SOUTH SUDAN EARLY RECOVERY AND HUMANITARIAN PROJECT (SSERHP)

END EVALUATION REPORT

January , 2014

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ACKNOWLEDGEMENT

Many people among them CARE staff and constituents have contributed to making this evaluation process a successful, smooth-running and rewarding process.

Thanks go first of all to the Project Manager Sylvia Kaawe for her unswerving commitment to the evaluation process and tireless effort in ensuring a smooth workflow despite the unrest attributable to the growing tension and anxiety on the ground at the time

Secondly, the evaluation team would like to appreciate the input of each and every CARE program staff in Panyagor sub office including but not limited to participation in interviews, coordination and logistics of this evaluation; in most instances beyond working hours and days.

We appreciate the effort made by the County commissioner, Payam Administrators and Community members in attending meetings and interview sessions, with very short notices.

Last but not least we acknowledge the input and dedication of all other CARE Staff based in Juba who facilitated the evaluation process; without their support the evaluation would not have been successful.

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ABBREVIATIONS AND ACRONYMS

AUSAID	The Australian Agency for International Development
BH	Bore Hole
CO	Country Office
CHAST	Children's Hygiene and Sanitation Training
CI	CARE International
DIP	Detailed Implementation Plan
EmONC	Emergency Obstetric and Neonatal Care
FFS	Farmer Field Schools
HAF	Humanitarian Accountability Framework
HH	Household
IGA	Income Generating Activity
IDP	Internally Displaced Persons
MOPI	Ministry Of Physical Infrastructure
MTE	Mid-Term Evaluation
NGO	Non-Governmental Organization
NGO	Non-Governmental Organizations
OECD	Organization for Economic Co-Operation and Development
O&M	Operation & Maintenance
P2P	Project to Program
PHAST	Participatory Hygiene and Sanitation Transformation
PHCU	Primary Health Care Unit
PHCC	Primary Health Care Center
RMU	Regional Management Unit
RoSS	Republic of South Sudan
RRC	Relief and Rehabilitation Commission
SPM	Selection Planning and Management
SSERHP	South Sudan Emergency Response and Humanitarian Project
SSP	South Sudanese Pound
TBA	Traditional Birth Attendant
TEC	Twic East County
UNICEF	United Nations Children's Education Fund
UNOCHA	United Nations Office for Humanitarian Action
VSL	Village Savings and Loans
VSLA	Village Savings and Loans Associations
WASH	Water Sanitation and Hygiene
WatSan	Water and Sanitation
WMC	Water Management Committee

DEFINITION OF KEY TERMS/CONCEPTS

Evaluation	Rigorous analysis of completed or ongoing activities that determine or support effectiveness and efficiency of a program.
Relevance	The extent to which objectives, implementation strategies, activities and methodologies were adapted to the needs of the beneficiaries and addressed the intended donor objective.
Appropriateness	Extent to which the humanitarian activities were tailored to the local needs, increasing ownership, accountability and cost-effectiveness accordingly.
Coverage	Extent to which the needs were covered and the most affected identified and reached.
Effectiveness	The extent to which the program has done what it was intended to do for the beneficiaries taking into consideration the organizational capacity and gender mainstreaming efforts.
Efficiency	The results achieved in relation to time, efforts and resources expended.
Sustainability	The extent to which results achieved can continue after the end of the program.
Impact	The overall effects the program has had on the beneficiaries and participating communities and on their methods of working in the future. In this evaluation, the term impact is operationalized to mean 'effects' or 'short term impact'.

EXECUTIVE SUMMARY

CARE South Sudan has been implementing the South Sudan Early Recovery and Humanitarian Project (SSERHP) in Jonglei state from July 2011 to November 2013. The project, initially a two year initiative received a six - month no cost extension to the end of November 2013.

The AUSAID funded project sought to promote a peaceful coexistence among communities in Jonglei state through improved water, sanitation and hygiene services, increased access to improved health services, and enhanced livelihood opportunities for rural women and youth within a safe and peaceful environment.

Specifically the project aimed at achieving the following outcomes:

- Increased access to clean water for domestic and livestock use, adequate sanitation and hygiene services while enhancing the capacity of local communities in management of water resources
- Improved maternal and neonatal health care through partnering with state ministry of health and active community participation; Strengthened livelihood opportunities for women, men and youth
- Peaceful mechanisms of conflict resolution among project target communities and Enhanced AusAID's policies and practices on South Sudan.

The evaluation utilised both quantitative and qualitative methods of data collection and analysis methods. Data was collected from Twic East County in Jonglei state. The other two counties of Duk and Uror remained inaccessible due to security concerns and the ongoing rainy season that rendered some roads impassable. The main study tool was the household questionnaire which was complemented by review of various reports and qualitative tools including FGD and KII Guides. 100 valid questionnaires were considered for data analysis. Quantitative data was supported by a range of qualitative data collected from project beneficiaries, project staff, local leaders, partners, and humanitarian agencies in the project area.

Key Findings:

- 51% of the respondents indicated a decrease in conflict over resources; this was attributed to the presence of peace committees, available water resources and improved income from the Village Savings and Loans Associations (VSLAs)
- 63 groups were formed and functional by the end of the project. 25 groups (39.6%) are still in year one of their operations while 38 (60.3%) have graduated/shared out, but current situation indicates that even after graduation, groups regroup and continue saving into the 2nd and 3rd cycles. The main aim of taking loans is to invest in an Income Generating Activity (86%). The actual use of loans varied as follows, 64% invested in business establishment or expansion, food acquisition (21%) household use (7%) and debt reduction (7%). A total 1488 Income Generating

Activities (IGAs) had been established through the VSLA funds. Overall a total of $ 325,156 had been accumulated in savings of this $ 140,013, 53% of which had disbursed in the form of loans.

- Only 28% of those interviewed delivered with the help of skilled service providers. 74% still preferred to deliver at home with the help of the Traditional Birth Attendant (TBA). This was attributed to the social cultural influences, where the women were noted not to have an influence on the choice of birth.
- 53% of the respondents felt that the incidences of diarrhoea had decreased in the community. This was attributed to access to clean water available, and improved hygiene practices following the intensified hygiene promotion exercise at the community level.

In conclusion, the project activities were generally implemented as planned and most of its verifiable targets were achieved, impacting positively on the lives of the Internally Displaced Persons (IDPs) and the host community. Overall, the VSLA had the biggest impact on the livelihoods of the community and should be scaled up. It was difficult to isolate CARE's impact on WASH activities since there were several players implementing Water and Sanitation and Hygiene (WASH) programs in the project area, although CARE had had a longer presence on the ground compared to other WASH implementers. The relevance, efficiency, effectiveness and sustainability all have room for improvements and hence the recommendations provided below. The recommendations have been categorized into two: 1) those that relate to SSHERP programming improvement due the observed gaps and 2) those that are suggested new ideas or good practices recommended for future SSHERPs.

Recommendations:

i. A gender analysis is a necessary and compulsory exercise if gender mainstreaming is to be effective. For any project this needs be carried out at the onset to inform the project strategy in meeting the strategic needs identified by the different genders.

ii. Development of a comprehensive monitoring plan with focus on progress, review of process and impact of the project in line with the project log frame. . The project needs develop a learning platform through which learnings will be incorporated into the programme. An evaluation plan needs to take into consideration midterm reviews for projects over one year long.

iii. Coordination with other NGOs: There was coordination at the county level but this did not indicate any direct tangible results to the project; although this was not adequately verified, there was a risk of duplication of efforts that CARE needs to take monitor and address in future programming, especially when it came to Peace committees, VSLAs and WASH related activities.

iv. Succession Planning: Due to the high staff over witnessed, some information could have been lost, to avoid this, there should be succession planning to avoid such loss

1.1 Good practices for future considerations

i. The project context is fluid, characterised with complexities i.e. sustained conflict, limited access due to poor roads, and high staff turnover. The project addressed this challenges on a need arise basis. A comprehensive risk analysis and mitigation strategy needs be drawn and institutionalised for this and future programmes

ii. Continue with building capacity of local authorities for enhanced capacity during implementation as well as for programme sustainability purposes. It is worth noting that some efforts have been done in this respect. Main emphasis was put on the technical staff of local governments (e.g. 6 agricultural officers from Duk were trained on good farming methods/practices, so that they could in turn train local farmers during their day to day field operations. 14 County health workers were trained on basic Emergence Obstetrics and Neonatal Care (EmONC). 78 county based pump mechanics were trained on rehabilitation and repair of boreholes 15 of which were from the county water departments)

1.0 INTRODUCTION

1.2 Background

CARE South Sudan has been implementing the South Sudan Early Recovery and Humanitarian Project (SSERHP) in Jonglei state from July 2011 to November 2013. The project initially two year initiative received a six- month no cost extension to the end of December 2013.

The AUSAID funded project sought to promote a peaceful coexistence among communities in Jonglei state through improved water, sanitation and hygiene services, increased access to improved health services, and enhanced livelihood opportunities for rural women and youth within a safe and peaceful environment.

Jonglei is the largest and also the most densely populated of the ten states in South Sudan. Conflict in Jonglei State has deep roots. For a long time, peace has remained elusive. Historically, the main tribes all participated in cyclical cattle raiding and child abduction. This has continued into the 20th century, where inter-ethnic and inter clan conflicts remains deeply rooted in competition for grazing land and water for livestock as resources are shrinking as attributed to changes in climate.[1]

At the end of this project and in the accordance to the initial design, a final evaluation is due to inform CARE South Sudan of the effects of the project and document lessons learnt. It is against this background that CARE South Sudan has engaged external consultants to undertake an end of project evaluation of the SSHERP project. The purpose of the evaluation is to review project experiences to date and provide a comprehensive analysis of impact providing evidence based findings and lessons learned to determine if the project is an effective mechanism through which CARE can support communities with early recovery and emerging humanitarian needs.

[1] SSHERP baseline report

1.3 Project Overview

1.3.1 Project objectives

Principal objective

The objective of the project was to promote a peaceful coexistence among communities in Jonglei State through improved water, sanitation and hygiene services, and improved health status and livelihood opportunities for women and youth. The project targeted a total of 125,000 beneficiaries (49,000 are women, 39,600 men and 37,500 youth) in Twic East, Duk and Uror counties.

Indicators for specific objectives

- 60% of the communities indicating a decrease in the number of local conflicts over resources
- Number of community resource management formed and actively engaged in the management of natural resources.
- Peace-building programme shows behaviour change towards conflict by the target population
- % men and women reporting meaningful participation of women in the in local partners organizations

1.3.2 Expected project results

Specifically the project aimed at achieving the following outcomes:

Outcome 1: Increased access to clean water for domestic and livestock use, adequate sanitation and hygiene services while enhancing the capacity of local communities in management of water resources

Indicators

- Decrease in water borne diseases as reported in health facilities
- No of water and pasture related conflicted reported as monitored by peace committees
- 10% of livestock owners have access to water and pastures during dry seasons
- % of mothers reporting cases of diarrhoea in children under 5 over the previous 3 months,

Outcome 2: Improved maternal and neonatal health care through partnering with state ministry of health and active community participation

- % of delivered with the help of skilled services providers
- 6% of pregnant mother expected with complications referred on time for follow up at basic Emergency obstetric Care (Emoc) facility deliveries
- # of women reached with safe motherhoods messages in the community

Outcome 3: Strengthened livelihood opportunities for women, men and youth

- Lesson learned and good practices documented
- % of farmer satisfied with farming system
- % of Women and youth participating in farming
- # of beneficiaries reporting reduced hunger gap

Outcome 4: Peaceful mechanisms of conflict resolution among project target communities

- # of conflicts reported and successfully solved in the community
- #of peace events organized

Outcome 5: Enhanced AusAID's policies and practices on South Sudan

- Lesson learned documented and shared with stakeholder

The purpose and the specific focus of the evaluation is depicted in the TOR appended as Appendix 1.

