockson - Administrative Assistant / Logistics

- (iii) Members of the local authorities/administration who participated in the evaluation process, and facilitated protocols and translations were:
- (a) Mr. Jacob Madut - SSRRC Director, Warrab State
 - (b) Mr. Moses Muor Luol - SSRRC Projects Officer, Warrab state *
 - (c) Mr. Simon Mel Kon - SSRRC County Secretary, Gogrial West County
 - (d) Mr. Angelo Akuith Alic - SSRRC Deputy County Secretary (Gogrial West)

Other people included in the evaluation process included beneficiaries, government officials and other implementing organizations. A full list of all informants is provide in [Appendix 4](#).

* seconded to the Evaluation Team by the State SSRRC Director, to facilitate interpretation for the whole period of the review process;

2.0 EVALUATION FINDINGS

This evaluation focused on 7 key areas: Relevance, Impact, Sustainability, Effectiveness, Efficiency, Relationships (i.e. Relations/Partnerships or collaborations), and Exit strategies / Hand-over of the programme to local authorities)

The consultants met and interviewed / held focused group discussion with beneficiaries, government officials (at state, county, payam, and boma levels), other agencies or partners implementing programmes in the area, and NCA programme staff at Alek, plus the NCA senior management team at Juba. The NCA staff meetings at Alek were in two formats: plenary with all staff, and one-on-one sessions with sector heads and the programme coordinator.

The findings for each evaluation area of focus are given here below:

2.1 RELEVANCE

In examining relevance, the evaluators tried to find out whether the programme initiatives and its intended results were consistent with the GOSS, State and County policies and priorities. In addition, the evaluators examined the extent to which the programme activities were meeting the needs and priorities of the beneficiaries and whether they were acceptable within the local context.

The findings indicated very clearly that the programme was relevant. Interviews with the Government officials at the State, County and Payam levels confirmed, without doubt, that the programme was in line with the government policies and priorities. In fact the interventions of the three sectors (Health, Water & Sanitation and Education) were addressing basic needs, which are also basic rights of the members of the communities. Moreover, the two cross-cutting interventions of HIV & AIDS and Gender are also dealing with very important issues that have the potential to adversely affect the implementation of the programme and the well being of the communities. The issue of Gender equality and equity (justice) are very critical, especially in a Dinka community where women and girl-child tend to be marginalized. Therefore the need to empower women to participate and be involved in development activities and in decision-making processes at all the government levels was found to be very relevant. HIV & AIDS is not only an important local and national issue but a global one that has very negative consequences, if not addressed. Mainstreaming of HIV & AIDS into all other sectors is therefore relevant and in line with local, national and global priorities.

During the interviews with the selected key informants (communities/beneficiaries and government officials), the informants were asked to rate the relevance of NCA interventions, using a rating scale of four: (1) Not relevant (2) Somewhat relevant (3) Relevant, and (4) Very relevant.

Overall, 99% of the beneficiaries interviewed, rated the relevance of the NCA programme activities as relevant/very relevant. The breakdown is as follows: 64 (50%) of the 129 beneficiaries rated it as very relevant, 63 (49%) as relevant, while 10 (1%) of the beneficiaries as somewhat relevant.

The ratings from the government officials interviewed are as follows: 12 (48%) of the 25 officials rated the relevance of the NCA programme activities as very relevant, 6 (24%) as relevant; and 7 (28%) as somewhat relevant.

The key reason given by the beneficiaries /government officials for their choice of the high rating of relevance of the programme sectors is that the programme met the real needs of the community.

Details of these are given here below.

a) Health: the presence of NCA has brought about preventive measures against potential disease outbreaks through health education, immunizations / vaccinations, drugs supply, and facilitation of construction of health units/center. In turn, this has reduced the mortality and morbidity rates amongst the under 5 years, and the community in general.

b) Education NCA has created an enabling environment for teaching and learning through teacher training, provision of teaching materials (chalk boards, chalk, textbooks, etc), and some learning materials (exercise books, pencils/pens, etc). For example, the presence of female teachers has attracted girls to schools – as they serve as role models, and mentors to the girls. There is also growth in adult literacy in the target communities.



Plate 4 – teachers undertaking in-service training (Nov2010) at Alek Health Training Centre



Plate 5 – Alek Health Training centre... near completion
(Note: The Centre is also used for teacher training sessions)

- c) Water & Sanitation: Provision of bore holes with hand pumps served 2 key areas:
- Availability of water: this served to alleviate animosity and inter-clan fights over water as a resource, and has created unity /harmony and peaceful co-existent amongst the communities.
 - Clean water: this together with health education has reduced/alleviated waterborne diseases (bilharzia, typhoid, malaria, etc).

All the beneficiaries said the programmes have been implemented in a manner that is acceptable and sensitive to cultural values of their communities.

2.1.1 Observations & Conclusions

Based on the aforesaid findings, it is the view of the evaluators, the NCA programmes in Gogrial West County (Warrab state), are relevant in the sense that they meet the needs and priorities of the beneficiaries, and are in line with the local and national policies and priorities.

2.1.2 Recommendations

Although the choice of needs to be addressed was relevant, the counterparts were not fully involved in the implementation of the programme activities. NCA tended (though unintentional) to address the needs identified (water, health, education) without “allowing” the government to play a major part in the provision of the basic services they were providing. Some of examples include: supply of medicines for the health center/units, supply of school materials to the schools, and provision of hand pump spare parts / tools.

It is our recommendation that for future interventions, that NCA tries as much as possible to complement the government in provision of the basic services, as opposed to “taking-over” completely what is supposed to be the responsibilities of the government.

2.2 IMPACT OF THE PROGRAMME

Impact has been described as the changes the programme makes in human development and people’s wellbeing.² In line with this definition the evaluators examined the changes that the results of the programme interventions has made to the lives of the communities/beneficiaries related to the different sectors of the programme.

The findings for different sectors are presented herein below:

All the 129 beneficiaries and 25 government officials interviewed said the programmes have had an impact in changing the lives of the communities. Some of the factors cited on the changes noted include the following:

2.2.1 Health and HIV & AIDS

- (a) **Improved Health of the community members:** Due to better surveillance mechanisms against common diseases like malaria and diarrhoea, tetanus, better maternal child healthcare management, well equipped TBAs, timely vaccinations, etc, mortality rates affecting the infants and the under 5 has reduced and the general population is healthy. Before NCA Programme started in 1998, there was no hospital or health centres in Alek and other payams in Gogrial West County. People used to suffer a lot from diseases which are normally treatable and some would end up dying or spending a lot of money seeking for help from Khartoum or Juba and other places, where they would get help. Now with the continuous supply of medicine and provision of primary healthcare services through the Alek PHCC and the nine PHCUs in the county, the health and wellbeing of the community members has improved. In addition, the presence of NCA in the State during the war and tribal conflict between Gogrial East and West communities saved lives of many wounded people, who would, otherwise, have died if not provided with medical care by NCA.
- (b) **Reduced infections:** As a result of health education awareness, community members are practicing healthier lifestyles and this has reduced common infections.
- (c) **Reduced morbidity and mortality rates** in the communities as a result of immunizations / vaccinations, and ample drugs supply (for general treatment).
- (d) **Trained Health Workers** are using and continue to use skills and knowledge gained for the benefit of their communities and the country at large. It was noted that majority of the Health Workers working in the Alek PHCC and the PHCUs have been trained by NCA. Another case in point regarding the impact the programme is that of the current Gogrial County Health Coordinator. He is a graduate of NCA training.
- (e) **Access to healthcare:** Many community members now know the importance of accessing healthcare services from the PHCC and PHCUs as opposed to consulting the traditional medicine persons/witchdoctors as before.

2.2.2 Education

- (a) Generally, schools have become attractive to school going age children due to availability of text books, stationeries, teaching materials, and desks; and by having competent teachers (trained by NCA).

² UNDP 2009, Handbook on Planning, Monitoring & Evaluation

- (b) Retention of school-age children in schools due to the conducive environment for learning and periodic in-service training for teachers which been enhancing their skills and competencies.
- (c) Girl-child education (i.e. girls being allowed to attend schools) is gaining acceptance in the communities. This is attributed to the fact that communities have been enlightened (PTA members have been trained by NCA) on value of education for not only the boys, but the girls as well; and having female teachers has also attracted the girls to school.
- (d) General increase in adult literacy in the target communities. For example the accelerated learning programme (ACL) targeting women has enhanced their skills in tailoring, catering and food nutrition. The women are in turn serving better food diets and maintaining adequate hygienic standards in their families reducing the chances of ailments related to poor food diets.
- (e) Teacher training has enhanced the knowledge & skills of teachers; teachers are able to teach better, especially after learning teaching methodologies. One head teacher trained by NCA said, "Before the training, I was a cattle boy. Now I am holding an office with responsibility as a head teacher."

2.2.3 Gender (Women Empowerment)

- (a) Housewives have learned balanced diets, and as result are providing their families nutritional foods, others are using the knowledge to carry out income generating activities such as baking of bread, or providing catering services to larger groups at a fee.
- (b) Some of the women who went through Adult classes or ALP are now working with the Government in the State, County and Payams and with other institutions in Southern Sudan. Three examples are people from the community that went through the NCA's ALP programme are: (a) Current County Director for Gender, Ms. Elisabeth Wuol Akok - She is now serving her communities as a result of the training (b) Atong Mayual Lual – now state member of parliament in the GNU in Khartoum, (c) Laure Abuk Ajang - is in the University of Bahr el Gazal
- (c) Women who went through adult literacy were able to initiate girls' schools within the Women Centre, to encourage girls to go to school.
- (d) Improved literacy levels of women have enhanced accountability of tailoring and grinding mill activities.
- (e) There is positive attitude change on the community towards girls' education. After women have been trained, they are seeing the importance of the girls' education and are promoting it.

2.2.4 Water & Sanitation

- (a) As a result of increase in water sources and adequate clean water, inter-clan fights over water have reduced drastically, and communities are living together in harmony. This has created unity /harmony and peaceful co-existent amongst the communities.
- (b) People are practicing use of VIP latrines, hence the reduction of outbreaks of waterborne diseases.



Plate 6 – A Completed institutional latrine at Nyokithian primary school with hand wash facility



Plate 7 – Trained community hand pump mechanics being issued complete tool repair set

- (c) Provision of clean safe drinking water together with health education has reduced water borne diseases such as Cholera, Typhoid, Diarrhea, etc.
- (d) Water is easily accessible to pupils & teachers and communities, and therefore they spend less time to look for it, hence able to concentrate on studies and their work respectively. A case in point is Keet in Alek West Payam, where a borehole was drilled in 2008. Before then the community members used water from the seasonal river or walked long distances to get it, but now the PHCU and the primary school in the area are using the borehole water. The school is also able to continue with the feeding programme without problems of lack of water. This helps to retain children in school hence reduced drop-out rate.

2.2.5 Factors Contributing to Impact

- (a) Focusing on real needs (which are actually basic needs and rights) and investing on the well-being of the people has contributed towards meaningful impact.
- (b) Identifying with the communities at their time of need (during the war and tribal conflicts), respecting the community and treating them with dignity, including respecting their culture.
- (c) Having committed, competent and motivated programme staff.

2.2.6 Factors that hindered greater impact

On the other hand, there are factors that have hindered the programmes from having greater impact on the target communities. These include the following:

- a) *Strong retrogressive cultures and practices:* (i) some of these are perceptions or mannerisms that for example “deny” a grown-up person from using a pit latrine for fear that “everybody sees” him/her approaching the facility. The end result is human waste littered in the bush, and eventually getting washed into the water catchments during the rains and causing water borne diseases. (ii) Though the health programme has created great awareness on the importance of accessing health services from the PHCC and PHCU, there are still a few who consult with the traditional medicine persons/witchdoctors (*kurjos*) (iii) Regarding girl-child education, there are some members of the community who look at their girls as a source of wealth and would therefore encourage early marriage of their girls in order to get dowry, instead of facilitating them to acquire education and becoming more productive in their communities and the country at large.
- b) *War and conflicts:* this in itself has been a strong barrier to genuine progress. It has also in the long run created a *dependency syndrome*, as people are unable to plan and grow food on large commercial scale.

- c) *“Dependence”*: Although there is strong commitment to working hard, yet there are some pockets of a persistent mindset of “dependence” that may have developed during the war. During the war, communities did not have to make long range plans, say for large scale planting, or harvesting and storing more than just enough for one’s family alone. There was a heavy reliance on external help in form of relief food aid. Unfortunately this “culture” has persisted into post CPA years.
- d) *Minimal participation of counter-parts*: There has been minimal participation and involvement in the running of the line ministries of the different sectors of the programme other than getting policy direction. In some cases NCA has solely supplied the essential materials without the contribution from the Government, even though it is supposed to be the responsibility of the government. Some examples are: As a result the government has relaxed and left NCA to do what ideally the government should be doing. Whereas NCA has been doing a very noble job of providing essential services to the community, it should be noted that it is still the responsibility of the government. NCA should only be complementing the government efforts, now that there is peace and a government in place.

2.2.7 Observations & Conclusions

Based on the findings, the NCA programme has made significant impact as indicated above under each sector.