EVALUATION METHODS AND APPROACHES

The evaluation utilised both quantitative and qualitative methods of data collection and analysis. Data was collected from Twic East County in Jonglei state. The other two counties of Duk and Uror remained inaccessible due to security concerns and the ongoing rainy season that rendered some roads impassable. The main study tool was the household questionnaire which was complemented by several quantitative tools including FGD and KII Guides. 100 valid questionnaires were considered for data analysis. Quantitative data was supported by a range of qualitative data collected from project beneficiaries, project staff, local leaders, partners, and humanitarian agencies in the project area.

Various project documents including project proposal, baseline survey, quarterly progress reports and AUSAID mid-term evaluation report were reviewed. All data collected were cleaned, analysed and the findings triangulated for report writing. This draft report was validated by CARE field team. The final report considered the comments and further input provided during the validation process.

Some of the limitations of this evaluation include a limited time for data collection. The timing of the evaluation coincided with the December holiday season, and therefore upon award of the contract, there was only a day left for discussions and tools development before embarking on the actual field work for data collection purposes. Even then, insecurity problems arose disrupting the arrangements done to support the data collection process. As such, the desk review went on concurrently with the data collection exercise with limited opportunity of either process informing the other.

One other complexity that the evaluation team faced was that the project baseline indicators were unavailable hence facing the challenge as to how to measure impact. The findings of the baseline were rich in the context, livelihood strategies and an in-depth conflict analysis; however baseline indicators on the five main outcomes were not provided.

Further, for a period of a year and a half, the project monitoring plan was output based, with little on outcome indicators. The M&E plan was only developed in October 2012 and at this point the baseline benchmarks could not be included into the framework since the baseline report did not include solid indicators. Subsequently, as a result of the delay in the project implementation, the M&E plan was not utilized fully to track progress against key indicators thus emphasis was put on output monitoring.

As mentioned above, the evaluation team could not access two counties (Uror and Duk) due to security concerns, accessibility occasioned by flooding and the time constraints. Within Twic East County itself, two Payams could not be accessed as a result of a recent tribal conflict that led to displacement of community members in Nyuak Payam and flooding that cut off Lith Payam.

Midway through the evaluation, the ongoing South Sudan conflict broke in Juba on 15th December 2013 and subsequently spread into the project area thereby limiting the time upon which the evaluation would be conducted. However, the team lead made all effort to ensure that data was collected in areas accessible and security of the evaluation team was assured.

2 EVALUATION FINDINGS

2.1 Household characteristics

The Interviewees were drawn from three Payams of Twic East County namely; Ajuong (45%), Kongor (19%), Paker, 36% and Pakeer 36%. As mentioned in section 2 above, two other Payams Nyuak and Lith could not be accessed due to insecurity and flooding respectively.

36% of those interviewed were male while 64% female; this was attributed to the gender roles division at the household level, where men were out in the fields tending to the cattle while women stayed at home courtesy of the reproductive roles (cooking, household chores and looking after the young ones). Of interest to note is that 57% of the households were female headed attributed to being IDPS who could have lost their spouses due to conflict. Majority of those interviewed were aged between 35 – 44years (30%). Others were aged 45–54year (28%) and aged 25-34 years (23%). 84% of those interviewed considered themselves married (in either polygamous or monogamous family set ups) with only 7% reporting having been widowed, separated or divorced.

In terms of the main sources of livelihoods the respondents indicated the following; 31% on Agriculture, 25% on livestock sales, 11% small businesses, 10% on casual labour, 11% Remittance, 8% employed and 4% indicated that they had no source of income.

The area is characterized by low literacy levels. Notably, 74% of those interviewed had no formal education; 83% women and 63% men indicating more women are illiterate. 7% had lower primary level of education, 9% upper primary level and 10% senior high school level of education. The Average household size was established to be 7 people per household with a minimum of two people, maximum of 18 and a standard deviation of 2.978. This is indicative of high dependency ratio that has a direct impact on the household coping mechanisms. The average number of children under five was 3 and a standard deviation of 1.853.

The project was noted to have reached its main impact group – the displaced. A majority (65%) of the respondents was in displacement and had lived in the area for over two years, 15% for less than 3 months and 20% for a period of 3 – 6 months. Those whose duration of stay was between 3 – 6 months were noted to have moved into the area due to the recent floods, while 50% had migrated due to conflicts experienced in their areas of origin, recently or in the past. Only 20% normally resided in the target area.

2.2 Main Findings

The main findings of the evaluation are divided into two sections. The first section addresses the evaluation question while the second addresses the project achievements in line with the OECD DAC criteria.

2.2.1 Findings based on evaluation questions

i. The extent to which the project has fulfilled its overall objective

This section determines the extent to which the project has fulfilled its overall objective to "Promote peaceful coexistence among communities in Jonglei State through improved water, sanitation and hygiene services, and improved health status and livelihood opportunities for women and youth as well as CARE's focus on recovery and creating an environment conducive to longer-term development.

The status of project indicators at the time of the evaluation is shown in Appendix 1 of this report and demonstrates the achievements of the project by the time of the evaluation in November 2013. Explanations of how the progress on the indicators has been measured have also been provided for each indicator.

The success of the project was measured through four indicators as detailed below. In general, all the specific objectives indicator targets were achieved to varied extents; some of the targets like the VSLA were surpassed. This is remarkable given that the project implementation was delayed by over a year attributable to the conflict riddled context within which it was being implemented.

Indicator 1: 60% of the communities indicating a decrease in the number of local conflicts over resources

Overall, 51% of the respondents interviewed reported a general decrease in conflict. At the onset of the project, there were varied types of conflicts that were related or linked to resources i.e. scarcity and or limited access, leadership wrangles or natural disasters. The specifics of incidences reported included elopement with girls (intra or inter Payams), land disputes, (between sections), family disputes, dancing ground related conflict incidences, community wrestling, resource based conflict targeting household property (cows, money, property mostly at family level), water points (boreholes), grazing land and pasture between clans, fishing grounds, hunger (leading to hostility between communities), cattle camps and dyke related conflicts; particularly when water was diverted and thus reducing access of the resource or complete cut off to a particular community.

This was noted to have reduced at the end of the project with households reporting a 51% general decrease in conflict. As a result of the project, communities reported that they were able to access water points without conflict as agreements had been reached on resource utilization. Previously warring community members were now sharing pleasantries, having informal discussions and even engaging in formal and informal initiatives that would promote peace. In general the preexisting tension which was the main basis of the conflict was noted to have reduced.

This success was attributed to the skillful integration of peace building/ conflict resolution strategies within the project. The design of the project took a two pronged approach, providing lifesaving basic services (water, sanitation, hygiene, maternal health) and livelihood support as well as mainstreaming peace within the project, complemented by a capacity building (skills enhancement component.) The project embraced a community based approach in implementation. Evidently, the community was extensively involved in all operations including but not limited to construction works, operations and maintenance and peace negotiations. In each of the sectors, (Health, Wash, livelihoods and peace building) the programme worked through existing community structures which were restructured to ensure adequate representation. Further, the targeting progress focussed on at least 65% displaced persons working with communities to ensure integration and harmony between different tribes

One challenge the programme faced was the limited emphasis on documentation. As such, the evaluation/ programme learning processes may have missed valuable learning points as most of the responses were based on recall. As noted in section 2.0 above, the programme experienced delays in start-up (June 2011) related to the conflict riddled context that the programme was implemented in. As a result, the peace building element was actively launched towards the end of 2012, thus limiting the approach to ensuring structures exist and knowhow through training is imparted on these structures for effective implementation.

Indicator 2: Number of community resource management formed and actively engaged in the management of natural resources.

To enhance sustainability and good governance of the water resource, 28 WMCs were formed concurrently with the borehole sinking activity. Each committee comprised five members (three women and two men). The decision as to who joined the WMC was a democratic one primarily based on the proximity to the borehole. More women were included as they were the primary water collectors and were principally responsible for hygiene at the household level.

> "*Women are more affected when the borehole is spoilt, hence they should lead and take good care of the borehole, as they know what it means when they don't have water*" Water Management Committee (WMC) member in Ajuong

The WMC members received operations and maintenance training from CARE SS staff. This was reflected in their day to day resource management and maintenance tasks which were noted to have been performed as required. 85% of the respondents acknowledged the role played by the WMC describing the outcome to be effective particularly in ensuring sustained harmony and order at the water points. One challenge experienced is in the effectiveness of the cost recovery initiative process at the water point. CARE engaged the communities utilizing the water points and they agreed on a system where a 2SSP (approx$0.6)user fee is to be paid per household on a monthly basis towards the maintenance of the borehole. This was piloted in some project areas, upon concluding the pumps attendants training. This pilot initiative was however not reviewed and improved over the course of implementation. In some areas where this was introduced, it seemed to work fairly well.

Indicator 3: Peace-building programme shows behaviour change towards conflict by the target population

Focus Group Discussions (FGDs) with peace committee members in Panyagor reveal a significant reduction in conflict and increased harmony amongst the different warring tribes. This is concurrent to the findings in indicator one above where 51% of the community members reported a general increase in conflict. The only evident challenge is lack of documentation of conflict cases which the peace committees were not able to track and document given the short time between their formation, actual monitoring of conflict incidences within the community and this evaluation exercise. Among the behavioral characteristics noted were the tolerance levels and increased harmony among community members for example exchange in greetings among previously warring communities, harmony in resource use for example drawing water and grazing without conflict, willingness among community members to engage in conflict resolution initiatives among others. Considering that the implementation of this component started one year into the program, this was a significant achievement.

"In Nyuak, people never used to come together; now they can greet each other even women can draw water from the boreholes without conflict."

Factors contributing to the success included the fact that the project not only developed new structures but also worked with the existing structures to ensure integration and a more complementary approach in execution of roles. For example, CARE created new peace committees in all the three areas of operation and to increase coverage on the ground, CARE worked through community based peace monitors. This contributed to a wider outreach and thus extensive promotion of co-existence among the communities. There was emphasis on the technical aspect of peace building through training of the peace monitors who were based within the targeted communities and thus imparted this knowledge thereby contributing to positive behavior change within a short time.

The peace committee membership was an all-inclusive one, engaging opinion leaders including chiefs, pastors, teachers or other stakeholders like youth leaders, women group with at least 30% gender representation. Those elected into these committees received training on peace building strategies enabling them to have an in-depth understanding on the concept of peace and work with communities to realize behavior and attitude change thus embracing peace.

The peace building initiatives were very practical and in some instances involved exchange visits which ensured learning as well as interaction, with positive outcomes. Unfortunately this was limited to the project target areas, where the peace committees had control over resources (water as well as grazing lands). Neighbouring areas that were not targeted still experienced conflict on a regular basis.

"The gesture from Uror Community who spent four days in Panyagor showed confidence and a good move towards achieving peace between the two communities, we therefore agreed that the next meeting to be conducted in Uror, this has not taken place though," County Commissioner, Twic East

% men and women reporting meaningful participation of women in the in local partners organizations

Despite being in its initial plan, the programme did not work with or through local organisation partners. The expected results were realised through a direct implementation approach in close collaboration with the community. This was due to lack of local organisations (by the time of project inception) with similar project strategic focus and capacity of implementing programes in line with agreed CARE policies and procedures of programming, especially timely narrative and financial reporting.

ii. To assess the quality of the project's activities including adherence to Sphere, National or equivalent Standards and performance relative to CARE International's Humanitarian Benchmarks and the Organization for Economic Co-Operation and Development (OECD) evaluation criteria.

This section of the report will specifically discuss the adherence to standards in terms of programme design and during implementation and post implementation. The emphasis is on design, Sphere, National or equivalent Standards and performance relative to CARE International's Humanitarian Benchmarks and OECD evaluation criteria.

a. Sphere standards

The programme design incorporated several standards as provided for in the sphere handbook. The design of the project took into consideration the core standards[2]. This are integrated in CARE's humanitarian accountability framework which is discussed in section ii.c of this report.
Protection principles were integrated in the programme design. These were guided by AUSAID policy with particular emphasis on child protection. The emphasis was on three standards as detailed below:

Protection Principle 1: Avoid exposing people to further harm

The programme assessment was all inclusive and took into consideration a do no harm approach which was integrated in the programme design. Part of the issues identified as matters of concern were included in the risk matrix. However owing to delay in startup of implementation, the risk matrix was seldom reviewed and as such overtaken by events and to some extent; some of the experiences in the context were not integrated. For example, the use of partnerships was an integral part of the project in ensuring wider and constant reach, and subsequently larger impact on conflict incidences. However, this was not feasible and a direct approach to implementation was undertaken without a revision to the approach. While this was the most effective approach at that time, the longtime delays undermined the overall project impact.

Protection Principle 2: Ensure people's access to impartial assistance – in proportion to need and without discrimination

[2] The sphere Project 2011 Edition - The Core Standards describe processes that are essential to achieving all the Sphere minimum standards. They are a practical expression of the principles of the Sphere Humanitarian Charter and are fundamental to the rights of people affected by conflict or disaster to assistance that supports life with dignity.

The project embraced a community based approach in implementation. Evidently, the community was extensively involved in all operations in each of the sectors. As the programme had a strong peace element to its design, all effort was made to ensure inclusion of beneficiaries. This was feasible following a comprehensive assessment that was done prior to the project design. No deliberate deprivation to parts of the population of the means of subsistence was noted.

One strong element in protection is the process of ensuring engagement of other stakeholders in the protection of the beneficiary. Particularly engagement of the state and governance structures is critical in ensuring protection of people from physical and psychological harm arising from violence and coercion (Principle 3). There was effort by the teams to engage all governance structures, however they were not as strong having just been formed following the independence of Southern Sudan and therefore there was little contribution to the project in this regards.

b. Humanitarian accountability

At this point, the SSHERP project is examined against the CARE's Humanitarian Accountability Framework. Humanitarian Accountability Framework (HAF) is a statement of CARE's commitment to Accountability at all stages of the programme life cycle. It provides a framework for holding (especially by the beneficiaries) CARE accountable to improving relevance, quality and impact of its work.

This section reviews the extent to which the SSHERP project has complied with the HAF humanitarian benchmarks and response targets is examined, identifying gaps that need to be filled. As depicted below, SSHERP generally adhered to the humanitarian benchmarks commitments. This is attributable to the fact that the benchmarks, owing to CARE's commitment to ensuring accountability are integrated within the organisational processes. While this is strength, it limits the opportunity to ensure that a review is facilitated and a more structured effort ensured to adhere to the principles. This is one of the main amongst other gaps which need to be filled.

Humanitarian benchmarks

1. CARE leaders demonstrate their commitment to quality and accountability
2. CARE bases responses on impartial assessment of needs, vulnerabilities and capacities
3. CARE uses good design and monitoring to drive improvements in their ongoing and future work leading to real-time changes on the ground and the accumulation of institutional memory
4. CARE puts formal mechanisms in place to gather and act on feedback and complaints
5. CARE publicly communicates their mandate, projects and what stakeholders can expect from them
6. CARE uses impartial reviews and evaluations to improve learning and demonstrate accountability
7. CARE supports its staff, managers and partner agencies to improve quality and accountability

Strengths

CARE leadership demonstrated commitment to quality and accountability. CARE globally has a HAF, which has been adopted within the country office. The programme design was based on impartial assessment needs at the onset of the programme. The design took into consideration the context

which was a conflict one, where peace was the overarching implementation agenda, and the resources provided were incentives of peace. During the project implementation period, CARE was also engaged in joint assessments with district authorities hat informed the programme implementation process.

Gaps

The evaluation found no evidence of a complaints and feedback mechanism. Particularly for this relatively volatile conflict ridden context, where access was limited and subsequently regular monitoring was not feasible a complaints and feedback mechanism would have been a way to enhance beneficiary participation. A community centred approach for providing feedback would have been ideal for the context in the target area.

Communication; outreach activities and field monitoring and support supervision activities done by the Health, Livelihoods and Peace building teams on a monthly basis were used mainly for feedback and sharing to improve the program. This would work perfectly well in less volatile contexts where movement would be unrestricted throughout the year.

The documentation was however systematic on a quarterly basis due to the effort of the staff, and the requirements stipulated in the quarterly reports. However, this was based on experiences during implementation and not an analysis of the underlying causes. The evaluation also noted that the monitoring process, which would have provided a solid evidence base for learning evolved over time.

Initially, the monitoring took the place of output indicators, where the emphasis was based on immediate outputs. Later in the last year of implementation, the project adopted the monitoring of performance indicators. This was necessitated by the delayed implementation and the strategy was adopted to salvage the situation. The evaluation team did not provide evidence of a monitoring plan; however, analysis was built into the project log frame and was consistently monitored and updated on a quarterly basis to guide performance, which was good enough considering the challenges faced during program implementation.

c. OECD Development Assistance Committee (DAC) criteria

The OECD DAC criterion forms the basis of this evaluation and as such findings are discussed in the second part of the evaluation.

iii. To determine the extent to which each outcome was achieved and it's relative contribution towards the overall objective, identifying the strengths, weaknesses, opportunities and risks for each.

By the time of the evaluation, it was established that the project had achieved most of the intended outputs and even in some cases over achieved the set targets. However, due to lack of a proper baseline study, the evaluation team could not measure the outcome level indicators. It can be noted

that given the challenges experienced during the onset, the programme emphasis was on the immediate output indicators (activities) which were well achieved. This section of the report will specifically discuss some cases of partial achievements and over-achievements. Where necessary, comments on the achieved indicators have been provided.

Project overachievements

The project realised the following over achievements.

Outcome 2 Indicator 1:6% of pregnant mothers with complications referred on time for follow up at basic EMOC facility deliveries.

28% of mothers who were interviewed and indicated that they had complications in their last pregnancy were referred on time to EMOC facilities. Out of those who were referred, 13% lost the babies; they attributed to the delay in referrals and the poor road situation at the particular moment. Overall, the high referral capacity is attributed to the intensity of information sharing on Maternal Child Health (MCH) related issues through the health committees, health promoters and health staff in facilities. However, discussions with the County health officials, health workers and the County Commissioner revealed that the referral system was weak; in that there was no systematic process stipulated for referral. Further, owing to the delay in procurement of equipment the referral centres were not well equipped; this undermined the process significantly.

Project under-achievements

The following under-achievements are explained below:

Outcome 2: percentage delivered with the help of skilled labours.

Only 28% delivered with the help of skilled service providers. 74% still preferred to deliver at home with the help of the TBA. This was attributed to the social cultural influences, where the women were noted not to have an influence on the choice of birth they would have had. Seemingly, there is a lot of information sharing by the health workers for behaviour change that is required to realise this shift.

Outcome 3: Lessons learned and good practices documented

The programme captured lessons learnt in the quarterly report. A significant number of which were captured in the risk analysis matrix and mitigation strategies provided. This was noted to depict a disjoint in communication among the staff, attributed to the high turnover particularly at the start of the programme thus undermining the learning process. Further, the lack of a solid M&E plan at the onset of the programme undermined the possibility of an in-depth analysis of learning for programme improvement purposes.

Lessons learnt /Gaps identified.

The programme experienced several challenges which included conflict, limited access during rainy seasons, high staff turnover, and limited capacity of local authorities. Remedial strategies were sought, albeit short term. Consequently, the programme experienced delays throughout the programme implementation period. On the other hand, majority of these challenges were foreseen, and recorded in the risk matrix. The only challenge is that once developed the risk matrix did not evolve with the change in context. A structured approach in reviewing of the risk matrix and provision of inbuilt mitigation strategies would benefit the programme more.

Closely related to the above, is the issue around the human resource. In conflict setups, staff retention remains a challenge. The programme needs a more structured means to retain the institutional memory for programme continuity. This could be documentation of handovers detailing progress and issues of concern.

Information sharing on health related information was adequate, with most women articulating information shared by the hygiene and health promoters. Under the health project component, a more structured referral system needs to be in place, this would include the categories for referral, the logistics of the referral process as well as the point of referral which is adequately equipped. This would include the continued training of the health staff in addition to timely provision equipment. At this point, it is good to note that CARE had a separate health project where capacity building was ongoing. The EMONC training done one month towards the end of the programme was geared much towards sustainability.

2.2.1.1 Project log frame analysis

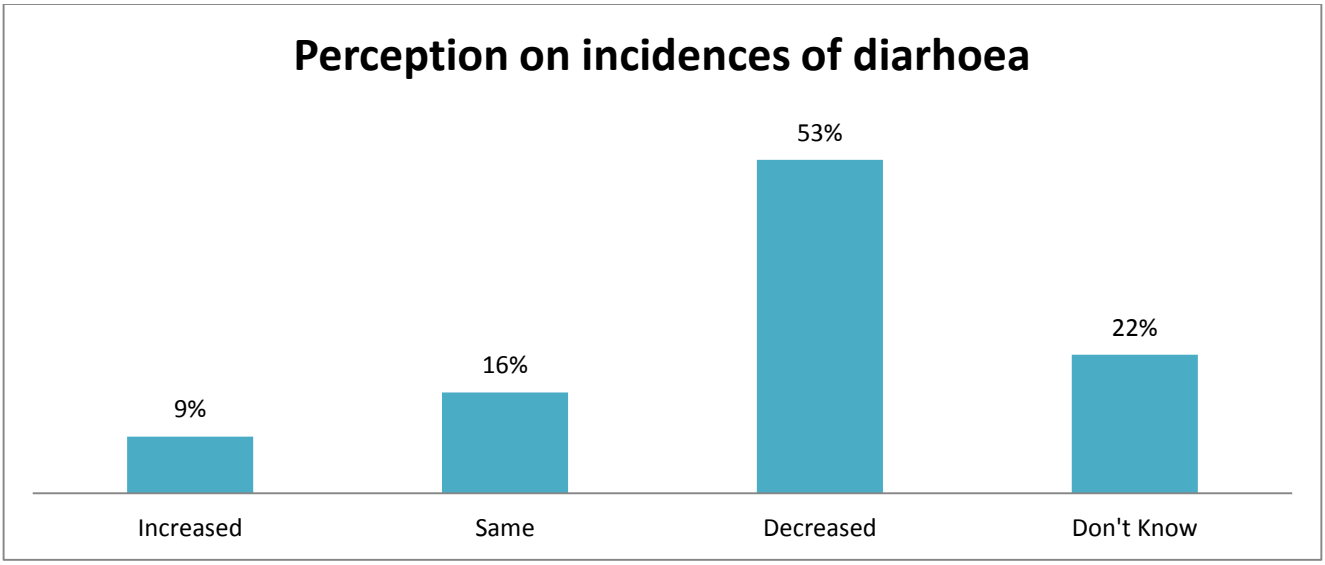
This section of the report will specifically discuss the extent of achievements under each outcome. Comments on indicators and the assumptions in estimating the status for the indicators per results area are explained in detailed in Appendix 1.