2.2.8 Recommendations

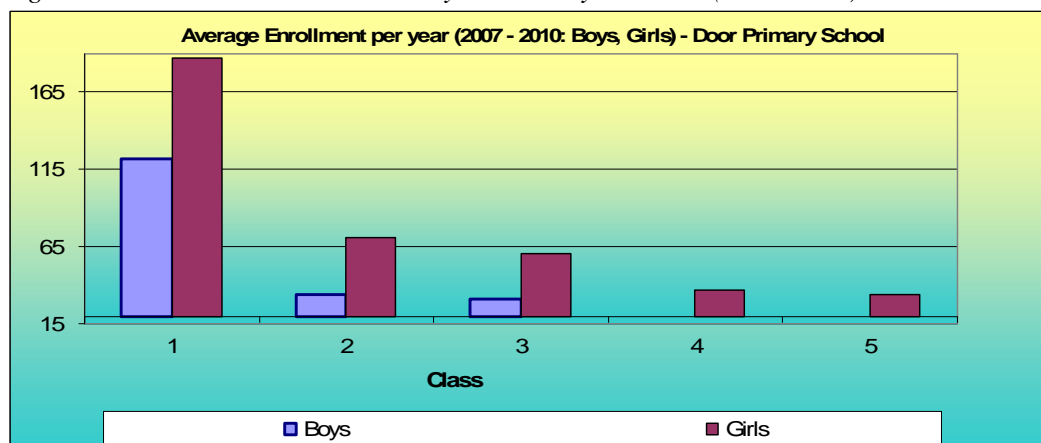
For greater impact to occur there is need for full participation and involvement of the beneficiaries and counterparts of the respective line ministries in the implementation of the interventions, including participation in provision of material and financial resources.

There is need for NCA to aggressively mobilize and sensitize the communities or create awareness on resource mobilization: in particular **local resources**. This is much more of a need given the fact that NCA intends to phase out the project. The communities would need to be helped to see the endowment of local resources (e.g. livestock, land, forestry, etc; or local donors) within their areas. This will hopefully address the “dependence” syndrome where the community members don’t see or recognize the resources they have; instead they see themselves as poor and hopeless victims of circumstances.

That NCA strengthens the strategy for the promotion of girl-child education through the following:

- Through continuous awareness creation for girl-child education,
- NCA considers promoting or facilitating the setting up of one model girls’ primary school. This will address the low enrolment rates and increase the retention rate. Parents tend to feel “safer” when girls attend a girls’ only school(s) as evidenced by the enrolment of girls in Door Primary school (Alek South Payam). Notice that even after introducing boys to the school, the girls’ enrolment average per year is greater than that of the boys. See figure 1 below

Figure 1: Enrolment at Door Primary school Boys vs Girls (2007-2010)



2.3 SUSTAINABILITY

The focus of this area of evaluation was to determine the extent to which the benefits of the programme can continue after NCA phases out the programme. The key issues were: (a) “Does the programme have the ability to continue to deliver the benefits for an extended period of time after the NCA’s support is stopped? (b) “What are the key factors that are likely to contribute to sustainability of the programme?” (c) Does the programme have the capacity (personnel or institutional) to continue with the implementation of the interventions?

In order to respond to the above questions, the consultants examined the following aspects of the programme.

- (1) Factors that are likely to contribute to sustainability
- (2) Benefit sustainability
- (3) Capacity of the human resources & institutional sustainability
- (4) Financial sustainability

2.3.1 Contributory Factors to Sustainability

- (i) Education: Communities have been involved in putting up some of the school structures with help from NCA. Examples in mind is Atukuel primary school, and Nyokithian primary school have already build the wall, are only waiting for roofing; Ngapathian has put up the school structure, is only waiting for plastering, windows, and door;
- (ii) Level of participation and involvement of women in this programme has been high, leading into ownership of the programme. Women constructed a women training centre and a guest house (at Alek) with the income from their activities and some assistance from NCA. This is a factor contributing to sustainability in the sense that the facilities will continues to be used and in return give them some income, even after NCA stops their support to their activities.
- (iii) Alek PHCC: some community members have donated beds, a generator, some materials like bricks, and labour. These are steps in the right direction and will assist in bringing about the attainment of ownership by the local communities to a certain extent



Plate 8 – Bricks purchased for the construction of mortuary at Alek PHCC...work has not been carried out

- (iv) The formation of VHCs, and Village WASH Committees are factors likely to contribute to sustainability; though there is need to further build the capacities of these committees
- (v) Involvement of and consultations with the local authorities (line ministries) on local and national policies and guidelines on the three specific sectors is also a factor that is likely to contribute to sustainability. However there is need for more participation on the Government in meeting the costs of the basic services being provided.

2.3.2 Benefit Sustainability

- (i) The consultants are of the view that the benefits of the programme are sustainable. Such benefits include skills and knowledge gained (by trained people: staff, PTAs, VHCs, etc), which will remain and continue to be used by the individuals trained
- (ii) In terms of the technical staff for WASH, there will be no problem at the grass-root because the staff are already trained and have the tools they require to do the job.
- (iii) The pupils who have gone through the schools that NCA has been supporting, have gained knowledge, which cannot be taken away from them. They will continue to use it for many years to come.
- (iv) School structures built by NCA (in particular Amoth primary school) will accommodate pupils for a long time even after NCA stops supporting the schools.



Plate 9 – Amoth Primary school: building facility was financed by NCA in collaboration with community

2.3.3 Human Resources Capacity & Institutional sustainability

One of the key aims of capacity building is to try and achieve sustainability, to ensure a programme or institution will survive independent of changes in personalities, technologies and resource crises

As for the institutional sustainability, there is need for strengthening the capacity of the institutions. For the interventions to continue efficiently, there is need to strengthen the following areas: Clarification of organizational structures and definition of roles and responsibilities of the officials (e.g. Women group officials, PTAs & school managers, VHCs, Village WASH committees, and staff of the institutions), formulation of required policies and procedure, e.g. procurement and finance, HR, Administration, etc; defining of the vision, mission, core values and strategy; and developing a capacity building strategy. However, in WASH there is an institutional process already in place where Pump Mechanics are paid by the community through the water fees contributions; and Senior Hand-pump mechanic, WASH Coordinator, Assistant WASH Coordinator, and Hygiene Promotion Officer are paid by the government.

2.3.4 Financial Sustainability

The programme does not seem to be financially sustainable. Supply of drugs and vaccines supply for the PHCC & PHCUs, school materials for the schools supported by NCA, and spare parts and tools for the water pumps are likely to cease when NCA phases out the programme. This will adversely affect the programme, and therefore the need for clear exit strategy to mitigate the effects of the phase out (see the [Section 2.7](#) below for exit strategy).



Plate 10 – Drugs storage at (NCA Alek Compound)



Plate 11 – Kitchen for the Alek PHCC...challenging when it rains

2.3.5 Observations & Conclusions

According to findings, it is evident that: NCA has put strategies in place that are likely to contribute to its sustainability and it also clear that the benefits of the programme are sustainable. It is however noted that there is a great need for capacity building of human resources involved in the different sectors; a need for strengthening of the institutional capacities to ensure sustainability. Further, the programme does not seem to be financially sustainable, as indicated above.

2.3.6 Recommendations

- Liaise with UNICEF and the Ministry of Physical Planning, Cooperatives, and Rural Development (the line ministry responsible for water supply) to fill up the gaps that will be left after NCA phases out the programme.
- As a contingency measure that NCA considers one time supply of spare parts, drugs & vaccines, and school materials and supplies for at least one or two years to give time to the line ministries responsible for the specific sectors to take over the provision of such basic services that NCA has been providing.
- Encourage and advocate for the Government to enforce the cost-sharing policy regarding the repair and maintenance of the water hand pumps, and health facilities.
- Need to strengthen human resource and institutional capacities through training of women on basic record keeping and basic computer skills; and setting up simple systems for stores records, booking and management of assets.
- That NCA aggressively mobilizes and sensitizes the communities on the importance of resource mobilization, in particular local resources. The communities would need to be helped to see the endowment of local resources (e.g. livestock, land, forestry, etc; or local donors) within their areas. This will hopefully address the “dependence” syndrome where the community members don’t see or recognize the resources they have; instead they see themselves as poor and hopeless victims of circumstances

2.4 EFFECTIVENESS

Effectiveness refers to the realization of the goals and objectives of the programme.

The focus of evaluation for this area was to determine the extent to which programme activities have resulted in meeting the set goals and objectives of the programme

2.4.1 Observations and Conclusion

The evaluation team examined documentations, conducted interviews and made interactions with the stakeholders and beneficiaries. There were periodic reports (quarterly, annual, etc) and others like Health epidemiologic reports prepared and submitted to relevant sector heads / team leaders. The consultants also examined these reports (quarterly / annual reports from 2006 to 2010) which were done against the set results / targets.

There is a strong affirmation that the NCA programme, to a great extent, has realized the set goal and objectives, as is evidenced by the resultant impact (as presented in [Section 2.2](#)). We ascertain that the programme was affective in the realization of the set goals. We noted that the programme has been very clear with well defined objectives and corresponding activities for each objective and agreed results (targets) against which achievements would be measured.

In view of the reported achievements and the resultant impact, we are convinced that the programme has been effective in the realization of the agreed results / objectives and targets.

Periodic (annual, quarterly) reports from the field contain planned activities and achievements. However, it was noted that the reported achievements (in a number of field reports) were not reported against individual set targets / results; although they are usually accounted on the main reports sent to the donor(s). The main report was a combined version with all locations.

2.4.2 Recommendation

We recommend that as a good practice, and to enhance individual accountability in terms of performance, that achievements be reported against set targets / results; not just the achievements.

2.5 EFFICIENCY

Regarding efficiency, the Consultants examined how economically resources/inputs were converted in results, including the costs involved, and quality of the outputs. It was noted that the resources were utilized efficiently except for a few cases. There was no evidence of any major misappropriation of funds or misuse of other resources. Based on the information provided through interviews with key informants and documents reviewed and to the best of the knowledge of the evaluation team, the funds were used for the purposes intended. The programme had adequate accountability systems in place, which included: record keeping, regular narrative reports, financial reports and internal and external audits.

NCA Finance Department in Juba is responsible for accounting and monitoring of donor funds. The accounting system is centralized. Most of the accounting records are prepared and kept in Juba office. However, there is an Accountant in the field in Alek for the programme who manages petty cash and prepares the source documents (vouchers). Source documents are then submitted to the Finance Office in Juba for preparation of books of accounts and financial reports using Navision Accounting system.

The programme funds are audited by an external auditing firm (presently: Ian Dent & Co) annually together with the other NCA programmes. An interim audit for the period 1 January to 30 June is carried out and then the annual audit that covers January to December. According to the Audit report for the year ending 31st December 2009, the Auditors were of the view that the financial statements gave a true and fair view of the results for the year ended 31 December 2009 and the balance sheet as 31 December in accordance with Routines and Guidelines for NCA' International Cooperation.

However, the interim audit report for 1 January to 30 June 2010 identified several internal control weaknesses that needed to be addressed. Details of the same are contained in the interim audit report. In the process of the evaluation we also noted a few issues that could be improved:

- (a) **Assets register:** Whereas there is a comprehensive register of Programme assets, it has not been updated and the actual assets labeled to match with the records.
- (b) **Use of material at the Alek PHCC Mortuary:** Materials intended for the construction of mortuary facility were bought but some were used for other purposes not in the original plan and others got spoiled because of not being used at the right time. This includes cement that expired (was not used)
- (c) **Alek Women Centre:** Although the centre is earning income through the IGAs, the accountability systems have been very weak. One case in point is that of disappearance of US \$ 3,000.00. The women had worked very hard but did not have accountability system in place. For example the money generated was not banked, it was instead kept by the treasurer, who ended up running away with it. This was a big discouragement to the women group.

There was also evidence that the programme was involved in staff training and development. At the time of the evaluation,

2.5.1 Observations and Conclusion

Based on the findings, and to the best of our knowledge, the programme was efficient in utilization of inputs (resources) in the implementation of the planned activities; other than the weaknesses highlighted above (Alek PHCC mortuary, and Alek Women Group)

2.5.2 Recommendations

- That NCA strengthens the internal controls, to alleviate incidences like the one of the Alek Women Group, and Alek PHCC mortuary (mentioned above).
- The women group should be encouraged to open a bank account for their IGA and have at least three officials as signatories of the account. They should also be encouraged to establish and maintain proper records (store records, assets registers, books of accounts, etc)

2.6 NCA RELATIONSHIPS & PARTNERSHIPS

NCA believes that in order for them to reach their development goals, they need several sorts of relationships and partnerships; Core partners; Programme support; Resource organizations & Strategic alliances.

NCA has been working closely with the local communities, authorities and partners in Warrap State, in particular Gogrial West County. The main partners of the NCA Programme in Gogrial West have been: local communities, local authorities (at State, County, Payam & Boma levels), churches (especially Catholic church on HIV & AIDS awareness), NGOs, UN Agencies and the donors.