Outcome 1: Increased access to clean water for domestic and livestock use, adequate sanitation and hygiene services while enhancing the capacity of local communities in management of water resources

1.1 Decrease in water borne diseases as reported in health facilities

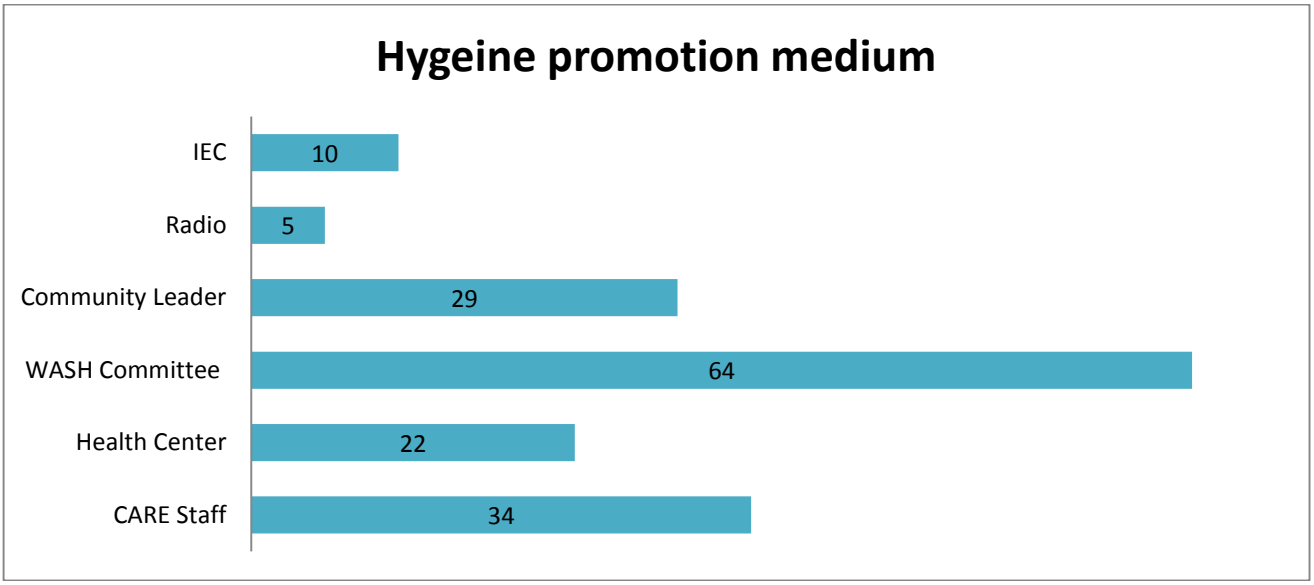
As there was no baseline data reported, the evaluation questions lay emphasis on perceptions on the incidences of diarrhoea at the community level. Overall, 53% felt that the incidences of diarrhoea had decreased. This was attributed to access to clean water available, and improved hygiene practices following the intensified hygiene promotion exercise at the community level.

Figure 1; Community Perception of Diarrhea incidences



Using WASH Committees and hygiene promoters (funded by UNICEF) seems to be the most effective way of passing hygiene related information to the community. Most respondents (64%) indicated that they received hygiene related information through the WASH committees. Given the low literacy levels and lack of access to radios, the use of IEC materials and Radio was found to be the least effective.

Figure 2: Hygiene promotion strategies



- *No. of water and pasture related conflicted reported as monitored by peace committees*

One of the challenges noted in the programme implementation process was the lack of documentation or programme activities and lessons learnt particularly during the first year of implementation. The implementation approach at the committee level was no exception as the committee functions were

found not to have been documented any details on the conflict types and how regular the reports took place, despite their active engagement in conflict monitoring and peace promotion. However, findings of the peace committee FGD discussions indicate an overall decrease in conflicts both in terms of incidences and types reported.

- *10% of livestock owners have access to water and pastures during dry seasons*

One of the initiatives proposed by the programme was the construction of water troughs to facilitate access to water from the boreholes for animal use. However, by June 2013 the designs of the water troughs had just been concluded and a competitive bidding process initiated. By the time of the evaluation this had not been implemented. The delay in the implementation was necessitated by delays in procurement, lack of services providers that were able to handle the construction at a low cost and willing to operate in Jonglei with high insecurity levels. The situation was made worse by the December 2013 , this led to contractors that had been finally identified to evacuate from the field sites as they were conducting site surveys and handling construction plans.

- *% of mothers reporting cases of diarrhoea in children under 5 over the previous 3 months*

30% of mothers reported that children had experienced diarrhoea over the two weeks. However, the evaluation team could not access Panyagor health facility data to compare the trends over a three month period.

Outcome 2: Improved maternal and neonatal health care through partnering with state ministry of health and active community participation

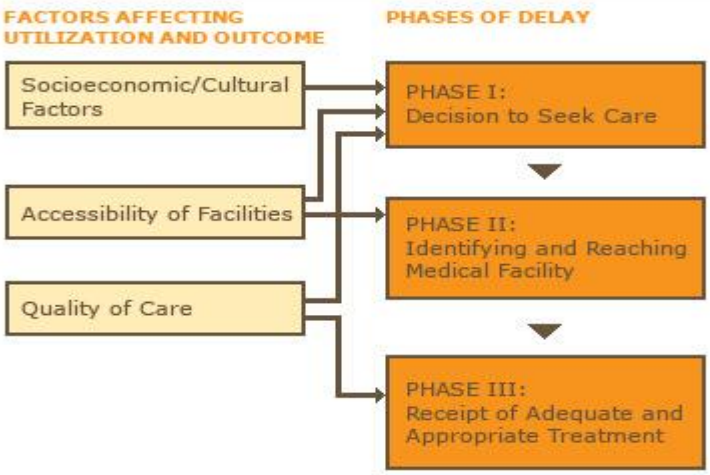
- % of delivered with the help of skilled services providers

Of the women who delivered in the past two years, 22% (14% at Panyagor Primary Health Care Center (PHCC) and 8% in other PHCCs/PHCUs) reported to have delivered with the help of skilled service providers (nurse or midwife) 78% reported to have delivered at home, assisted by TBA's friends and relatives. These findings are consistent with the overall South Sudan statistics that indicate that 74% of women deliver at home (*SSHHS, 2010*).

Comparatively ANC attendance was high with nearly 70% of the pregnant mothers reporting having been in attendance. This was a significant achievement compared to 13% average Ante Natal Care (ANC) attendance in South Sudan and 25% reported for Jonglei State (SSHHS, 2010). Most (77%) of the respondents visited other PHCUs or PHCCs in the area for ANC while only 23% visited Panyagor PHCC. This was attributed to the fact that Panyagor is not centrally located and in most cases is used as a referral facility where only difficult cases are handled. Those who did not attend cited seeing no need (55%), distance (27%) and lack of knowledge of where to go (18%)The majority of those who visited ANC clinic did so in the first trimester (60%), second trimester (10%) and third trimester (5%), the rest 25% did not know the point at which point they (spouse) visited the ANC clinic. Positively, majority (58%) of those who attended ANC clinic did so three or more times as recommended.

For an effective EmONC outcome, there should be no delays in decision making, reaching a facility or receiving care. To clearly understand the dynamics on the non-attendance the 'three delays' model (see below) was used to identify the points at which delays can occur in the management of obstetric complications, and to design programmes to address these delays.

Figure 3 Factors affecting utilization and outcome

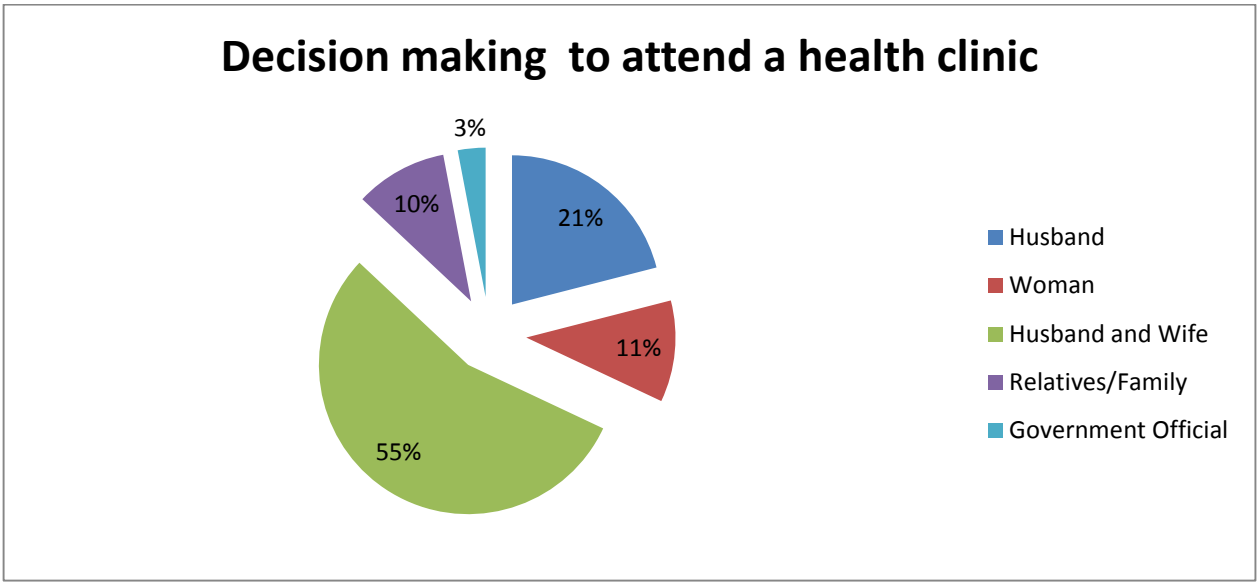


Source; UNFPA

As mentioned above, the socio cultural factors had an impact on the success of the EmONC programme primarily on the influence of decision as to whether to attend ANC during pregnancy or use the assistance of skilled service providers during delivery. The preference to the TBA (74%) is indicative of a change yet to be considered. The decision as to where the child is delivered is not fully under the control of the woman (fig4). Most decisions were made jointly (55%) but even then the husband has a bigger say on the choices made. According to a key informant,

"A man once disowned her wife for going against his wish and delivering in a facility when he had decided that she should deliver at home…it is that sensitive" Some women disappear after ANC for fearing to defy husbands,…they are that strict.