According to the evaluation findings, NCA relationships with the communities (who are the main beneficiaries) and the local authorities has been so good to the extent that NCA is being likened to the “son of the area”. This is much so due to the way NCA has worked with the communities and especially during the war and conflicts between the communities of Gogrial East and Gogrial West.

Overall, 92% of the beneficiaries interviewed, rated the relationships of NCA with the target communities as good / very good. The breakdown is as follows: 78 (60%) beneficiaries said it was very good, 41 (32% as good; and 10 beneficiaries (8%) as fair.

The 25 informants from representing the government at state, county and payam levels rated the relations with NCA as follows: 14 (56%) of them as: very good, 10 (40%) as: good, and 1 (4%) as: poor.

Their reasons for rating it that way include the following:

- a) Team work: the community feels NCA is part of the community.... “NCA is part of us... one of our own sons...we plan together, we implement together...” NCA respects the values of the communities.
- b) Long history: NCA braved the war (Khartoum government with SPLA) in 1998, and treated the wounded. It has since facilitated the general wellbeing of the community and the building of the capacity of many personnel in key places today (county, state and GoSS). This includes pump mechanics, teachers, and leaders in various cadres. The community sees NCA as “a friend indeed...”

In addition to beneficiaries, the evaluation team also interviewed another category of informants: non-governmental organizations operating in the area. Three NGOs interviewed are as follows:

- a) MSF – Belgium: is based in Gogrial town. It runs a full-fledged hospital (PHCC) with surgical facilities, maternal child healthcare, and EPI vaccines, nutrition awareness function, and other services. There is a TB component on the pipeline, out-patient services. It boasts of offering free consultations, free drugs, surgical functions.
- b) ACF (Action Against Hunger): is based in Alek market with operations in several centers in Gogrial West County. It is involved in nutrition awareness functions, and water & sanitation
- c) World Vision (Kuajok): is based in Kuajok town with operations in several centers in Gogrial West County. It is involved in food security functions, water & sanitation, and healthcare services.

Asked about their collaboration with NCA, none of them was strong in affirming their interactions with NCA. Two of these NGOs (67%) rated their relationship with NCA as fair; while one (33%) rated it as good. They felt that their relations were basically at acquaintance levels. One NGO suggested a need to work out modalities to share a radio channel in order to work together on handling emergency cases from the bush and make referrals to each others' health center

2.6.1 Observations and Conclusions

As per the evaluation findings, it is clear that the relations of NCA with the communities and local authorities have been very good. The communities and their leaders think highly of NCA. They appreciate the assistance that NCA has been providing to them and the manner in which they have been treated with respect and dignity. Identifying with them at their time of need and addressing real needs, which are also basic rights has strengthened this relationship over time. It is therefore our considered view that NCA should handle with care the phase out of the programme, taking into consideration the current political situation with the up coming referendum in January 2011 and the possible political changes over the coming year. Just as it was when NCA started the programme in Warrap State, the planned phase out is coming at a very critical time for the communities/beneficiaries.

There is great uncertainty due to the coming referendum. There are two possible scenarios: South Sudan chooses to become an independent State or to remain united. In the event of separation, the Government is likely to take time constituting different government ministries/departments, putting in place different institutions and mobilizing resources for running the government.

During interviews with the informants, they expressed their fears that NCA was leaving them at a time of need, when they actually need them the most. If it were there wish they would not want NCA to phase out at this time.

As for the relations of NCA with the other partners, the findings though from a limited number of NGOs, indicate the need to strengthen her relations, partnerships and networking with the other actors in the same sectors and areas of operation.

2.6.2 Recommendations

- (a) That NCA considers allowing for a period of at least two years (2011 & 2012) to implement the phase out strategy. This is likely to allow enough time to prepare the

communities and address the key gaps that are likely to arise as a result of the phase out. It will also give them time to monitor the political situation following the referendum and its possible ramification. See the gaps presented in [section 2.7](#) on Exit Strategy.

- (b) That NCA strengthens its relations, partnerships and networkings with NGOs, churches and UN Agencies that are implementing similar interventions in Warrap State and neighboring States , with a view to identify some of them who could take up some of the interventions they have been implementing. The following are some of the organizations that could be approached and requested to consider taking some of the interventions, if their budgets allow and if within their priorities: MSF-Belgium, ACF, World Vision, IOM, Winrock, Catholic Church, UNICEF, WFP, etc.
- (c) That NCA works closely with the line government officials of the specific sectors they are in and encourages them to take up the oversight responsibility of the interventions of the different sectors.

2.7 PROGRAMME PHASE OUT & EXIT STRATEGY

2.7.1 Phase out

NCA Programme intends to consolidate and focus the work in Southern Sudan to Eastern Equatorial State, focusing primarily on Magwi and Lofan Counties. NCA, therefore, plans to phase out completely the activities in Western Bahr el Ghazal and Warrap State. The phase out is coming at a time when there are a lot of uncertainties due to the up coming Referendum in January 2011. The development actors are monitoring closely the political situation in Sudan and the governmental actions and strategies.

In order to ensure smooth transition and handover of the programme interventions to the local authorities, there is need for well thought exit strategy.

2.7.2 Gaps

It is obvious that when NCA phases out, there will be several gaps in the different sectors. Below is a summary of the gaps deduced from the evaluation findings

2.7.3 Health and HIV & AIDS

A number of issues have been highlighted from the evaluation data that point to gaps that would emerge when NCA phases out. The following are key:

- (a) *Drugs supply & logistics*: Presently the sourcing and logistical mechanisms (transportation and storage of the drugs) are largely done by NCA. There is need to inter-phase this with the line ministry and staff at the health centre/units to ensure this does not collapse.
- (b) *Completion of Building structures*: a number of buildings are in state of incompleteness, for a smooth exit, these may need to be addressed. The highlights are as follows:
 - **Alek PHCC**: a *mortuary* had been budgeted but has not been build. Some of the materials purchased for this purpose were either used elsewhere or expired (like cement). The need remains a concern and needs to be built. It is reported that when a patient dies, all other patients flee the wards of the centre as they are unable to stay in the same vicinity with a dead body.



Plate 12 – Trash cans at Alek PHCC...needs an incinerator



Plate 13 –a typical incinerator

Other needs noted in this centre are:

Laboratory: adequate equipments (List: balance/ scale, distillation unit, dispensing equipment, electrical centrifuge, incubator, water bath / heat block, colorimeter, haemoglobinometer, mixers/rotators, measuring cylinders funnels, etc), hygienic sinks with running water for the laboratory, septic tanks for drainage of lab waste, and the centre in general) - may be accomplished by having a large overhead water storage tank;

Overall: An overhead water tank with a booster pump powered by the generator; an incinerator (old one collapsed), clean hygienic bathrooms for the maternity, a permanent structure for the kitchen, and a clean laundry washing bay.

- Keet PHCU: the walls of the building have cracks, the floor is unfinished. The unit needs sealing of the cracks, completion of the floors, installation of windows, and acquisition of storage shelves / cupboards for the drugs.
- Mayom PHCU: The unit operates from a grass thatched *tukul*. This is risky for the drugs as they are exposed to dust, and possible water from the rains. As part of community contribution, the residents organized and burnt clay bricks, and build a permanent unit up to lintels. NCA had promised to assist with iron sheets and timber for roofing, but up to now, has not fulfilled this promise. During the visit community members were unhappy for NCA's failure to meet its promise.



Plate 14 – Mayom PHCU (current structure)



Plate 15 – Mayom PHCU (Drugs table)



Plate 16 – Mayom PHCU (patient exam mat)

NOTE: all diagnostics, examinations, prescriptions, dispensing are carried out from the one hut above.

- **Atukuel PHCU:** Despite having put up a nice building in 2006, the services from the unit are rendered from a grass thatched *tukul*, and the drugs are stored there too. This is risky for the drugs as they are exposed to dust and possible water from the rains. The permanent building was badly done: the walls, already with cracks, are less than the specifications (height). This makes the rooms of the building uncomfortably hot during the day.

There is need to finish the building well, by renovating it to specifications.

- **Panliet PHCU:** building was damaged during the war in 2006, but the community renovated it to its present condition. However it belongs to the nearby Panliet School. The community made clay bricks, and NCA purchased timber and iron sheets ready for construction of a new unit. A contractor was brought on site and awarded the assignment to build a new PHCU, but to date has not even started. It is not clear what took place, but it is reported that the materials have been used by the school.

The need is still real for a PHCU. However, some 200 m from the current unit, another collaborator, IOM, has put a magnificent building intended to become a PHCC.

(c) Capacity building of staff capacity:

There are a number of capacity related gaps that will need to be addressed.

Quantitative capacity: This may refer to having adequate number of key medical personnel to manage each unit and surrounding locality.

Qualitative Capacity: may refer to capacity to handle irregular or emergency cases either on the ground, or make referrals. For example, a delivery case that turns complicated, may call for staff with extra skills, or in the absence, ability to consult a qualified medical personnel in a referral center (e.g. Gogrial or Alek PHCC) for quick advice, by use of radio communication. This may need NCA to facilitate building of linkages and networks on radio communications.

Documentation & HIS: Generally, there is sufficient record keeping process in place in the units and the Alek PHCC. There is need for the HIS data to be managed on a continuous improvement basis.

2.7.4 Education

- (a) Supply of textbooks and other school material will cease, as NCA is currently the sole supplier of most of them.

- (b) Assistance in construction of permanent structures for schools: Apart from Amoth Primary and Alek primary schools, the other schools do not have permanent structures. Many of them have some of the classes meeting under trees. This makes it difficult for the children to learn during rain seasons. For Atukuel and Nyokithian primary schools, they have already done the walls, what is remaining is the roofing. As for Ngapathian, the structure is done but the windows and doors are lacking and the walls need to be plastered.
- (c) Destruction of school materials by termites: Most of the schools lack stores for school materials. As a result of this, the materials are easily destroyed by termites. However, if stored properly, they can last for long.



Plate 17 –Amoth Primary School: School store



Plate 18 – Water Pump at Amoth Pri sch

- (d) Stagnation in capacity building for teachers: Capacity of teachers in Gogrial West is still very low; there is therefore, need for training of more teachers. Majority of the teachers in the seven schools supported by NCA, are volunteers, who are waiting to go for secondary school or looking for other opportunities.

2.7.5 Water and Sanitation

- (a) Supply of spare parts for water pumps & tools for the mechanics
- (b) Transportation of tools and identification of chain suppliers of hand-pump spare parts. Most of the spare parts are from outside the State.

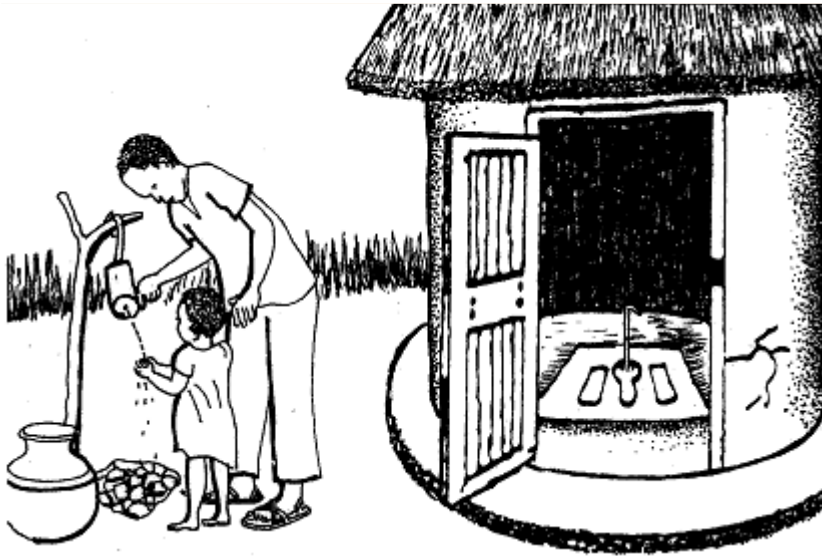


Plate 19 –a Model VIP latrine, and hygienic hand wash bucket

- (c) *Possible reversal to some retrogressive cultures:* There is still a challenge of traditional/cultural barriers, e.g. the Use of household VIP latrines have not taken much root due to these traditional beliefs and practices (contra-hygiene / sanitation)

2.7.6 Recommended Exit Strategy

- (1) As a *contingency measure* that NCA considers one time supply of spare parts, drugs & vaccines, and school materials and supplies for at least one or two years to give time to the line ministries responsible for the specific sectors to take over the provision of such basic services that NCA has been providing.
- (2) That NCA provide skeleton of staff for a period of two years to maintain the operations and train those who will take over.
- (3) Focus on capacity building of teachers, midwives and nurses, hand-pump mechanics
- (4) Consider organizing of training of about 14 teachers, who are already teaching as untrained volunteer teachers, two for each of the seven schools.
- (5) Consider constructing concrete stores for the 6 schools it supports for storing school materials to safe guard them from getting destroyed by termites; in addition facilitate linkages for the schools to get help from the state ministry responsible for pesticides that could alleviate the problem altogether
- (6) Consider strengthening strategies for promotion of girl-child education through the through continuous awareness creation for girl-child education; and/or promoting or facilitating the setting up of one model girls' primary school. This will address the low enrolment rates and increase the retention rate.
- (7) Endeavour as much as possible to complement the government in provision of the basic services, as opposed to "taking over" completely what is supposed to be the responsibilities of the government.
- (8) Equip the laboratory with the necessary equipment that are lacking (List: balance / scale, distillation unit, dispensing equipment, electrical centrifuge, incubator, water bath / heat block, colorimeter, haemoglobinometer, mixers/rotators, measuring cylinders funnels, etc), hygienic sinks with running water for the laboratory, septic tanks for drainage of lab waste, and the centre in general) - may be accomplished by having a large overhead water storage tank;
- (9) Consider putting up a mortuary at Alek PHCC

- (10) Capacity build key / critical health staff for Alek PHCC, other PHCUs: There is great need to train a Lab Technician or Technologist, two additional Medical Assistants for Alek PHCC (one for the day and the other for night), clinical officer, nurses and mid-wives. Also train critical staff for PHCUs : nurses, clinical officer,
- (11) Liaise with UNICEF and Ministry of Physical Planning, Cooperatives, and Rural Development to take up some of the activities they have been implementing in the water sector.
- (12) Need to strengthen the water management committees.



Plate 20 – household latrine san-plats ready for distribution



Plate 21 – A group of VWSMC discussing the safe water chain

- (13) Encourage the Government to enforce the cost-sharing policy regarding the repair and maintenance of the water hand pumps
- (14) That NCA aggressively mobilizes and sensitizes the communities on the importance of resource mobilization, in particular local resources. The communities would need to be helped to see the endowment of local resources (e.g. livestock, land, forestry, etc; or local donors) within their areas. This will hopefully address the “dependence” syndrome where the community members don’t see or recognize the resources they have; instead they see themselves as poor and hopeless victims of circumstances
- (15) That NCA considers allowing for a period of at least two years (2011 & 2012) to implement the phase out strategy. This is likely to allow enough time to prepare the communities and address the key gaps that are likely to arise as a result of the phase out. It will also give them time to monitor the political situation following the referendum and its possible ramification. See the gaps presented in [section 2.7](#) on Exit Strategy.
- (16) That NCA strengthens its relations, partnerships and networkings with NGOs, churches and UN Agencies that are implementing similar interventions in Warrap State and neighboring States , with a view to identify some of them who could take up some of the interventions they have been implementing. The following are some of the organizations that could be approached and requested to consider taking some of the interventions, if their budgets allow and if within their priorities: MSF-Belgium, ACF, World Vision, IOM, Winrock, Catholic Church, UNICEF, WFP, etc.

2.7.7 Hand-over of Programme Assets

The consultants sought for policy on project assets from the line ministries and SSRRC, but none was available in writing. However, based on practice, it is recommended that the specific project assets are handed-over to the community under the supervision of the line ministries and SSRRC. It is therefore recommended that well in advance of the phasing out

date all the assets that belong to the NCA Gogrial West County are identified and properly documented in the assets registers, documented and labelled. This will pave way for a smooth transition when the time comes for handing over.

3.0 CONCLUSIONS & RECOMMENDATIONS

Overall the programme has made an impact in the lives of the people of Gogrial West County, and the state of Warrab in general. Although NCA does not have many signboards on its projects sites, yet it is a household name in many communities and villages.

The programme intervention has been relevant to the priorities of the targeted communities, and has had a notable impact as a result of commitment and focus on real needs. There, however, have been some challenges along the way including retrogressive cultures, minimal participation by the counterparts/government, and “dependence” mindset among some community.

It is noted that NCA has put in place strategies for sustainability that are likely to facilitate the intervention post-phase-out. From the evaluation process some recommendations have come up. This includes the following:

- a) Contingency Process: NCA is encouraged to put in place a contingency process (1 - 2 years) that will serve as an inter-phase in the transition. This is a phase for ensuring some fall-back measures are in place to avoid “disastrous” exit. This may include some 1-2 years support leading up the ear-marked exit time frame.
- b) Capacity building of counterparts: it is recommended that, NCA draws up mechanisms to build adequate capacity of key and/or critical staff for the sectors and the counterparts. Currently, for example, Alek PHCC has about 25 staff. However, according to the BPHS, the PHCC requires 11 technical staff (of whom it has only 8). A qualified midwife, maternal child health worker, and a public health technician are lacking. There is, therefore, need to train, mentor and avail at least 3 technical staff, and 2 support staff. A service profile of primary healthcare Centre (PHCC), and primary healthcare units (PHCUs) with an analysis of staffing is given on [Appendix 1](#) and [Appendix 2](#)
- c) Uncompleted Building Projects: Some building project initiated as “partnerships” with the communities, are yet to be completed. The communities claim to have done their roles such as baking the bricks, and/or putting up the structures up to lintels. NCA is encouraged to finish these uncompleted building projects. Details of these are provided in Section 2.7 of this report.



Plate 22 – Mayom PHCU (uncompleted current structure)

- d) Ongoing Interventions: It is recommended that NCA considers revamping certain facets of the ongoing intervention. This may include restocking inventories, spare parts, etc. It is further recommended that NCA facilitates the local staff in becoming fully conversant with the logistics for sourcing and storing these inventories (drugs, vaccines, spare parts, school materials, etc). This may be part of the alleviation of the “dependence” syndrome.
- e) Local Resources mobilization: It is recommended that NCA facilitates sensitization of the communities on the importance of resource mobilization, in particular local resources (to paradigm shift away from “dependence” to self reliant), and to strengthen partnerships with key players and the government who may take over parts of the intervention.

The evaluation also noted that on effectiveness, the programme has realized set goals and objectives; and that overall the resources and inputs have been utilized efficiently.

It is noted that the proposed phase-out process is at a time when the country is going for the referendum, which is affecting the operating environment. Two to three months pre-and post-referendum may be taken-up in the run up to it and aftermath. Seeing that some 6 months of the prime part of the year 2011 may be taken up, it is therefore recommended that NCA come up with a contingency plans to manage the phase-out process perhaps extending its time frames.

Appendix 1- Service Profile of Primary Health Care Centre

As per the Basic Package of Health Services (BPHS) in Southern Sudan, a Primary Health Care Centre (PHCC) is established to offer a wider range of services and covers a population of about 50,000. The PHCC services include: laboratory diagnostics, an observation ward, and a 24-hour basic Emergency Obstetric and Neonatal Care (EmONC). The PHCC is staffed with a number of qualified health professionals, including Clinical Officers (COs) and Nurse Midwives, and support staff. It also dispenses a wider range of drugs than PHCUs, including injectables, and can altogether handle more complicated cases.

Table 1: Analysis of Staffing of NCA supported Alek PHCC with BPHS Staff Requirements

TECHNICAL STAFF

Cadre	BPHS Requirements	Available (Alek PHCC)	Remarks
Clinical Officer / Medical Assistant	1	1	Has a Medical Assistant
Community health worker	3	3	All males
Maternal Child Health worker / Community Certified Midwife	2	1	1 male MCHW
(Nurse-) Midwife	1	- none -	
Registered Nurse / Certified Nurse	1	2	1 male, 1 female
Laboratory Assistant	1	1	Laboratory Technologist
Public Health Technician ³	1	- none -	
Pharmacist Technician	1	- none -	CHW dispensing drugs
Dental Technician *	(1)	- none -	Arranged?
Subtotal Technical cadre	11	8	<i>Plus 2 EPI Cold chain vaccinators</i>

OTHERS (SUPPORT STAFF)

Receptionist	1	- none -	Patients are attended by CHW
Record keeper/Book-keeper / Cashier	1	- none -	CHW /MCHW handles records
Cleaner / laundry	1	5	3 Cleaners; 2 Laundry
Guard	2	2	
Subtotal Support cadre	5	7	<i>plus 4 Cooks, 4 TBAs, 1 water/carrier</i>
OVERALL TOTAL	16	15	

* Once available, visits on fixed days from County Hospital

Observations:

- Although Alek PHCC has 10 technical staff, it is short of following technical staff:
 - 1 maternal child healthcare worker,
 - 1 nurse midwife,
 - 1 pharmacist, and
 - 1 public health technician.

In addition, there is need to complete the arrangements with the County Hospital (or in the absence a county hospital, a state hospital) for visiting Dental Technician

- On the support staff, it does not have designated staff for the following functions:
 - 1 Receptionist, and

³ For environmental health promotion

(b) 1 Record keeper/Book-keeper / Cashier

- On the side of facilities & structures, it was also observed that a number of essential facilities were non-existent or in poor state. The details are as follows:
 - (a) A mortuary is not in place;
 - (b) The laboratory - is ill-equipped (it lacks a number of essential items),
 - (c) Running water - is not in place, although there is a generator donated by the community, overhead water storage tanks are not installed / functional.
 - (d) Water / hand washing sinks are non-existent, a serious need for the laboratory.
 - (e) Other facilities not in place: an incinerator, kitchen with permanent structures, hygienic bathrooms for the maternity, and a clean laundry washing bay.
 - (f) Other items in dilapidated condition: Delivery beds, labour beds, suction pumps (for maternity), and cupboards / shelves for drugs,

Recommendations

- (a) The maternal child healthcare being an important part of PHCC services is a needs technical staff. There is need to train more staff into this category, especially to meet the minimum requirements for maternal child healthcare worker, and nurse-midwifery.
- (b) Although drug dispensing is being done by a CHW, there is need for a designated pharmacist to manage this function for the PHCC. technical staff
- (c) Mortuary: There is need to build (as budgeted originally).
- (d) Laboratory: it is inadequately equipped. The following items are needed for efficient and effective operation of the laboratory: balance / scale, distillation unit, dispensing equipment, electrical centrifuge, incubator, water bath / heat block, colorimeter, haemoglobinometer, mixers/rotators, measuring cylinders funnels, etc.
- (e) Hand sinks : There is need for hygienic sinks with running water for the laboratory, septic tanks for drainage of waste from the lab and the centre in general;
- (f) Running water / Overhead Tanks: there is need for a large overhead water storage tanks (with a booster pump powered by the generator) to facilitate having running water for the centre.
- (g) Incinerator: Presently, there is no incinerator. Medical waste is being burned in an open dust bin outside the Outpatient area. The old incinerator collapsed. This is an urgent need that requires prompt attention.
- (h) Kitchen; Bathrooms; Laundry washing bays: These are in bad state/condition. There is need to urgently put up additional bathrooms for the maternity wing, and to put up a permanent structure for the kitchen, and a clean laundry washing bay.
- (i) Other items in dilapidated condition and need replacements with new ones: Delivery beds, labour beds, suction pumps (or maternity) and cupboards / shelves for drugs.

Normally a PHCC serves as a reference facility for about 3 PHCUs⁴.

⁴ Basic Package of Health Services in Southern Sudan; WHO office in Juba, Feb 2008

Table 2: Summary of Primary Healthcare Centre Norms & Standards

Catchment area: population of 50,000 people

Service profile / Activities	Facilities ⁵	Equipment
<p>(1) <u>Curative Care</u></p> <ul style="list-style-type: none"> • Patient history • Clinical examination • Complementary exams (see below: laboratory) • Drug prescription, application of drugs (per os, injection IM and IV) and ORS according to national protocols • Rinsing (eye, nose, ear) • Dressings • Sterilisation of small equipment • Referral to County Hospital, if necessary • Referral to CH for confirmation of diagnosis of chronic diseases and, where indicated, treatment: <ul style="list-style-type: none"> ○ Hypertension, diabetes ○ Tuberculosis, leprosy, HIV/AIDS, other communicable diseases and parasites 	<ul style="list-style-type: none"> • Consultation rooms 	<ul style="list-style-type: none"> • Rapid test kit (RTK) for malaria • Stethoscopes • Manometer, Thermometer
<p>(2) <u>Reproductive health (24-hour basic EmONC - emergency obstetric and Neonatal care)</u></p> <ul style="list-style-type: none"> • Antenatal Care • Normal deliveries and care for the newborn • Management of complicated / obstructed labour and post-abortion care • Non-surgical management of obstetric complications • Communication with and referral to county hosp (CH) • Family Planning: condoms, oral, depot 	<ul style="list-style-type: none"> • Reception / Registration / Cashier / Communication • Consultation rooms • EPI /Growth monitoring • ANC room • Maternity • Dressing / injection • Observation ward (10-20 beds) • Staff Office / on duty 	<ul style="list-style-type: none"> • Stethoscopes • Otoscope • Sphygmo- • Manometer, Thermometer • Baby scale • Adult scale • Beds, bedding • Delivery table • Fetoscope • Delivery equipment for basic EmOC • Small surgery equipment • Manual resuscitation equipment • Autoclave
<p>(3) <u>Child Health and EPI</u></p> <ul style="list-style-type: none"> • Fixed and outreach EPI • Treatment of children with diarrhoea, malaria, ARI, anaemia with oral and injectable drugs, based on IMCI algorithm 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • VCT and PMTCT • STI syndromic • IEC /BCC on sexual reproductive health 	<ul style="list-style-type: none"> • VCT room 	<ul style="list-style-type: none"> •
<p>(4) <u>Laboratory examinations of Communicable diseases</u></p> <p>Case management according to national protocols</p> <ul style="list-style-type: none"> • Laboratory diagnosis for malaria, TB, HIV / others • Haemoglobin • Rapid test for malaria • Blood film for parasites (thin & thick) • Sputum for pulmonary tuberculosis (AFB) • Stool examination & other direct wet preparations (e.g. vaginal swab, urine deposits, aspirates) • Serological tests: VDRL or Determine for syphilis, Wright test or rapid test for brucellosis, Widal test⁶, HIV for VCT 	<ul style="list-style-type: none"> • Sterilization Laboratory • Pharmacy 	<ul style="list-style-type: none"> • Cold chain equipment • Laboratory equipment • Refrigerator • Communication equipment • Bicycles