Figure 4 Decision to attend health clinic



During the evaluation it emerged that little was achieved or put in place to realize full benefits of an EmONC program. For example, Fourteen (14) health workers (4 Medical Assistants /Clinical Officers, three Nurses, two Midwife, and five MCH workers) were trained on EmONC at Bor State Hospital in October 2013 and reported back to work in November, 2013.. Ideally, this component should have been implemented at the beginning of the program in 2011 to realize the full benefits, however this was not feasible as indicated in section 2 (challenges). It took a whole year to ensure staff was on board. Understandably this is a reflection of challenges experienced in the implementation of the program namely; delays in recruitment, procurement and program kick off. In addition other health programs complemented the EmONC activities conducted earlier in the program such as; 27 community based birth attendants, men engagement sessions and outreach services benefiting over 6,000 people.

By the time of the evaluation, one set of EmONC equipment had been delivered to the program and more equipment were still in the procurement process. Other infrastructure such as incinerators, placenta pit, bathing shelter and latrine were complete. Other community based activities that were implemented under the general health program were ongoing and according to the health workers and County Health Director (CHD) these too were successful.

The implementation of the program generally improved accessibility, affordability and utilization of Maternal and Child Health care services in the area; Previously, EmONC services were only available at Bor State Hospital. Immediately after the CARE organized EmONC training in October 2013, there was an increase in utilization of services especially deliveries as expressed below by health workers during a focus group discussion.

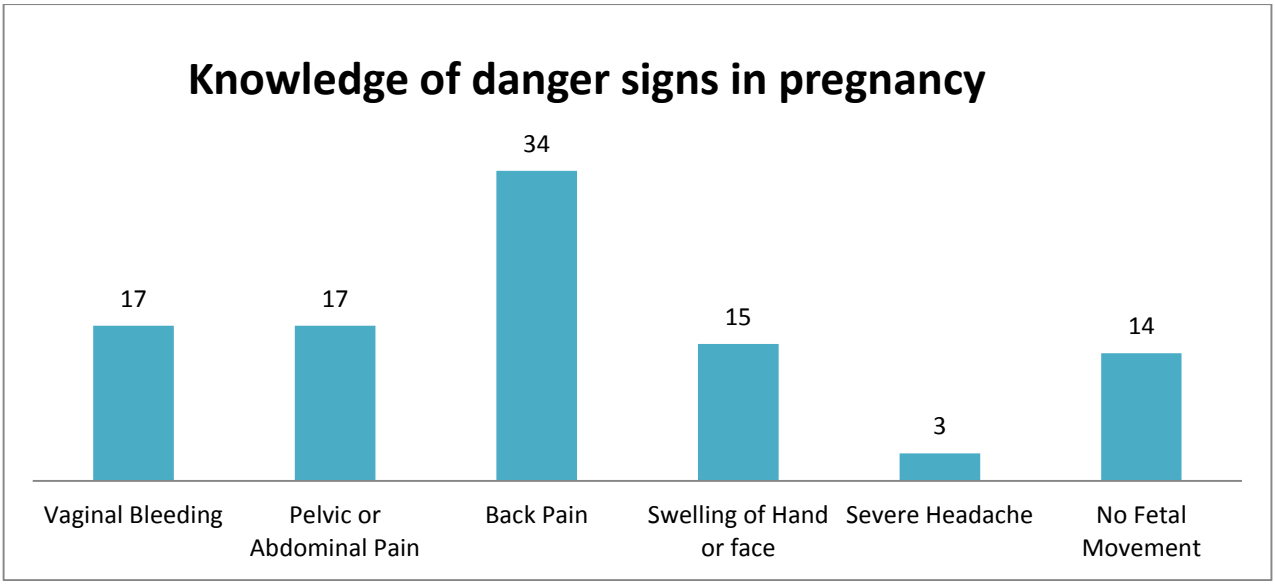
"Before the EmoNC training, we used to have an average of 10 deliveries per month, word went round that the staffs have been trained in Bor state hospital…. last month [November] we conducted 38 Deliveries at the PHCC"

6% of pregnant mother expected with complications referred on time for follow up at basic EmONC facility deliveries

Knowledge on the danger signs during pregnancy was found to be fairly good. 40% of the respondents reported having experienced complications during the last pregnancy in the household. The main complications mentioned included, bleeding (30%), delayed labour (37%), and abnormal presentation (33%). 19 (63%) of these cases were referred to either Panyagor PHCC (9) or Bor Hospital (10).

The referrals depended on the severity of the case and facilities/resources available at the health unit. The referral led to safe outcomes (safe delivery, delivery by C-section) and only 4 (13%) reportedly lost the baby. This could be attributed to either delay in the referral from the community or lack of transport to refer the patient to the next level as was elaborated by some key informants. Maternal and infant deaths is high in South Sudan in general at 2054 per 100,000 Live births, there are no specific figures for Jonglei State. During the interviews, 27% of the respondents indicated having either lost a child during pregnancy or knew of someone who lost a child. Whereas most respondents believed that the deaths were mainly due to witchcraft, some were attributed to lack of transport for quick referral or medical personnel to attend to the cases at the local facilities.

Figure 5 Knowledge of danger signs during pregnancy



Key informant interviews with the CHD, and FGDs with health workers at the health facility pointed weaknesses in the existing referral system. At the county level, there was no designated ambulance and there was no logistical support for taking patients from the lower level facilities to the county hospital, even then, these were not included in the project budget. Furthermore, the PHCUs at the Payam level lacked the necessary equipment and staffing further aggravating the situation, given that

they were not targeted for support under this project, but instead supported by CARE's World Bank funded health project. A proper referral system is paramount for an effective EmONC program.

- # of women reached with safe motherhoods messages in the community
  Safe motherhood messages were shared by health promoters at the village level to mothers during community meetings and door to door campaigns. These messages shared touched on ANC attendance, safe deliveries in health facilities, hygiene, baby care and other preventive and promotive health messages. During evaluation, the impact of the engagement was evident as the respondents were able to articulate danger signs in pregnancy, benefits of ANC as well as good knowledge on hygiene issues.

Outcome 3: Strengthened livelihood opportunities for women, men and youth

Under the agricultural support in Twic East, beneficiaries indicated that they were provided with barbed wire for fencing the farms and steel posts. Additionally, they were trained on how to sow seeds, raise nursery beds, space seeds, apply manure, mulch, planning and organizing farm, draining of water in farms as well as training on VSLA. They were also given seeds (Sorghum seeds, Okra, tomatoes, Onions, Kales, water melons, egg plants) and provided with hoes and water cans.

Type of assistance	No benefited
Training – agricultural extension	548 farmers (438 females , 110 males)
Farm inputs i.e. sorghum improved seeds, hoes	1,968 farmers (1,751females, 217 males)
Framer Field school training of trainers	25 attended training (4 were females)
Fedanis of sorghum opened in Duk from April to July 2013 to increase food security at household level	11 Fedanis*

**unit of measurement for area in South for area of fedani under cultivation equivalent to 1 acre*

- *Lesson learned and good practices documented*

The project documented good practices and lessons learnt. They were programmatic based and operational based. Among the good practices recorded was the need to work with local authorities to ensure local capacity is built and secure sustainability of future programmes. Further, the uses of community structures were seen to provide more access in the event of limited access. However as mentioned in section 3.2.1 this process was undermined by the lack of a comprehensive M&E plan at the onset of the project which was limited to output monitoring. Further a review of the risk matrix would have enhanced the process.

The evaluation team could not establish the % of farmers satisfied with farming system, % of Women and youth participating in farming and number of beneficiaries reporting reduced hunger gap. This was due to the fact that the agricultural component was implemented in Duk and Uror counties and the

evaluation only covered Twic East which had vegetable gardens that were already affected by floods by the time of the evaluation.

Outcome 4: Peaceful mechanisms of conflict resolution among project target communities

- *≠ of conflicts reported and successfully solved in the community*

Several types of conflicts were reported. They mainly related to elopement with girls (intra or inter Payams), land disputes, (between sections), family disputes, dancing ground related incidences, community wrestling, resources like (cows, money, property mostly at family level), water points (boreholes), grazing land and pasture between clans, fishing grounds, hunger (leading to hostility between communities, cattle camps and dyke related issues; especially when it prevents water from reaching others. Most of these conflicts were reported resolved, amongst the communities, with the exception of protection related incidences. This is largely attributed to the lack of documentation of conflicts reported and proposed solutions at the field level.

CARE worked with the communities and community structures to ensure the mainstreaming of child protection policies in the day to day operations. This was promoted throughout project implementation by ensuring that all key stakeholders like county and state authorities, community structures like water management committees, peace committees and services providers are aware of and are applying the child protection policy in their work. The implementation of CARE's Child Protection policy aimed to deter, minimize and remove opportunities for child abuse to occur in the implementation of the SSERPH project. This has been possible through continuously making contractors, services providers and communities aware of this important matter.

≠ of peace events organized

Two sporting events were reported to have been carried out during the programme implementation. However, other peace initiatives were conducted by the peace committees at the Payam level, these could not be tracked. Three peace events were done to coincide with designated internal celebrations. Namely these were one event in Duk County, one event in Twic East County on 21st Sept 2013 and one event in Twic East on 8th March 2013 International Women's Day. At all these events, the main aim was promotion of peaceful coexistence, dissemination of peace building and conflict mitigation messages, demonstration by peace committees

of how conflict affects development and the dangers of conflict to the community . Also one community dialogue meeting in Nyuak payam has been conducted and report available.

Outcome 5: Enhanced AusAID's policies and practices on South Sudan

- *Lesson learned documented and shared with stakeholder*

The learning objective was designed to inform AUSAID strategy for South Sudan. This was spearheaded by CARE Australia for identification of key lessons to inform and influence AUSAID policy framework. At the onset of the programme, an inception workshop was organised to share key policy areas of focus with key stakeholders like County Commissioners and relevant line department heads. Follow up visits were made to enhance learning and application of key policy guidelines. This was enhanced further towards the end of the programme where a mid-review was facilitated by AUSAID and external evaluator and other partners involved in programming delivery. This was followed by a learning event in the same period i.e April 2013.Key lessons learned captured during the learning event were disseminated and integrated into the implementation process. CARE SS also conducted an annual review with stakeholders at field level to capture experiences and lessons. This was done on 21 to 22nd March 2013, with key community based structures to review CARE's implementation of the project, share lessons learned and map out continuity/sustainability of key project activities even after project closure. . The second learning event was scheduled for Dec 18th 2013 and was disrupted by insecurity. While learning was comprehensive at the programme side, the evaluation could not determine the extent to which AUSAID policy has been influenced.

- *To assess the intended and unintended impact of the project on the targeted beneficiaries*

Under the livelihood component the project aimed at targeting women in participating in VSLA activities. However, men on realizing the benefits accrued from being VSLA members have joined the groups; this has in turn led to cohesion in families. Additionally, the financial empowerment of women has resulted in some shifts in gender roles; women are now actively contributing to provision of food, clothing and school fees, roles traditionally set to be men's.

- *To assess the impact of the project on gender relations as a cross cutting issue*

In line with the normative frameworks, the project proposal provided for a gender and conflict analysis to be undertaken at the onset of the programme. However this was not achieved throughout the project lifecycle. Consequently, the mainstreaming approaches were general in that they were not based on any analysis. The most common method used was the numbers threshold of 30%t in the committees. However, under the livelihood component, the project aimed at targeting women; out of the 1488 members 87% were women and in the water committees 60% were also women.

As such, it was not possible to analyze and understand the effect of the project on the roles of women particularly on the balance in roles. Even then, one of the FGD findings indicated that the engagement of women in committees enabled them access water throughout the year. In the absence of a gender analysis, most of the programme activities implemented was noted to promote equality particularly in participation with limited opportunities for addressing strategic gender needs that would enhance gender specific economic empowerment initiatives. This presents a problem analysis dilemma and

challenges in drawing a strategy on how to close existing gender gaps with a view to enhancing gender empowerment.

The evaluation therefore could not assess the impact of the project on gender relations at this stage; gender analysis was not conducted at the onset of the project and thus any attempt to measure the impact would only reflect the current practices rather than the changes over the project period.

2.2.2 Gender Mainstreaming

The program design had a strong gender focus. Several normative frameworks were noted to have guided the process of mainstreaming within the programmes. This included the CARE ÖSTERREICH Conceptual Approach to Gender Equality & Women's Empowerment, CARE International (CI) Policy on gender mainstreaming, and a good practice for gender mainstreaming. The CI policy on mainstreaming emphasis is four main areas, i) That key organizational policies, planning and programmes mainstream gender including a gender analysis, collect and analyze gender disaggregated data, as well as mainstream the same through the implementation process, ii) that Human Resources policies and practices will adequately address gender equality. iii) Members are accountable and report on progress achieved ii) members enhance capacity for gender considerations in programming. The CARE ÖSTERREICH guide provides guidance on gender mainstreaming consideration within the programme lifecycle. The good practices offer practical examples that the project could learn from and modify to fit to context. A strengthened gender mainstreaming process is seen to contribute to social sustainability through more equitable development.

At the Country Office (CO) level, CARE has continued to promote gender equity and women's empowerment in all the interventions being implemented. With specific reference to the SSHERP project, women have been encouraged to take positions in decision making within the committees ensuring between 30 – 60% representation. Relevant training has been provided to ensure adequate capacity for the effectiveness in roles execution. Women were particularly encouraged to take part in discussions that would involve decision making that would ensure access to resources. This was prevalent in MCH related interventions. The project M&E system continued to collect gender disaggregated data and ensure consideration during analysis. Despite the difficulty in context, CARE's human resource unit put in deliberate effort to ensure a balance in staffing comprising 30% female.
Overall, the programme realised high participation of women in the programme. For example, under the livelihood component the project aimed at targeting women in participating in VSLA activities; out of the 1488 members 87% are women. Women are specifically encouraged to take the positions of VSLA committee. Out of the 5 committee members at least 3-4 are women

While the social cultural practices are identified as a potential risk to implementation, it remains unclear if this has impacted on gender. Presumably so, given the patriarchal nature of the society, it remains unclear what efforts should have been put in place by the project to ensure behavior change and acceptance of women in leadership roles. There has been an effort in skills enhancement for effective implementation. Other good practices implemented on this project included men engagement sessions that sought the support of men in encouraging women to participate in health

and other components of the project, awareness creation and sensitization especially during the start and course of the project was helpful too, emphasis was put on the fact that women can also make it as leaders and they were supported through training, guidance and given the opportunity in the management committees.

In line with the Country Office (CO) policy, each country office must enhance organisational capacity to ensure mainstreaming. The evaluation found no evidence of such capacity, in the CO and even regionally attached to the project. In the absence of technical capacity at the CO level, then a gender analysis remains a technical process that would need technical assistance in implementation. There is need to build capacity for gender mainstreaming in house.

Operationally, gender approaches were not pursued sufficiently and systematically enough during the project implementation period. This is attributable to capacity gaps, within the programme. As a result, gender approaches are not integrated in the planning and implementation of the project. Even then, the log frame is gender blind, on impact of the project on gender but more alert on inclusion and participation.

In the absence of regular technical capacity, a toolkit is necessary in informing the process of mainstreaming. None of the document available elaborates on the process to be adopted in reducing gender gaps. The document is more audible on what to do other than on how to achieve and measure progress towards the immediate outcomes in gender mainstreaming.

2.2.3 Findings based on evaluation criteria

2.2 Relevance and appropriateness

This section analyses the extent to which the objectives, implementation strategies, activities and methodologies were adapted to the needs of the beneficiaries and addressed the intended donor objective.

3.2.1 Relevance and appropriateness to the beneficiaries' priority needs.

Jonglei, which is the project target area, is significant for its dense population, scarce resources and sustained resource based conflict. For a long time, peace in the project target area has remained elusive. Historically, the main tribes all participated in cyclical cattle raiding and child abduction. This has continued into the 20th century, where inter-ethnic and inter-clan conflicts remains deeply rooted in competition for grazing land and water for livestock as resources are shrinking as attributed to changes in climate.[3]Jonglei is also one of the most underdeveloped states in South Sudan[4].

Pre- project assessments indicated the lack of access to basic services including water and health services. These factors combined with poor shelter conditions and poor sanitation practices;

[3] SSHERP baseline report

[4] International Crisis Group, "Jonglei's Tribal Conflicts: Countering Insecurity in Southern Sudan." 23 December 2009, Africa Report No. 154.

contributed to overall poor health, sanitation and hygiene. Additionally, the region is food insecure, characterised by an extreme poverty situation with limited opportunities for income generation. High malnutrition levels were also noted.

With independence prospects, CARE through funding from AUSAID initiated a project with a dual objective to support early recovery at community level as well as promote peace. This approach ensured that chronic, short and medium term issues were addressed concurrently. The sustained conflict situation was largely resource based. Consequently, the services offered acted as peace dividends by increasing access to services and integrating peace building as a crosscutting theme within the project. Prior to this initiative, peace building efforts were presumed to have been covered within the peace keeping efforts, mostly focussing on the central and state level. The main challenge with this approach was that it did not tackle the underlying causes of conflict particularly in the rural areas. Even then, assistance was largely humanitarian with limited emphasis on development.

The project design took a two pronged approach, providing lifesaving basic services (water, sanitation, hygiene, maternal health) and livelihood support as well as mainstreaming peace within the project, complemented by a capacity building (skills enhancement component.) The project embraced a community based approach in implementation. Evidently, the community was extensively involved in all operations including but not limited to construction works, operations and maintenance and peace negotiations. In each of the sectors, (health, WASH, livelihoods and peace building) the programme worked through existing community structures which were restructured to ensure adequate representation.

The Targeting progress focussed on at least 65% displaced persons with a peace building element integrated to ensure harmony between different tribes. There was no noted discrimination in the selection process of CARE's beneficiaries, participation and involvement in project activities. Vulnerable groups, including people with disability were noted to have been represented in the Water Management Committees, women's health groups and peace committees.

Despite the formation of new peace structures in the community, CARE staff made effort and ensured the peace structures complemented the existing ones and were not run in parallel. For example, in resolving local conflicts, the project worked with already existing community structures to discuss and resolve local conflicts. It was out of this that peace committees were built. New water management committees were formed but with extensive consideration of community practices and consultation.

In line with the low literacy levels that is characteristic of the context, the project had an extensive capacity building component (skills based) that ensured capacity was built for sustainable engagement in the programme and even in the future. This took the form of training of the water management committees (140 new WMCs for the 28 new boreholes drilled under this project were formed and trained) pump mechanics, hygiene promoters, PHC staff, County agricultural staff, beneficiaries and peace committees to enhance efficiency of the implementation process.
The programme implementation process, experienced challenges which included conflict, more displacements, rains hindering access and a high staff turnover. Other than that, the period of

implementation coincided with the introduction of a new financial system (*Pamodzi*) further delaying the process of procurement and financial accounting (*required all procurement to be done through the system and it took long time for staff to master usage and application of the tool which affected timely procurement of goods and services. This affected activities like supply of medical equipment and supplies, materials for construction of latrines*). Inadequate human resource capacity i.e. contractors and staff also challenged the implementation process. The resultant effect was an overall delay in implementation.

As such the focus was on implementation and monitoring of immediate outputs. The lack of emphasis on the analysis of the outcome indicators made it much more difficult to analyse the context and adjust programme implementation process accordingly. Consequently, evidence of relevance during implementation is largely based on the initial assessment. In this regard, the project deliverables were thus found to be relevant to immediate (emergency) and medium term needs of the beneficiaries. The County Commissioner and Payam administrators interviewed expressed community appreciation of the interventions indicating that SSHERP interventions were relevant to the challenges that they were facing. Further the implementation approaches employed embraced the context, and were thus found to be appropriate.

3.2.2 Project consistency with donor and other relevant policies.

The programme objectives were found to be in line with the AUSAID strategy for South Sudan and the Government of South Sudan development plan.[5]

South Sudan has consistently remained on the Australian political agenda. At the time when the idea of the funding was conceived, independence was on the horizon, making the timing suitable to focus on recovery albeit within a difficult environment. The choice of funding identified an underfunded area in rural development and peace building, with a strong gender lens, which was ideal to the context. The focus was on rural development at community and local government level, spread over five states, four of which were considered by some major donors as only suitable for emergency humanitarian assistance.

2.3 Effectiveness

This section reviews the effectiveness of the performance of the project with respect to the organizational capacity. The general performance of the project was fairly good, with a realization of 75% of the specific objectives indicators (see section 3.2.1)

2.3.1 Humanitarian accountability and quality management

2.3.1.1 Project implementation

This section reviews the extent to which CARE South Sudan deployed sufficient capacity, systems and procedures, sufficient human resources to implement the project.

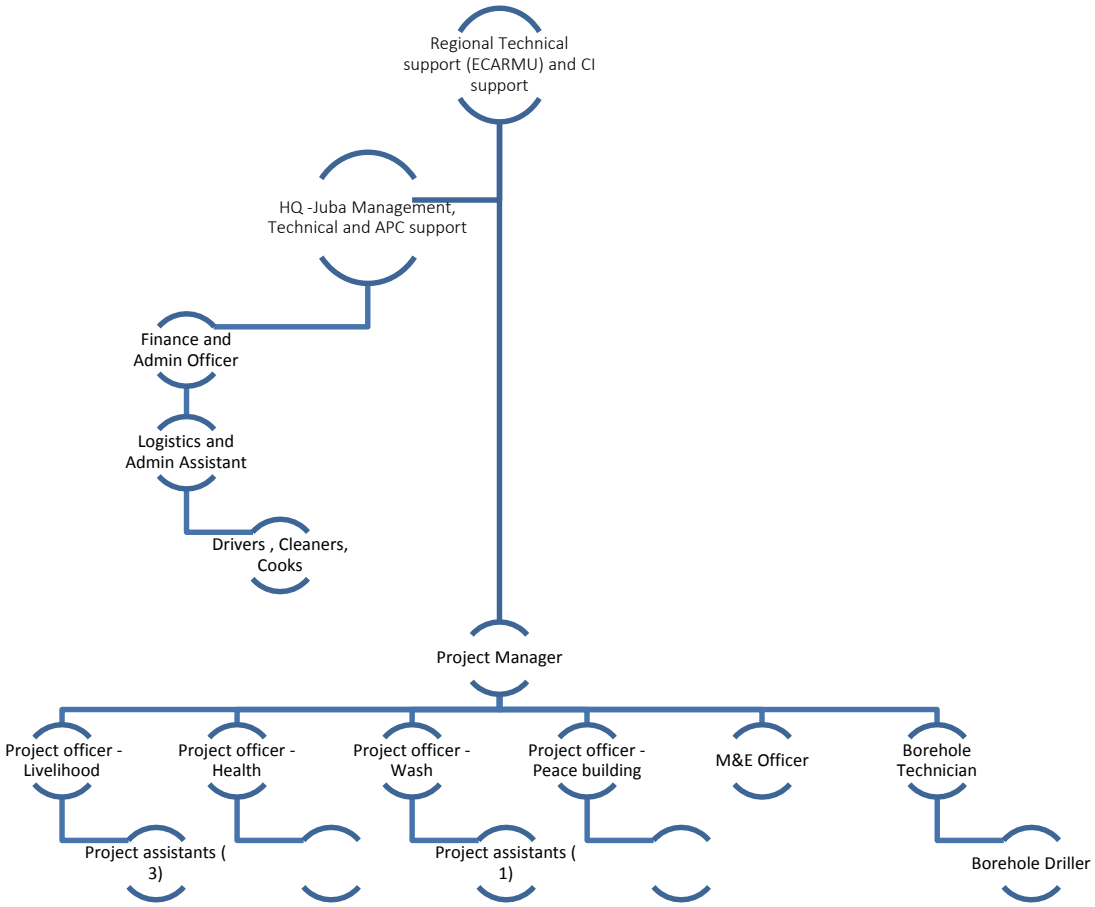
The assessment of the organization and management of the project found a normal project setup, with the standard structures and responsibility flow *(ref figure 6)*. The SSHERP project was coordinated