⁵ Additional space/rooms may be needed if housing of staff posted from elsewhere is considered

⁶ If part of national protocol

⁷ Implications for treatment of Sleeping Sickness

Service profile / Activities	Facilities ⁵	Equipment
<ul style="list-style-type: none"> • CATT tests and mAECT (in areas with Sleeping Sickness) • Urinalysis (microscopic examination of sediment; protein, glucose, bilirubin, albumin) • Pregnancy test (hCG)⁷ 		
(5) <u>Small surgery</u> <ul style="list-style-type: none"> • Wound dressings • Wound suture • Incision of abscess • Circumcision • Extraction of foreign bodies (eye, nose, ear) • Dental extraction (by visiting dental assistant from CH, on fixed days) • Local anaesthesia • First aid for trauma, stabilisation and referral 	<ul style="list-style-type: none"> • Consultation rooms, • Consultation beds 	<ul style="list-style-type: none"> • Dental apparatus •
(6) <u>Nutrition: Prevention and treatment of malnutrition</u> <ul style="list-style-type: none"> • Growth monitoring for children < 24 months • Home treatment of moderate malnutrition (micronutrient supple for children < 24 mo) • Diagnosis / stabilization of moderate and severe acute malnutrition • Stabilisation care for severe acute malnutrition with complications 	<ul style="list-style-type: none"> • Stabilisation for malnutrition • Store • Lighting • Borehole 	<ul style="list-style-type: none"> •
(7) <u>Training</u> <ul style="list-style-type: none"> • Participation in training sessions offered • Training of own staff, CHWs and HHPs 	<ul style="list-style-type: none"> • Training room 	<ul style="list-style-type: none"> • Flip chart stand & flip chart paper • Marker pens
(8) <u>Administrative and support activities</u> <ul style="list-style-type: none"> • Human Resource management • Management of drugs and medical supplies • Financial management: daily book-keeping, budget prevision and control, financial reporting (in case of patient contributions) • Maintenance and inventory of infrastructure and equipment • Maintenance and management of transport facilities • Environmental management: (hazardous) waste management, Water and Sanitation infrastructure • Maintain registers required • HMIS: collect, analyse and report HMIS data, analyse feedback. • Epidemiological surveillance: investigate allegations 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Staffing: Technical = 11, Support staff = 5; TOTAL staffing: 16

- Technical staff: 1 Clinical Officer, 1 Registered Nurse / Certified Nurse, 2 MCHW (replaced by Community Midwife), 3 CHW (alternative: 2 CHWs and 1 Vaccinator), 1 (Nurse-) Midwife, 1 Lab Assistant, 1 Public Health Technician, and 1 Pharmacist Technician, and 1 Dental Technician (Once available, visiting on fixed days from County Hospital).
- Support staff: 1 Record keeper / Book-keeper, 1 Receptionist, 1 Cleaner, & 2 Guards

NOTE: People living in the vicinity will of course use the PHCC as a first-line health service; patients who are not referred from PHCUs should first be seen by a Community Health Worker in the PHCC before referral to clinical officers (Cos) or other professionals, if needed. Patients who cannot be managed in the PHCC, e.g. for emergency surgical intervention or for specialised diagnosis will be referred to the County Hospital (CH).

Appendix 2 - Service Profile of Primary Health Care Unit

The Primary Health Care Unit (PHCU) is the first-line health facility that offers basic preventive and curative services. One PHCU is meant to serve a population of up to 15,000 and functions in most instances in one or more “tukuls” (one of which is the delivery room). It is staffed by 2 Community Health Workers (CHWs), a Maternal Child Health Worker (MCHW) or a Community Midwife, plus 3 support staff. One of the CHWs is primarily in charge of the curative activities and is therefore based in the PHCU, while the second is responsible for overseeing and coordinating the community based activities implemented in collaboration with the network of HHPs.

Table 3 – Analysis of Staffing of NCA supported PHCUs with BPHS Staff Requirements

Technical Staff

Cadre	BPHS Requirement	Available	Remarks
Community health worker (CHW) ⁸	2	2	Anguoth 4; Mayom 1, the rest 2 each
Maternal child health worker ⁹ (MCHW) or Community Midwife	1	- none -	Atukuel (1 TBA), Anguoth (1 TBA), Panliet (1 nurse), Mayom (none)
Subtotal Technical cadre	3	2	

Others (Support Staff)

Guard / Cleaner	1	- none -	
Dispenser	1	- none -	Drugs dispensed by CHW
Receptionist / Cashier	1	- none -	
Subtotal Support cadre	3	- none -	
OVERALL TOTAL	6	2	One Ave. 2 staff per PHCU

Observations:

- Out of the 3 PHCUs' only 4 meet the BPHS requirement for the minimum number of CHWs.
- None of the 4 PHCUs visited meet the BPHS requirement for 1 MCHW. Most of them have a TBA or nurse instead (for a maternal child healthcare work)

Recommendations

- The maternal child healthcare is a needy area of PHCU services. There is need to train more staff into this category.
- The County Health Department should come up with incentives to attract “fresh blood” of young energetic men/women completing high schools into this cadre to give them the appropriate skills.

The CBHWs used to do a phased training where after training and working for sometime, CHWs comes into the training to pursue other courses (such as Community Midwife or even Certificated Nursing). For example, if a fully trained nurse takes 3 years, it will be too long to take a staff away for 3 straight years, especially in an area that has acute shortage of health personnel. However, if the phased training approach is adopted, the potential nurse will take 3 phases. Phase 1, would involve 9 to 12 months, then phase 2: 1year, and phase 3: 1 year.

⁸ 9-month training

⁹ 9-month training

After completion of each phase, the trainee goes back to the unit or centre and continues to acquire experiential knowledge while providing services, before going back for the next phase.¹⁰

In the long term perspective, the CHW in-charge of the curative aspects of the PHCUs should be phased out and replaced by clinical officers (COs). Patients who cannot be managed in the PHCUs will be referred to the PHCC for diagnosis and treatment or, for emergency surgical intervention, directly to the County Hospital. According to availability of skilled human resources, PCHU activities may have to be staged. As an example: until a Community Midwife is posted in a PHCU, no facility-based deliveries are performed at this level. Also, the package of ANC services may be initially significantly reduced.¹¹

Key activities of a PHCU are:

(a) Preventive care and health promotion

- Conduct EPI activities (facility-based outreach on fixed days, plus outreach)
- Growth monitoring and micronutrient supplementation for children under 24 months
- Health education sessions for users
- Training sessions for HHPs¹² (and refresher training for trained TBAs)
- Organise health promotion activities

(b) Delivery Care

- Conduct ANC sessions
- Normal deliveries and care for the newborn
- Referral of complications to PHCC
- Family Planning (condoms and oral contraceptives)

(c) Curative care

- Patient history
- Clinical examination
- Rapid test for malaria
- Drug prescription, application of drugs (no injections; no IV lines) and oral rehydration salts (ORS) according to Integrated Management of Childhood Illnesses (IMCI) and other national protocols
- Dressings
- Diagnosis and home treatment for moderate acute malnutrition
- Follow up home treatment for severe acute malnutrition (diagnosed and stabilized at PHCC level)
- Referral to PHCC for complementary exams or treatment, if necessary

(d) Case-finding and treatment of chronic diseases

- Referral to PHCC of patients with hypertension and diabetes
- Referral to PHCC of patients with suspected tuberculosis, leprosy, HIV/AIDS, other communicable diseases and parasites
- Treatment and follow-up of patients with diagnosed diseases

(e) First aid

- Wound dressings
- Incision of abscesses
- First aid for trauma, stabilisation and referral

¹⁰ Situation Analysis and Recommendations, on Human Resource Assessment for Health in Southern Sudan; WHO, AMREF & The Capacity Project, July 2006 (page 23)

¹¹ Basic Package of Health Services in Southern Sudan; WHO office in Juba, March 2006 ; Feb 2008

¹² HHP =Home Health Promoters

(f) Administrative and Support activities

- Management of drugs and medical supplies
- Financial management: daily book-keeping and financial reporting (in case of cost-sharing)
- Maintenance and inventory of infrastructure and equipment
- Environmental management: (hazardous) waste management, storage of safe drinking water and maintenance of latrine
- Maintain registers required
- HMIS: collect, analyse and report HMIS data, analyse feedback.
- Epidemiological surveillance: investigate allegations of local outbreaks

Appendix 3- Itinerary for the Evaluation team

DATE	LOCATION	ACTIVITY
Tuesday 26 th Oct	Travel	<ul style="list-style-type: none"> Travelled from Nairobi to Juba
	NCA offices Juba	<ul style="list-style-type: none"> Met with NCA Senior Programme Coordinator, and got a briefing on NCA and its Programmes in Warrab and W Bahr el Gazal states focusing on Gogrial West County Programme Agreed on the key factors of the evaluation: aims / objectives of the evaluation, time frame scope to be evaluated, sectors (primary healthcare, water & sanitation, and education)
Wed. 27 th Oct	Wau / Kuajok / Gogrial / Alek	<ul style="list-style-type: none"> Traveled from Juba to Wau (flight) then Wau to Alek via Kuajok / Gogrial by road, arriving early evening (~ 7 pm)
Thursday 28 th Oct	Alek	<ul style="list-style-type: none"> Evaluation team met with the NCA field staff Shared on the key factors of the evaluation: aims / objectives of the evaluation, time frame scope to be evaluated, sectors (primary healthcare, water & sanitation, and education) Came up with a draft Evaluation schedule with days and locations to be visited; Evaluation instruments (checklist and guidelines for gathering information from the field)
		Held one-on-one discussions with NCA Water Coordinator as one of the key informants
	Kuajok	<ul style="list-style-type: none"> Called on Governor's office (but were unable to see her...was away in Juba, and the acting Governors was held in meetings) Met and held discussions with the SSRRC Director, Warrab State
Friday 29 th Oct	Kuajok	Made a courtesy call on the Acting Governor for Warrab State
	Gogrial town, (Gogrial W County)	Met and held discussions with the following: SSRRC Secretary, County acting County Commissioner, County WASH Coordinator, County Director Planning & Statistics, County Director for Gender, some primary school teachers in Alek S. payam
	Alek Payam	Held focused group discussions with primary school teachers undertaking in-service training at Alek Health Training Center
Saturday 30 th Oct	Alek Payam	Visited Alek PHCC, and held focused group discussions with PHCC staff, then held detailed discussions with key departmental heads.
	Alek Payam	Held focused group discussions with local community leaders / local administrators in Alek South Payam
	Alek Women Center	Held focused group discussions with the women group, involved in Accelerated Learning Programme (ACP). This includes tailoring, and catering.
Sunday 31 st Oct		Reviewed documents received, made clarifications, compiled some summaries; Made preparation for the week ahead.
Monday 01 st Nov	Ngapathian	Ngapathian Primary school: held focused group discussions with the Head teacher, Deputy PTA Chairman, and PTA members PTA Members
	Gogrial	
	Atukuel PHCU	Met with the SSRRC Field Supervisor, Alek South Payam at the county headquarters, Gogrial
	Atukuel Primary School	Atukuel PHCU: met community leaders, PHCU staff, Village Health committee members, and community members. Atukuel Primary School: Had a focus group discussions with the teachers and Education Officers

DATE	LOCATION	ACTIVITY
		Atukuel Primary School Pupils: Conducted focus group discussions with selected group
Tuesday 02 nd Nov	Kuajok	Met Director Generals of key ministries: Ministry of Education, Ministry of Health, and Ministry of Rural Water & Sanitation.
	Door Primary School	Held focused group discussions with the teachers and selected number of pupils and some PTA members.
	Alek	Alek Primary School: Held focused group discussions with the teachers and selected pupils and some PTA members.
	Gogrial	Met the Field Coordinator MSF Belgium (Gogrial W County and some staff key player in the area, and discussed issues of collaboration and NCA's anticipated phase-out process
Wed. 03 rd Nov	Panliet	Panliet PHCU: held focused group discussions with staff and community leaders.
	Anguth	Anguth PHCU: held focused group discussions with staff and community leaders:
	Gogrial	Conducted an interview with the Commissioner of Gogrial West County
	Mayom PHCU (Alek N. Payam)	Mayom PHCU: focused group discussions with staff and community leaders.
	Amoth Primary School	Amoth Primary School: Held focused group discussions with the teachers of the school.
	Gogrial	Had one-to-one interviews with Gogrial West County officials. Had a one-to-one interview with the State Development Partner Coordinator, Warrab state.
Thursday 04 th Nov	Alek	Visited ACF Gogrial West Base, met / discussed with Head (Team Leader - Mr. Armogast Mwasi) on key challenges in implementing programmes vs trying to move from dependence to reliance status Interviewed the NCA Health Officer
	Kuajok	Visited World Vision International, met / interviewed operations coordinator (Mr Mulugeta Bulcha); Discussed issues on exit strategy
	Travel	Travelled from Alek to Wau (via Kuajok)...4:00 – 6:30 pm
Friday 05 th Nov	Travel	Travelled from Wau to Juba on UNHAS flight (11:30 am – 01:00 pm)
	Debriefing (Juba):	Debriefed the Regional Director and other senior staff on the findings of the Evaluation.
		Met and held discussion with the NCA Human Resources Manager
		Met and held discussion with the NCA Head of Finance
	Met and held discussion with the NCA Senior Programme Manager	
Saturday 06 th Nov	Travel	Travelled from Juba to Nairobi (Kenya Airways :02:30 – 04:00 pm)

Appendix 4- List of People Interviewed / met

(a) GOVERNMENT OFFICIALS (STATE, COUNTY, PAYAM)

	Names	Position	Location/Address
1	H.E. Engin. Aniek Tong Atak	Acting Governor, Warrab State,	Kuajok, Warrab state
2	Mr. Ariik Kuol Ariik Moweir	Director General, SMOEST	Kuajok, Warrab state
3	Mr. Lino Angok Kuec	Director General (former), SMOEST	Kuajok, Warrab state
4	Mr. Solomon Anguei Mayuot	Acting DG / Director PHC, SMOH	Kuajok, Warrab state
5	Mr. Joakino Ajou Aguer	Ag. Director Depart of Rural Water & Sanitation	Kuajok, Warrab state
6	Mr. Jacob Madut	SSRRC Director, Warrab State	Kuajok, Warab state
7	Mr. Moses Muor Luol	SSRRC Projects Officer, Warrab state	Kuajok, Warab state
8	Mr. Simon Mel Koon	SSRRC Secretary, Gogrial W.County	Gogrial, Warrab state
9	Mr. Angelo Akuith Alic	Deputy County SSRRC Secretary	Gogrial W County, Warab
10	Mr. Fausto Ring Kuel Ayok	Executive Director, Gogrial W County	Gogrial, Warrab state
11	Mr. Mariak Akok Jing	County WASH Coordinator, Gogrial W	Gogrial, Warrab state
12	Mr. Anjelo Adin Malueth	County Director Planning & Statistics	Gogrial, Warrab state
13	Ms. Elisabeth Wuol Akok	County Director for Gender	Gogrial, Warrab state
14	H E Li-Col Aciek Kuot Kuot	County Commissioner	Gogrial, Warrab state
15	Mr. Santino Deng Mawien,	SSRRC Field Supervisor, Alek S. Payam	Gogrial. Warrab state
16	Mr. James Ajiek Chok)	Boma Administrator	Atukuel, Gogrial W. county
17	Mr. Kuel Bol Yai	Exec Chief	Atukuel, Gogrial W. county
18	Mr. Edward Nyang Kuel	Exec Chief, Alek S Payam	Alek, Gogrial W county
19	Mr. Aro Akeeen Thiep	Exec Chief, Ameth Boma	Alek, Gogrial W county
20	Mr. Yel Lual Yel	Chief, Nyap Athina Boma	Alek, Gogrial W county
21	Mr. Joseph Voi Ayom	Deputy Payam Administrator	Alek, Gogrial W county
22	Mr. Gordon Kuoc Yel	Boma Administrator, Alek Boma	Alek, Gogrial W county
23	Mr. Nyang Mou	Deputy Regional Court, Alek Payam	Alek, Gogrial W county
24	Mr. Aleu Dong	Boma Admin., Ngap Athian Boma	Alek, Gogrial W county
25	Mr. John Dut Madut	Boma Administrator, Panliet	Panliet, Gogrial W.County
26	Mr. James Yak Majok	Boma Education Officer	Atukuel, Gogrial W. county
27	Mr. Joseph Deng Deng)	County Health Officer	Gogrial, Gogrial W. County
28	Mr. Santino Maror Deng)	County Education officer	Gogrial, Gogrial W. County
29	Mr. Mariak Akok Jing	County WASH Coordinator Gogrial W	Gogrial, Gogrial W. County
30	Mr. Michael Mot Chan	Deputy Payam Admin, Alek N.	Alek N. Payam, Gogrial W.
31	Mr. Deng Mayon Yel	SPLM Secretary Alek N. Payam	Alek N. Payam, Gogrial W.
32	Mr. Bol Deng Ayii	Police Officer, Alek N. Payam	Alek N. Payam, Gogrial W.
33	Mr. John Ariath	Boma Administrator, Alek N. Payam	Alek N. Payam, Gogrial W.
34	Mr. Akeen Aquath Thel	Boma Administrator, Alek N. Payam	Alek N. Payam, Gogrial W.
35	Mr. Kuanyin Wel Kuanyin	State Development Partner Coord.	Gogrial Warrab state
36	Mr. Majok Lual	Deputy Boma Book-keeper, Alek N.	Alek N. Payam, Gogrial W.

(b) BENEFICIARIES (STATE, COUNTY, PAYAM)

	Names	Position	Location/Address
37	Mr. Peter Thiep Malou	Primary sch teacher in Alek S. payam	Gogrial, Warrab state
38	Mr. Peter Akech	Primary sch teacher in Alek S. payam	Gogrial, Warrab state

	Names	Position	Location/Address
39	Mr. Marko Wol Bol	Alek Pri Sch, Alek S payam	Alek, Gogrial W county
40	Mr. George Akot Ring	Alek Pri Sch, Alek S payam	Alek, Gogrial W county
41	Mr. Joseph Agany Chan	Alek Pri Sch, Alek S payam	Alek, Gogrial W county
42	Mr. James Mou Nyang	Dor G Pri School, Alek S payam	Alek, Gogrial W county
43	Mr. Peter Kon Madut	Dor G Pri School, Alek S payam	Alek, Gogrial W county
44	Mr. Peter Akol Kuac	Dor G Pri School, Alek S payam	Alek, Gogrial W county
45	Mr. Paulino Thik Akot	Neem Pri School, Alek S	Alek, Gogrial W county
46	Mr. Arkangelo Bol Jel	Mayam Pri School, Alek N	Alek, Gogrial W county
47	Mr. Simon Bak Agoth	Keet Basic PSchool, Alek W	Alek, Gogrial W county
48	Mr. Joseph Garang Ngor	Keet Basic PSchool, Alek W	Alek, Gogrial W county
49	Mr. Rebecca Ayen Wek	Rual G Pri School, Akoon N	Alek, Gogrial W county
50	Mr. Marko Akok Yak	Rual G Pri School, Akoon N	Alek, Gogrial W county
51	Mr. Angelo Kon Kan	Mabior Dong P School, Kuach S	Alek, Gogrial W county
52	Mr. Donato Deng Madut	Wum Kuel P School, Kuach S	Alek, Gogrial W county
53	Mr. William Piol Majok	Medical Assistant, Alek PHCC	Alek, Gogrial W county
54	Mr. James Bol Atak	CHW, Alek PHCC	Alek, Gogrial W county
55	Mr. Marko Ayii Deng	CHW, Alek PHCC	Alek, Gogrial W county
56	Mr. Simon Ajah Deng	CHW, Alek PHCC	Alek, Gogrial W county
57	Mr. Albino Majur Madut	MCHW, Alek PHCC	Alek, Gogrial W county
58	Mr. Tonatus Mutsachi Ayuya*	Lab Technologist, Alek PHCC	Alek, Gogrial W county
59	Mr. Simon Mayien Akoon	EPI, Alek PHCC	Alek, Gogrial W county
60	Mr. Victor Ring Barac	Cold Chain, Alek PHCC	Alek, Gogrial W county
61	Ms. Aluath Thiep Guch	Nurse, Alek PHCC	Alek, Gogrial W county
62	Mr. Javan Awel Chier	Nurse, Alek PHCC	Alek, Gogrial W county
63	Ms. Adior Reec Madut	TBA, Alek PHCC	Alek, Gogrial W county
64	Ms. Awal Deng Kang	TBA, Alek PHCC	Alek, Gogrial W county
65	Ms. Abuk Aluk Aliic	TBA/Cleaner, Alek PHCC	Alek, Gogrial W county
66	MS. Akur Ater Aleu	TBA/Cleaner, Alek PHCC	Alek, Gogrial W county
67	Ms. Achan Abol Mawien	Cook, Alek PHCC	Alek, Gogrial W county
68	Ms. Ala Ajii Ring	Cook, Alek PHCC	Alek, Gogrial W county
69	Ms. Angelina Akoth Deng	Cook, Alek PHCC	Alek, Gogrial W county
70	Ms. Akuol Anai Mwien	Cleaner, Alek PHCC	Alek, Gogrial W county
71	Ms. Amgeth Machit	Cleaner, Alek PHCC	Alek, Gogrial W county
72	Ms. Amiir Momydeng	Cleaner, Alek PHCC	Alek, Gogrial W county
73	Mr. Madut Puol Piny Madut	Landry, Alek PHCC	Alek, Gogrial W county
74	Ms. Nura Aleu Agor	Laundry, Alek PHCC	Alek, Gogrial W county
75	Mr. Mapuol Akoth Madut	Watchman, Alek PHCC	Alek, Gogrial W county
76	Mr. Wieu Kuc Wieu	Watchman, Alek PHCC	Alek, Gogrial W county
77	Mr. Akol Yer Ater	Water Carrier, Alek PHCC	Alek, Gogrial W county
78	Mr. Kuek Deng Kuek	PTA Alek Boma	Alek, Gogrial W county
79	Ms. Mana Anyang Tong	Alek Women Center	Alek, Gogrial W county
80	Ms. Magdalena Achok Bar	Alek Women Center	Alek, Gogrial W county
81	Ms. Angeline Alieth Thuch	Alek Women Center	Alek, Gogrial W county
82	Ms. Maria Luth Mang	Alek Women Center	Alek, Gogrial W county
83	Ms. Sunta Ajuoth Tong	Alek Women Center	Alek, Gogrial W county
84	Ms. Angelina Abuk Tong	Alek Women Center	Alek, Gogrial W county
85	Ms. Nyiber Deng Luor	Alek Women Center	Alek, Gogrial W county

	Names	Position	Location/Address
86	Ms. Adut Kuol Aleo	Alek Women Center	Alek, Gogrial W county
87	Ms. Nyanuth Dhieu Kuach	Alek Women Center	Alek, Gogrial W county
88	Ms. Mary Achol Madut	Alek Women Center	Alek, Gogrial W county
89	Ms. Arual Bol Deng	Alek Women Center	Alek, Gogrial W county
90	Ms. Regina Ajon	Alek Women Center	Alek, Gogrial W county
91	Ms. Reech Angony Deng	Alek Women Center	Alek, Gogrial W county
92	Ms. Mary Nyanu Kuach	Alek Women Center	Alek, Gogrial W county
93	Ms. Nyang Mathiu Mon	Alek Women Center /PTA, Door Pri. School	Alek, Gogrial W county
94	Mr. Bul Deng	Alek Women Center	Alek, Gogrial W county
95	Mr. Peter Rayik Amel	Alek Women Center / HM, Door Pri. School	Alek, Gogrial W county
96	Mr. William Deng Yel	Head teacher, Ngapathian Primary school	Alek, Gogrial W county
97	Mr. Mayuon Majok Dut	Deputy Chair PTA, Ngapathian Pri. school	Alek, Gogrial W county
98	Mr. Abiem Run Aken	PTA Member, Ngapathian Primary school	Alek, Gogrial W county
99	Mr. Kuot Mol Kuot	PTA Member, Ngapathian Primary school	Alek, Gogrial W county
100	Mr. Mawien Mou Jok	PTA Member, Ngapathian Primary school	Alek, Gogrial W. county
101	Mr. Aken Nhomhom Kuot	Community member, Atukuel PHCU	Atukuel, Gogrial W. county
102	Mr. Dong Aleu Akook	Chair VHC, Atukuel PHCU	Atukuel, Gogrial W. county
103	Mr. Lino Makuac	CHW, Atukuel PHCU	Atukuel, Gogrial W. county
104	Mr. Luka Akol Achan	CHW, Atukuel PHCU	Atukuel, Gogrial W. county
105	Mr. Chol Atong Deng	TBA, Atukuel PHCU	Atukuel, Gogrial W. county
106	Mr. Ayang Deng	Cleaner, Atukuel PHCU	Atukuel, Gogrial W. county
107	Mr. Lini Mawian Ajak	Head Teacher, Atukuel Primary School	Atukuel, Gogrial W. county
108	Mr. James Juac Chui	Deputy Head Teacher, Atukuel Pri. School	Atukuel, Gogrial W. county
109	Mr. Albino Akol Lual	Senior Teacher, Atukuel Primary School	Atukuel, Gogrial W. county
110	Mr. John Akot Dong	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
111	Mr. John Dut Wol	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
112	Mr. Marko Mou Lual	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
113	Mr. Santino Bak Yai	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
114	Mr. William Wol Deng	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
115	Mr. James Dhal Mawien	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
116	Mr. Santino Akot Akot	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
117	Mr. Wilson Athian Athian	Teacher (part-time), Atukuel Pri. School	Atukuel, Gogrial W. county
118	Mr. Simon Deng Monydit	Pupil (P5), Atukuel Primary School	Atukuel, Gogrial W. county
119	Mr. John Atak Lual	Pupil (P6), Atukuel Primary School	Atukuel, Gogrial W. county
120	Mr. Peter Akeen Mou	Pupil (P3), Atukuel Primary School	Atukuel, Gogrial W. county
121	Mr. Marko Ngong Wol	Pupil (P6), Atukuel Primary School	Atukuel, Gogrial W. county
122	Mr. Santino Mayen Akot	Pupil (P5), Atukuel Primary School	Atukuel, Gogrial W. county
123	Mr. Moris Agany Wek	Pupil (P7), Atukuel Primary School	Atukuel, Gogrial W. county
124	Miss. Mary Ayel Mayoat	Pupil (P4), Atukuel Primary School	Atukuel, Gogrial W. county
125	Miss Angelina Ajak Dau	Pupil (P2), Atukuel Primary School	Atukuel, Gogrial W. county
126	Mr. John Mawian Majok	Pupil (P2)/ Class Prefect, Atukuel Pri Sch.	Atukuel, Gogrial W. county
127	Mr. Peter Ayiik Awet	Head teacher, Door Primary School	Door, Gogrial W. County
128	Mr. Santino Akuei Akec	Deputy Head Teacher, Door Pri School	Door, Gogrial W. County
129	Mr. James Mou Nyang	Teacher, Door Pri School	Door, Gogrial W. County
130	Mr. Ring Ayok Mel	Sub Chief, member PTA, Door Pri School	Door, Gogrial W. County
131	Mr. Nyang Madhiek Mou	Chair, PTA, Door Pri School	Door, Gogrial W. County
132	Ms. Abuk Tong Atak	Matron, Door Pri School	Door, Gogrial W. County