[5] South Sudan Development Plan and Aid Strategy for the Government of South Sudan

through the main office located in Juba, with one sub office in Panyagor, Twic East and another sub office in Yuai-Uror county in Jonglei State. The office locations were strategic, ensuring beneficiary reach and an immediate point of contact. This was necessary for the smooth implementation of the project given the vast distances and poor infrastructure network that is characteristic of the region.

At the field level, an Area programme Coordinator based in Panyagor having programmes administrative oversight for the area covering the greater Jonglei region. Reporting to the Assistant Country Director – programmes based in Juba. The Project manager who was responsible for the implementation processes and was based in Panyagor. The project manager was supported by five technical programme officers, each one responsible for a thematic programmatic area including livelihood, peace building, WASH, health M&E and Borehole technician; all based in Panyagor. They were responsible for all the three counties of Duk, Twic East and Uror. The Project officers were supported by field assistants, while the Borehole technician was supported by a Borehole Driller at field level who were responsible for the day to day implementation, monitoring and evaluation process and representation at the county level. Summarily a total of 12 staff were assigned to the project on a full time basis, with the support of the Area program Coordinator, Finance and Administration Officer, Logistics and Administration Assistant who all contributed % of their time to the project. The project was also had staff who supported in driving, cleaning and cooking support. Out of the total staff on the program 15% were female.

Figure 6 Organogram



Consistent with CARE's P2P approach, CARE South Sudan developed partnerships with the community that were particularly instrumental in facilitating implementation in areas where limited access was regular attributable to conflict and or rains limiting regular access. However, a direct implementation approach was utilized throughout the project implementation period.

One challenge that the project faced was sketchy staffing at the inception of the project, most of the technical positions were not adequately filled and this delayed implementation of critical activities. Still by the end of year 1, the project suffered a high staff turnover that included the Project Manager, Assistant Project Manager, Drilling Technician and Program Support/Finance Officer. This was culminated by a lengthy hiring process to replace and fill vacant positions on the project. For example, the peace building, health and M&E officers were hired during the second year of implementation, despite these components being the critical to the purpose of the project. This had a great impact on the speed of implementation and general achievement of critical project deliverables. The high staff turnover incidences meant that learning was not as effective in the absence of a platform that would support the same; however, in year, the presence of a new Program Manager yielded some results. Consequently, every departure meant that institutional memory was lost, a relatively costly experience particularly to the programme implementation process against a background of a turbulent implementation environment riddled by conflict, limited resources and poor infrastructure. However

this improved significantly in the second year of implementation when a full staff capacity was on board, allowing for interactions and implementation of programmes continuously.

Within the Country Office, the project received the support of the Emergency coordinator, Peace building Coordinator and Health Coordinator all based in Juba. However, this support was not sufficient and with irregular field visits partly due to the security and accessibility reasons; this hampered learning and sharing of experience between the country office and field staff.

Externally, CARE South Sudan country office received technical support from the Regional Management unit as well as CARE Australia. This was particularly notable in the WASH sector, where the regional advisor as well as the CI Senior Technical advisor (supported by CARE Australia) provided technical advice to ensure quality of implementation, regular monitoring as well as participation and ensuring coordination with other actors was carried out efficiently. CARE was actively engaged in coordination within the WASH cluster centrally as well as locally within the State. The evaluation did not find evidence of support to the peace and conflict sector to the Country Office form the Regional pool of advisory support.

Support from CARE Australia was more regular and noticeable particularly in the risk analysis, initiation of the project and monitoring process towards the end of the implementation period.

2.3.1.2 Project monitoring protocol

As noted in section 3.3.4.3 The SSHERP monitoring processes was noted to have evolved over time. At project inception, the M&E Plan was built on the logframe outputs to track project activities. The data received was then included in a monthly reporting format to show progress. This was regularly updated by a project officer who worked closely with the project sectors.

CARE continued to improve its M&E system by periodically reviewing relevant tools for data collection and reporting. All the key project indicators have been clearly defined in an improved project M&E frame ensure timely tracking of key performance indicators.

The main risks were noted to be constant challenge to the project implementation process included; limited access due to ongoing conflict, introduction of Pamodzi (delaying procurement), poor road conditions during rainy seasons as well as limited implementation capacity due to high staff turnover. Even though this was mentioned in the risk matrix, they were not reviewed alongside the project implementation process. Partly due to the stagnation experienced in the first year owing to challenges mentioned in Section 2.

During the first year, this continued to be mentioned as challenges with remedial strategies proposed to include working with state and county authorities on monitoring conflict and security situation in potential areas of threat, Using opportunity of the dry season to implement remaining project activities with minimal interference among others. This challenges form part of the context and are real risks. Consequently, solutions need to be integrated and institutionalised within the planning

processes and implementation. As it is anticipated that most of the time project staff would not have access a remote implementation protocol need to be formally adopted to ensure smooth implementation.

One other risk is that of the social cultural practices limiting project impact. Indeed behaviour change takes a long time to effect. This was more emphasised in the health sector as it impacted access to health behaviour among the pregnant and lactating mothers. However with the necessary information provided and reasons clearer, it tends to take much shorter time. Consequently, the project may need to invest in capacity building for behaviour change to complement the skills enhancement initiated that the project initiated.

2.4 Efficiency

This section looks at the project achievements in terms of the numbers reached and efficiency in the processes as utilized in implementation. It also critically reviews if other implementation options would have been more effective.

2.4.1 Achievements in line with results

Despite delays in starting the implementation, the SSHERP project achieved and even in some cases over achieved the set goals. In general, the progress on the expected outcomes has been provided for each indicator in the different sections. It is important to note that the outputs could not be measured since the baseline indicators were missing. This section of the report specifically discusses some of the under-achievements and over-achievements. Where necessary, comments on the achieved indicators have been provided.

2.4.1.1 Project overachievements

The WASH sector recorded highest achievements particularly in the engagement of women in decision making and control of assets. Communication for behaviour change was noted to be effective particularly in the EmONC where women were able to articulate danger signs during pregnancy and act on the same. Specifically, the project realised the following over achievements.

Output 1.1 Access and sharing of clean water for 400 rural HH is maintained and new water facilities are developed for additional 700 HH

- *No of boreholes maintained and new ones developed functional in the community.*

The project aimed to drill and equip 28 boreholes, as well as rehabilitate 20. All of the 28 boreholes were drilled and 33 boreholes rehabilitated and maintained thereby realising 127% of the intended plan. This was attributed to availability of a drilling rig and participation by the different county commissioners in making a joint decision on how to distribute the resources.

- % of women participating in decision making in the management of water boreholes

60% of the WMC comprised women; the preference was community driven as they were the primary water collectors and thus deemed fit to manage the scarce resources. Out of the water points visited, 99% of this WMC were found to be active indicating an above average level of efficiency in operations.

• # of rural families with access to potable water with a round trip walking distance of 15 min

Albeit not informed by an EIA, the portable water facilities were noted to be in close proximity for 64% of the Households that were interviewed during the evaluation process.

Output 1.2 Project target communities are aware of sanitation needs and seek support to address sanitation issues and hygiene promotion

- *%age of women participating in decision making at HH level when seeking for pit latrine location.*
- *%age of households practicing safe disposal of solid waste*

74% of women were consulted during the latrine construction phase and they participated in decision making on location. This ensured ownership, acceptance and improved practices in regard to solid waste disposal (76% of the HH).

Output 2.2 Building capacity of the SMOH in Basic and Comprehensive EmONC skills.

Fourteen (14) State Ministry Of Health staffs were trained for one and a half months on basic EmONC leading to enhanced capacity in managing EmONC at the facility level. Prior to the EmONC training, there had been hands on in house trainings conducted for health workers, thus there was no gap in ensuring quality in delivery of services. The EmONC training therefore was a long term investment in the health workers geared towards ensuring sustainability beyond the program life. It is worth reiterating that the delays in programming highlighted previously also affected the timing for the EmONC training; it was not intended to have been conducted towards the end of the program.

Subsequently, the increased capacity led to 92% of the women being aware of danger signs during pregnancy and aware of the referral mechanisms which were utilised thus reducing maternal related deaths. Prior to this, the project conducted in house trainings conducted for health workers to enable them effectively meet the job demands. It would be noted that the project experienced delays in implementation that resulted into delay in carrying out the training on EmONC.

Output 3.2: 1000 rural women, men and youth engage in IGA through VSLA and have an increased asset base.

- No of IGA groups formed and functional, amount of money saved and disbursed

63 groups were formed and functional at the end of the project. This was 126% against the project target, a positive sign reflection of the demand of this component of the project. Out of those interviewed, 84% were actively engaged in VSAL groups, (42% in the first round and a further 42% in the second round of saving and taking loans). Among those interviewed and were members of the VSLA, 57% reported to have taken loans ranging from ($30 – $1150). The main aim of taking loans is to invest in an Income Generating Activity (86%). The actual use of loans varied as follows, 64% invested in business establishment or expansion, food acquisition (21%) household use (7%) and debt reduction (7%). A total 1488 IGAs had been established through the VSLA funds; overall a total of 325, 156 $ had been saved, 57% of which had disbursed in the form of loans.

2.4.1.2 Project under-achievements

Underachievements were recorded mostly in the Maternal and Neonatal Health Care (Outcome 2) section. The following under-achievements are explained below:

Output 1.2 Project target communities are aware of sanitation needs and seek support to address sanitation issues and hygiene promotion

The cost recovery policy on water resources management was developed in Twic East County. This comprised a discussion platform between water management committees, water users and the pump attendants. The discussion revolved around how to efficiently use of the water resource, collection of user fees, sourcing of parts and compensation for the technicians. However, some challenges were faced when it came to user fee collection; other NGOs supporting WASH programs in the county had not introduced user fees as a sustainability mechanism. This made some community members to prefer using the boreholes that didn't require payment of user fees. Additionally, some community members who were seen as vulnerable or poor were exempted from paying user fees; this made other community members feel jealous and refuse to pay.