	Names	Position	Location/Address
133	Mr. Peter Ayiik Ameth	Secretary PTA, Door Pri School	Door, Gogrial W. County
134	Mr. William Deng Anei	Pupil (P4), Door Primary School	Door, Gogrial W. County
135	Ms. Sidonia Ajor Akol	Pupil (P4), Door Primary School	Door, Gogrial W. County
136	Ms. Mary Anyang Malueth	Pupil (P4), Door Primary School	Door, Gogrial W. County
137	Ms. Rebecca Anuel Garang	Pupil (P4), Door Primary School	Door, Gogrial W. County
138	Mr. Albino Akoth Garang	Pupil (P4), Door Primary School	Door, Gogrial W. County
139	Mr. Jeli Marual Mayen	Pupil (P4), Door Primary School	Door, Gogrial W. County
140	Mr. Romano Ring Ayang	Head Teacher, Alek Primary School	Alek , Gogrial W. county
141	Mr. George Akot Ring	Deputy Head Teacher, Alek Pri. School	Alek , Gogrial W. county
142	Ms. Simon Deng Guem	Teacher, Alek Primary School	Alek , Gogrial W. county
143	Ms. Regina Angong Malek	Teacher, Alek Primary School	Alek , Gogrial W. county
144	Mr. Santino Dut Akech	Teacher, Alek Primary School	Alek , Gogrial W. county
145	Mr. Joseph Adhil Aguer	Teacher, Alek Primary School	Alek , Gogrial W. county
146	Mr. Albino Manyok Anei	Teacher, Alek Primary School	Alek , Gogrial W. county
147	Mr. Moris Agany Majok	Member PTA ,Alek Primary School	Alek , Gogrial W. county
148	Mr. Yel Anei Majok	Member PTA ,Alek Primary School	Alek , Gogrial W. county
149	Mr. Peter Deng Makoor	Member PTA ,Alek Primary School	Alek , Gogrial W. county
150	Mr. Simon Mel Ring	Pupil (P6), Alek Primary School	Alek , Gogrial W. county
151	Ms. Mary Abuk Majok	Pupil (P4), Alek Primary School	Alek , Gogrial W. county
152	Ms. Maria Achol Malang	Pupil (P5), Alek Primary School	Alek , Gogrial W. county
153	Ms. Teresa Nyriak Yel	Pupil (P5), Alek Primary School	Alek , Gogrial W. county
154	Mr. William Chan Mel	Pupil (P5), Alek Primary School	Alek , Gogrial W. county
155	Mr. Luka Nhomchat Akok	CHW / EPI Vaccinator, Panliet PHCU	Panliet, Gogrial W.County
156	Mr. Valentino Mawardit Kueth	Nurse, Panliet PHCU	Panliet, Gogrial W.County
157	Mr. Anthony Madut Parek	CHW, Panliet PHCU	Panliet, Gogrial W.County
158	Mr. Angony Deng Mangang	Exec Chief, Anguth	Anguth, Gogrial W.County
159	Mr. Amal Deng Kuc	Member, VHC, Anguth PHCU	Anguth, Gogrial W.County
160	Mr. Samuel Manut Atem	Boma Administrator	Anguth, Gogrial W.County
161	Mr. Andrea Ayok Agwel	CHW, Anguth PHCU	Anguth, Gogrial W.County
162	Mr. Bol Deng Agok	CHW, Anguth PHCU	Anguth, Gogrial W.County
163	Mr. Deng Madut Yel	CHW, Anguth PHCU	Anguth, Gogrial W.County
164	Mr. Ayel Kiir Wol	TBA, Anguth PHCU	Anguth, Gogrial W.County
165	Mr. Angelo	CHW, Anguth PHCU	Anguth, Gogrial W.County
166	Mr. John Garang Chan	CHW, Mayom PHCU	Alek N. Payam, Gogrial W.
167	Mr. Angelo Lual Moth	Chairperson, VHC, Mayom PHCU	Alek N. Payam, Gogrial W.
168	Mr. Piny Pinyo Arou	PTA member, Alek N. Payam	Alek N. Payam, Gogrial W.
169	Mr. Joseph Deng	CHO, Alek N. Payam	Alek N. Payam, Gogrial W.
170	Mr. Bona Boi Garang	Member, Alek N. Payam community	Alek N. Payam, Gogrial W.
171	Mr. Mariano Aguet Ayii	Head Teacher, Amoth Primary School	Amoth, Gogrial W. County
172	Mr. Moses Anei Akec	Deputy Head Teacher, Amoth Pri. Sch.	Amoth, Gogrial W. County

(c) NGOs IN THE PROGRAMME AREA

	Names	Position	Location/Address
173	Mr. Jens Pedersen	Field Coordinator, MSF - Belgium	Gogrial, Warrab state
174	Dr. Piritha Pillay	Medical doctor, MSF - Belgium	Gogrial, Warrab state
175	Ms. Lotti Valentiner	Nurse, MSF-Belgium	Gogrial, Warrab state

	Names	Position	Location/Address
176	Mr. Armogast Mwasi	Head of Base (Gogrial West), ACF	Alek, Gogrial W. County
177	Mr. Mulugeta Bulcha	Operations Coordinator, World Vision	Kuajok, Warrab state

(d) KEY PROGRAMME STAFF (ALEK, GOGRIAL WEST COUNTY)

178	Mr. Pax Apwoya	Programme Manager, NCA	Alek, Gogrial W. county
179	Mr. Madut Malual Wol	Food Security Officer, NCA	Alek, Gogrial W. county
180	Ms. Santina Sadia Samson	Gender Coordinator & HAP Focal Point	Juba, S Sudan
181	Ms. Yolanda Ile Felix	Education Officer, NCA	Alek, Gogrial W. county
182	Ms. Josephine Koloro Awati	Health Officer, NCA	Alek, Gogrial W. county
183	Mr. Onj Charles Christopher	Water & Sanitation Officer, NCA	Alek, Gogrial W. county
184	Mr. Charles Joseph Yak	Accountant, NCA	Alek, Gogrial W. county
185	Mr. Azima Arkanjelo Rockson	Administrative / Logistics Assistant, NCA	Alek, Gogrial W. county
186	Mr. Patrick Silali Wabwoba	Driver Mechanic, NCA	Alek, Gogrial W. county

(e) NCA Management team in attendance at Debriefing (Juba, Fri. 05th Nov 2010)

	Names	Position	Location/Address
187	Mr. Tore Torstad	Director, NCA Southern Sudan	Juba, Southern Sudan
188	Mr. Bernt Furnes	Finance Manager, NCA Southern Sudan	Juba, Southern Sudan
189	Ms. Florence Tandstad	Senior Programme Coordinator, NCA Southern Sudan	Juba, Southern Sudan
190	Ms. Susan Lasu	Human Resources Manager, NCA	Juba, Southern Sudan
191	Mr. Odd Evjen	Sudan Desk Officer/Programme Coordinator	NCA Oslo Hqs

(f) OTHER NCA Staff in attendance at preliminary meeting (Alek, 28/Oct/ 2010)

	Names	Position	Location/Address
192	Mr. Patrick Silali Wabwoba	Diver Mechanic	Alek, Gogrial W. county
193	Mr. James Akol Akuei	Radio Operator *	Alek, Gogrial W. county
194	Mr. Franco Akoon Ring	Driver	Alek, Gogrial W. county
195	Mr. Karlo Alfonse Sakiar	Driver	Alek, Gogrial W. county
196	Mr. Flesta Konya Robert	Cook	Alek, Gogrial W. county
197	Mr. Akec Tong Wol	Office Guard	Alek, Gogrial W. county
198	Ms. Akur Wek Agoth	Guest House Attendant	Alek, Gogrial W. county
199	Ms. Anyang Dhel Makot	Compound Care taker	Alek, Gogrial W. county
200	Mr. Deng Atem Lian	Compound Guard	Alek, Gogrial W. county
201	Mr. Deng Mathiang Ajiec	Compound Guard	Alek, Gogrial W. county
202	Mr. Manyuat Madut Mawien	Compound Guard	Alek, Gogrial W. county
203	Mr. Rufas Donga Gabriel	Office Guard	Alek, Gogrial W. county
204	Mr. Mel Chan Mel	Water Carrier	Alek, Gogrial W. county

* this staff was on leave (did not attend)

Appendix 5- Terms of Reference for the NCA Evaluation

Subject:	Review of NCAs Programme Impact in Warrap State and Development of an Exit Strategy
Project period:	1998 - December 2011
Project ID:	NCA: PID 360001 (MFA 2010-2012)
Duration:	Two weeks (October/November)
Team Leader:	External Consultant
Team members:	Warrap State representatives, Gogrial West County representative and NCA staff

1.0 Background

Gogrial West County is located in Warrap State of Southern Sudan. Warrap State is one of ten states in Southern Sudan. It is located on the Ironstone Plateau in the south and in Western Flood Plains in the north. It is administratively divided into six counties: Twic, Gogrial East, Gogrial West, Tonj East, Tonj North and Tonj South with the State capital located in Kuajok. Abyei borders it to the north, Western Bahr El Ghazal to the west, Western Equatoria to the south, and Lakes and Unity states to the east.

NCA started an emergency response programme in Wau in 1998, providing humanitarian assistance in food distribution, Basic healthcare, Basic education, Water and Sanitation and Livelihoods. Over the years, NCA has scaled down operations and to date there is support to basic health care, basic education and Water & Sanitation.

NCA is currently implementing a basic service in Gogrial West County funded by the Norwegian Ministry of Foreign Affairs (MFA).

2.0 Project Goal and Specific Objectives

The Goal of the Project is:

Sustained peace by empowering rights holders to claim their fair share of opportunities, resources and services.

The Specific Objectives are:

- (1) To strengthen the duty bearers (the state, local authorities and line ministries) ability to deliver basic social services to the rights holders
- (2) To design an exit strategy for NCA to phase out of Warrap State, and specifically Gogrial West county by December 2011.

3.0 Objective of the review:

- To establish the relationship between NCA and the local population, how NCA is viewed by the communities/rights holders it serves, as well as relationship between NCA and the local authorities.
- To identify gaps that will be left after NCA phases out from Warrap State by December 2011.
- To recommend ways of filling such gaps left by NCAs phasing out
- To identify which other agencies are present in the areas of NCAs operations and working in related fields, and how they can fill in these gaps.
- To establish how some of the gaps can be filled by the county/local authorities.

- Identify capacity development/training needs of the local authorities to continue with the projects that NCA has been managing, to ensure sustainability.

The review should specifically consider the following components and suggest possible changes in the present approach used:

- 3.1 NCA's relationship with local authorities and local partners and the programmes impact on partners and local authorities' organizational and institutional capacities.
- 3.2 How the programme relates to the current political situation, taking into consideration the upcoming referendum and the possible political changes over the coming year.
- 3.3 NCA's own capacity to strengthen the local authorities and line ministries in preparation for them to take over the projects once NCA phases out.
- 3.4 Review the different components of the ongoing programme (Education, Health, HIV & AIDS, Water and Sanitation, and also current assets belonging to NCA, and propose modalities for eventual handing over to local authorities.

4.0 Approach

- A consultant shall be hired for this review.
- The review shall be carried out in close contact with the NCA Director for Southern Sudan, the Programme Manager for Warrap State, the Senior Programme Coordinator, as well as other other core NCA staff in Warrap State.
- The review team shall visit the field office in Alek, and carry out consultation meetings with all Local Government Officials and line ministries both in Gogrial town and Kuajok, as well as NCA staff. The team will also visit NCA project sites as directed by the Programme Manager and the Project Officers so as to interview communities/rights holders.
- Before the Review Team prepare their final report they should have a debriefing and discussions on their findings with the Programme Manager for NCA Warrap State, and other available senior management staff in Juba.

5.0 Sources of input

The main work will be carried out through a field visit to the various locations and operational areas in Warrap State, Gogrial West county. Relevant information will also be collected from NCA's southern Sudan office in Juba. NCA will provide the review team with relevant documents and statistics.

The team will during the field work consult relevant NCA staff, local authorities and line ministries in the Warrap State.

6.0 Expected Output

The output of the review shall be in the form of a report describing the following elements:

- 6.1 A summary and brief assessment of the overall impact of the NCA's presence in the Warrap State and implemented Projects
- 6.2 A more detailed evaluation of the impact of the various components of the Projects and possible recommendations for phasing out thematically.
- 6.3 suggestions on how NCA shall phase out of Gogrial West County without leaving too big a gap that might affect the communities negatively.

The Review Report shall be submitted to NCA Deputy Country Director two weeks after the completion of the review.

Please take note of the following:

1. Email your CV and formal application to NCA

2. Indicate your fees/charges per day in either USD or SDG
3. Indicate your availability to carry out consultancy end October/early November
4. Be informed that NCA covers costs for transport, accommodation, and USD25 per diem per day.
5. Be informed that NCA does not provide laptops, you would have to bring your own in the event you are selected to undertake this consultancy.
6. Please send us any other relevant information.

Appendix 6- List of Documents Reviewed

a) The following internal documents were reviewed

- (1) Project Proposal to the Norwegian ministry of Foreign Affairs (various 2006 – 2009)
- (2) Annual Reports narrative (various 2007 – 2009)
- (3) Policy & procedures manuals (financial, human resources)
- (4) Project Progress narrative reports (various 2007 – 2010)
- (5) NCA organizational structure

b) Other/external documents consulted:

1. Health Policy for the Government of Southern Sudan (2007-2011), Ministry of Health, Juba August 2007
2. Water Policy for the Government of Southern Sudan, Ministry of Water Resources & Irrigation, Juba November 2007
3. Basic Package of Health Services in Southern Sudan; WHO office in Juba, Feb 2008
4. Malaria Control Strategic Plan, 2006-2011, Ministry of Health
5. Situation Analysis and Recommendations, on Human Resource Assessment for Health in Southern Sudan; WHO, AMREF & The Capacity Project, July 2006
6. Labour Act of Sudan, Khartoum 1997
7. Post-Conflict Community Based Recovery and Rehabilitation Programme (RRP) Juba County, Mid-Term Review, Draft Report April 2008
8. Handbook on Planning, Monitoring & Evaluation, UNDP, 2009,
9. Education Statistics for Southern Sudan, 2009 National statistical booklet (GoSS MoEST)
10. Non-Governmental Organizations Act, 2003
11. Sudan Transition & Recovery Database, Gogrial County, Ver 3, Aug 2003 (UN OCHA, Juba Southern Sudan: www.unsudanig.org)
12. Government of Southern Sudan, Water Policy Nov 2007, Juba

Appendix 7- Outcomes of Questionnaire: Government Officials

a) Relationships/Collaborations

In your view, how has been the relationship of NCA with the Government (state/county/payam)? <i>Rating: 1 = Poor, 2 = Fair, 3=Good, 4=Very Good</i>	1	2	3	4
	1		9	4
Kindly give reasons for your rating that way.				
<ul style="list-style-type: none"> NCA is part of us (we plan together, we implement together) NCA is one of our own son; identified with us when we were wounded (1998) NCA attends coordination meetings (2) Number of key personnel in various sectors (university students, health managers, pump mechanics), were originally trained by NCA 				
Which areas of collaboration / partnering could have been done better?				
<ul style="list-style-type: none"> The terrain is big, needs more personnel for effective monitoring and supervision Need to share annual work plans Contractors (who do construction work) should be vetted by the communities Inadequate bore holes drilled so far; need to increase (2) More boreholes, more drugs Uncompleted facility buildings, inadequately equipped facilities (e.g. Alek PHCC has no mortuary, no laboratory, no kitchen, etc) Need overhead water tanks 				

b) Relevance:

In which areas do you find the sectors (components) of the NCA programme meeting the needs and priorities of the beneficiaries?				
<ul style="list-style-type: none"> Reduction of disease outbreaks (such as diarrhoea, guinea worm) Reduced distance to watering points 				
The NCA programme components are in line with the national and local policies and priorities <i>Rating: 1=I disagree, 2= I somewhat agree, 3= I agree, 4= I agree totally</i>	1	2	3	4
		1	4	5
Please rate the relevance of the NCA programme components/sectors <i>Rating: 1= Not relevant, 2= Somewhat relevant, 3= Relevant, 4= Very relevant</i>	1	2	3	4
		7	4	3
Has the NCA programme activities been implemented in a manner that is acceptable and sensitive to cultural values of the communities?			Yes	No
			14	

c) Impact:

Do you think NCA programmes have made an impact in changing the lives of the targeted communities?	Yes	No
	14	
If yes, please explain, in what ways		
<ul style="list-style-type: none"> Made school child friendly (given desks) Training of female teachers has attracted girls to attend school Retention of girls in school, communities allowing girls to school People are making residence in areas that were deserted due to lack of water, or insecurity due to fights over water Health intervention through: immunization (EPI), maternal child health, disease outbreak control. Decrease in diseases like malaria, diarrhoea (water), children's burden of text books reduced (educ) Reduced mortality rates among under 5 		

If no, please explain.

- Need more on WASH
- Sanitary VIP latrines still not quite part of rural communities (in urban centers is making in-roads)

d) Phase out:

According to NCA plans, they intend to phase out the programme by end 2011.

What critical gaps do you foresee resulting from the phase out?

- Some schools might collapse/close down
- Capacity at ministry level, is not adequate to take over
- Very hard to think of this community without NCA

What would you propose to NCA to do in order to ensure beforehand a smooth hand-over / transition?

- Contingency measures (about 1 year) to build capacity of ministry/local staff
- Training of pump mechanics
- Drill bore holes in Gogrial NW areas
- Leave skeleton staff to handle the transition
- Have drug supply for 2 years
- Areas of need: Health: mid-wives, nurses; Water: pump maintenance, spare parts; Educ. Training of teachers

What policies / procedures govern NGO assets (including NCA) in the event of phasing out?

- Check with SSRRC (2)
- Handover to SSRRC per NGO Act
- Categorize assets by sector, handover to SSRRC.

What are your recommendations on how NCA might go about on the phasing out to ensure smooth transition / handover

- Drill more bore holes, build overhead water cisterns in key market centers, buildings (e.g. PHCC)
- Train more staff to take over (nurses, laboratory technicians, midwives, etc)
- More sensitization of hygiene education
- Complete pending PHCU constructions: Keet, Malual Awien, Anguoth, Mankuac, Mandeng, Malual Ajak, and Atukuel)
- Complete pending constructions works for Alek PHCC: mortuary, maternity, incinerator, laboratory, kitchen facilities, bathrooms, etc.
- Need 3-5 model schools in each payam, and trained teachers
- Propose 3-4 years phase-out time.

Appendix 8- Outcomes of Questionnaire: Beneficiaries

a) Relationships/Collaborations

In your view, how has been the relationship of NCA with the communities / beneficiaries? <i>Rating: 1 = Poor, 2 = Fair, 3=Good, 4=Very Good</i>	1	2	3	4
			26	50
Kindly give reasons for your rating that way. <ul style="list-style-type: none"> • Healthy community (4) • Availability of drugs (5) • Services are good (3) • NCA has been encouraging children to go to school (4) • Reduced death rates of the <5 children (8+8) • Wounded are receiving treatments 				
Which areas of NCA relationship with the communities / beneficiaries could have been done better (improved)? <ul style="list-style-type: none"> • Training in critical areas such as laboratory technology, CHWs, mid-wifery. • Need public address system for EPI • Need additional refrigerator for vaccines • <u>Alek HCC</u>: need incinerator, equip laboratory better (see list), more dressing materials, emergency transportation (ambulance), replace delivery beds / rooms (run down), build mortuary, need antiseptics for laundry area, need hygienic kitchen. 				

b) Relevance:

In which areas do you find the sectors (components) of the NCA programme meeting the needs and priorities of the beneficiaries?				
Please rate the relevance of the NCA programme components/sectors <i>Rating: 1= Not relevant, 2= Somewhat relevant, 3= Relevant, 4= Very relevant</i>				
	1	2	3	4
		2	41	33
Has the NCA programme activities been implemented in a manner that is acceptable and sensitive to cultural values of the communities?			Yes	No
			76	
If yes, please explain, in what ways <ul style="list-style-type: none"> • NCA presence felt during Cholera outbreak 				
Has the NCA programme activities been implemented in a manner that is acceptable and sensitive to cultural values of the communities?			Yes	No
			76	
If no, please explain.				

c) Impact:

Do you think NCA programmes have made an impact in changing the lives of the targeted communities?			Yes	No
			76	
If yes, please explain, in what ways <ul style="list-style-type: none"> • People have left the "kurjuk" (witchdoctors), better informed about health/hygiene. • Good food hygiene practice at home (women group) • Balanced food diet...able to cook variety of foods (kisra, bread, ...). • Self reliant (financially) ...able to bake bread and sell • Created unity in communities 				

If no, please explain.

How have the lives of the beneficiaries changed as a result of the NCA intervention? (explain)

- Decreased death rates
- Better livelihoods
- Better hygiene standards
- Decrease in still births, deaths of under 5s (better equipment by TBAs, no Tetanus)
- Better nutrition
- Use of VIP latrines
- Girls now going to school as result of training PTA members
- Enhanced teaching competencies, involvement of female teachers has attracted girls to school

Appendix 9- Outcomes of Questionnaire: Collaborators / Partners

a) Key activities

What are the main programme activities of your organization?

- PHCC at Gogrial town: free consultations, free drugs, surgical functions, maternal child healthcare, and EPI vaccines, nutrition awareness function, TB component on the pipeline
- Base office at Alek market: nutrition awareness function, water & sanitation

b) Areas of Collaboration

In what ways have you as an organization collaborated / networked with NCA?

(Kindly indicate / explain the areas you have collaborated)

- Good acquaintances, not much collaboration

c) Relationship with NCA

In your view, how has been the relationship of NCA with the other NGOs and partners like you? Please rate the relationship on scale of 1-4

Rating: 1 = Poor, 2 = Fair, 3=Good, 4=Very Good

1	2	3	4
	1		

Kindly give reasons for your rating that way.

- NCA is organized
- Medical standards somewhat wanting: local staff not fully/independently practicing good / qualitative medical practices e.g. rapid diagnostics test skills (RDT kit for malaria not spotted in NCA facilities).
- Vaccinations only carried out on certain days (this can lead to challenges when sick people have trekked for half a day to a health facility)
- Local staff are motivated, happy, very impressive
- Alek PHCC: ANC room not hygienically clean, poor delivery bed, RDT kit unavailable, no referrals for surgical procedures from Alek
- PHCUs: grass thatched *tukuls* (dusty, hot) as drugs store

d) Phase out:

According to NCA plans, they intend to phase out the programme by end 2011.

Would your organization consider taking up some of the programme components currently handled by NCA, when NCA phases out

Yes	No

- First need to build collaboration e.g. bridge the communications gaps, share some radio frequency channels, share referrals
- NCA strengths: Health due to large facilities; Weaknesses: not quite visible

What are your recommendations on how NCA might go about on the phasing out to ensure smooth transition / handover

- Ensure adequate supply of drugs
- Build capacity of local staff to handle drugs supply logistics, maintain required medical quality
- Spruce up the health facilities
- Spruce up basics in ANC for safe deliveries
- Build up linkages: e.g. radio linkages to enhance quick advice to local staff from qualified medical doctors; share emergency transportation to enhance referrals
- Need to zero into one small area,
- Agree with state/ county government on key factors for hand-over, draw schedule and work through.
- ADRA is said to be expanding into Warrap state, could liaise with them.
- Consider UNICEF, Sudan Bridge, IOM, ACF

- NOTE: 1 year exit strategy is not sufficient (considering that 6 months have already been taken by referendum)

What challenges have you faced while implementing your programmes in this areas?

- Ownership: locals being able to put learnings into practice
- Capacity of the community: literacy levels, educational levels, levels of taking initiative
- Coping mechanisms: very low
- Pastoral communities: now moving into agro-pastoral society, but still post-harvest reserves are very low ...leads to food insecurity
- Some traditions: provides opportunities for high alcohol consumptions, time consuming dances, etc...affects normal office like work.

ACTION AGAINST HUNGER (ACF)

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