Output 2.1 Maternal and neonatal access PHC facility for basic *EmONC services*

Findings of the household survey indicated that only 22% accessed the PHC during delivery. This according to discussions with health workers was attributed to complacency; where there is a notably high preference for traditional birth attendants.

Output 2.2 Build the capacity of the SMOH in Basic and comprehensive EmONC skills

Training was conducted at different stages of the project implementation; for instance, 27 community based birth attendants were trained much earlier and was critical for creating awareness and later on health workers were trained on basic EmONC. Several equipment and medical supplies were also procured to support the capacity of the health facilities in provision of EmONC services; however, these were plagued by delays in procurement as earlier highlighted. The referral system was suffered one major challenge; ambulance. There was no provision in the project budget for the purchase and equipment of an ambulance yet it is well known to be crucial in the success of an EmONC program.

Output 4.1 Women, men and youth participate in dialogue and conflict resolution at the grass root levels particularly on peace initiatives addressing local conflicts in their communities.

Two sporting events were carried out during the programme implementation. Other peace initiatives were conducted by the peace committees at the Payam level, on a quarterly basis.

Output 5.1 Increased funding level for peace activities

The evaluation team could not establish if there was an increase in funding as a result of the peace initiatives. On a positive note, FGD with the peace committees and the Payam administrators showed that actors conducting peace activities in the community were working in synergy and thus resulted in better outcomes. This was mainly due to the many organizations running peace activities and thus the

peace dividends cannot be attributed to the SSHERP project. From a project perspective there was no effort made to seek more funding but will be in subsequent projects based on learning from the SSHERP project.

Output 5.2 Increased submission and inputs into AusAID policy and frameworks for South Sudan

Learning took place mostly internally; this was shared with CARE Australia, and AUSAID staff through reports. Most notably the April 2013 learning report highlighted critical learning points specifically directed to donors and policy makers in Australia. However the evaluation did not find evidence of an immediate influence on the policy. It is anticipated that this would occur immediately but in the future. Locally, CARE Staff participated in different forums at the county, state and national level contributing to policies. However, this cannot be solely attributed to the SSHERP project. .

2.4.2 Cost efficiency - Technical design and quality of works

Competitive bidding and procurement process for technical services was done to the required standards; following all CARE laid down procedures. WASH projects were supervised by a technical manager based in Juba and assisted by WASH officer based in Panyagor. This ensured the pit latrines and boreholes were constructed to the desired standards. The quality of the installations at the health facility (incinerator, placenta pit and pit latrine) was also of good standards.

2.4.3 Efficiency in implementation approach

This section analyses the efficiency of the processes employed in implementation. It provides a critical analysis of the processes utilised in implementation with a view to examine if this was the most efficient approach utilised or if there were alternatives that would have been more efficient. The evaluation identified four main approaches that were employed in the implementation processes this include i) building on existing structures ii) capacity building iii) local partnerships. This three approaches form the basis of discussion in this sector.

2.4.3.1 Building on existing structures

The program was implemented directly with a significant amount of work realised through community participation. This early recovery approach ensured that the most of the short term and medium term needs were met. Given this considerations, the project worked with already existing structures in the implementation processes. For example, in areas where committees were needed to facilitate implementation, like the example of peace communities the project first considered the existing structures. The peace committee members were drawn from existing governance structures. The programmes worked with them to ensure an all-inclusive committee accepted the community.

Where new structures were introduced, for example in the case of pump attendants for the purposes of operations and maintenance, the project ensured that they were integrated within the community.

The upside was that this strengthened existing structures and reduced the turnaround time during which impact would be realised. Ultimately, what would have otherwise required a lengthy mobilisation process was realised in a short period of time. One of the challenges with this approach was that the existing structures particularly the Physical Infrastructure department at the local county, still requires considerable capacity building to function effectively.

2.4.3.2 Capacity Building

The project had a robust capacity building programme which targeted beneficiary skills enhancement in the implementation of programmes. Within the health programme, capacity building targeted 200 health promoters to facilitate information dissemination for behaviour change. The water management committees also received training on operation and maintenance practices. Other beneficiaries of this capacity building initiative were the farmers and peace committees with the primary objective increasing efficiency in the implementation process. This seemed to have been beneficial to the programme areas which in most instances were inaccessible due to conflict and or during the rainy season. The trained community resource persons ensured seamless programme delivery during the periods when CARE staff could not access the community.

One of the risks identified at the design stage focused on social cultural hindrances to project achievement. Ultimately in realising a more efficient implementation process, the programme would consider some topics on training to meet the programme strategic needs. For example including women in a committee within a predominantly patriarchal society will serve to ensure representation in terms of numbers but no guarantee of changes in strategic needs such as access and control to services or even contribution in decision making.

2.4.3.3 Partnerships with community

The project initially intended to support local partnerships; however, this was not feasible during the implementation period as the assessment did not find established groups with capacity to maintain quality and adhere to accounting procedures. This would have meant a higher risk for the programme given the delay in implementation and the short implementation period. Consequently, the programme management chose to implement directly. In future, it would be useful for the programme to invest in strategic partnerships as this would help build local community structures.

2.5 Project coverage

Using both qualitatively and quantitatively methods, it was examined whether or not the project reached the several vulnerable groups which were targeted. The project primarily targeted the displaced community in conflict affected areas of Twic East, Duk and Uror. Targeted geographical areas were identified through a conflict mapping initiative targeting areas that are prone to conflict.
Overall, the project reached 91% (114,934 out of 125,000) of its target. Targeting was found to be efficient in that vulnerability and representation of marginalised groups including women and disabled was ensured. The ensuring of an all-inclusive committee facilitated this reach.

2.6 Sustainability of SSHERP

The project took an early recovery approach which ensured beneficiary participation in project implementation. This sets the stage for transitioning from recovery to development as it strengthened the community based processes and structures by enhancing partnership approaches with the community structures.

The project put in place structures to ensure sustainability beyond the project life. The inclusion of, awareness and training in the project was part of the in-built mechanisms of promoting project

sustainability. All the trainings in water point maintenance and operation, hygienic practices and trainings on peace, will remain with the community long after the project has ended. Establishment and engagement of VSLA initiatives will continue to ensure a vibrant economy.

Although there were efforts to implement a cost recovery policy, this was still facing challenges in terms of collection of funds. This is because the approaches offered by NGOS vary, and beneficiaries yet to buy in the idea. In future a coordination of such an approach need be discussed to ensure more coordination in approaches thereby realising results.

2.7 Coordination and partnerships

2.7.1 Coordination

It was found that there were coordination mechanisms in all the CARE project areas. In Jonglei CARE participated in state and county level coordination structures. This has enabled CARE to understand what other NGOs and humanitarian organizations are doing in Jonglei State and ensure coordinated and complementary efforts in implementation. These meetings have served the function of sharing gaps and key areas to respond as well as the evolution of the crisis.

Notably, the WASH and Health program team members were active in coordination, representing CARE in all related forums in Jonglei State capital, Bor and at the National level in Juba. The WASH sector was also engaged in monthly coordination at the State WASH forum held monthly, Humanitarian Coordination Forum (HCF), Inter-Agency (IA) meetings where council of ministers participate and at the County NGO coordination meetings held monthly. In all these forums, CARE demonstrated AusAID's contribution and the recognition of the project's initiatives led to endorsement by key stakeholders both at national, state and county level.

2.7.2 Partnership with AUSAID

Assess the partnership between CARE and CARE Australia/AUSAID as well as CARE and the local authorities at state, county and payam levels, focusing on achievements, strengths and challenges

CARE's partnership with AUSAID emanates from the roots of CARE in Australia identified as an Australian Non- Governmental Organization (ANGO). The project was a result of a one one-off funding window for accredited Australian NGOs with the dual objective of initiating early recovery at community level, and informing AusAID's strategy for South Sudan and post conflict situations elsewhere. Australian policy issues have been shared through workshops and trainings like the October 2011 SSERHP inception workshop that was hosted in Panyagor.

2.7.3 Partnership with local authorities

This was particularly very active at the county level. The challenge was however the turnover at the commissioners level. During the duration of the project at least three commissioners had left the area. One limitation was particularly on the capacity of the line ministries. CARE did not make provision for the same in this programme, however may be a consideration for future initiatives.

2.8 What worked well (lessons learnt)

There are a number of approaches that worked well in the project. Most of them have been discussed in the different sections of the report. Below is a highlight of key selected ones.

3.8.1 Conflict is deeply entrenched within the programme area and an overarching consideration in devising a risk management strategy. This is not limited to liaison with local authorities but includes an analysis of the trigger indicators, early warning and having effective mitigation strategies based on the underlying caused.

3.8.2 A ccomprehensive project launch is very important at the start of any project as this creates room for buy-in and understanding of a new project by all stake holders. By so doing the entry to the community becomes easy and there is acceptance and ownership of all contents in a project. Project launch also gives the opportunity to amend some areas that fit well with the stakeholders. Continued communication and engagement strategy is equally important as it informs the implementation process.

3.8.3 In post conflict environments, protection becomes a key concern and like peace needs be mainstreamed as a cross cutting theme.

2.9 Challenges faced by SSHERP

A number of challenges were realized in SSHERP as explained below:

Delay in programme implementation: this is the biggest challenge that the project faced, this was necessitated by on and off ethnic conflict, violence and floods that rendered field operational areas inaccessible due to the poor infrastructure.

Poor Regional and Local Government Capacity: This is characteristic of the area given the history of conflict prioritatisation of emergency assistance and consequently limited funding at the regional and local government level to enhance capacity that is necessary to maintain acceptable levels of implementation quality. This undermines development.

High staff turnover: The programme experienced delays in hiring as well as a high staff turnover. This undermined the process of implementation. For example the peace building officer came on board over a year into the project.

Delays in Procurement: This was one main challenge expressed by the field staff and also noted during the evaluation. By the end of the project, some medical supplies were only in the process of being procured and the construction of the water pans for livestock use had not started.

3 CONCLUSION AND RECCOMENDATIONS

3.1 Conclusion

The project activities were generally implemented as planned and most of its verifiable targets were achieved, impacting positively on the lives of the IDPs and the host community. The relevance, efficiency, effectiveness and sustainability all have room for improvements and hence the recommendations provided below. The recommendations have been categorized into two: 1) those that relate to SSHERP programming improvement due the observed gaps and 2) those that are suggested new ideas or good practices recommended for future SSHERPs.

3.2 Recommendations based of gaps observed

i. A gender analysis is a necessary and compulsory exercise if gender mainstreaming is to be effective. For any project this needs be carried out at the onset to inform the project strategy in meeting the strategic needs identified by the different genders.

ii. Develop a comprehensive monitoring plan with focus on progress, review of process and impact of the project in line with the project log frame. This should include a learning platform through which learnings will be incorporated into the programme. An evaluation plan needs to be developed that takes into consideration midterm reviews for projects over one year long.

iii. Access is limited in most project areas. Consequently, the Country Office technical staff had little input and did not visit the project sites. An integrated remote implementation and monitoring protocol needs be developed. This will also mean a review of the risk matrix to ensure it is up to date.

iv. Beneficiary communication strategy needs to go beyond the inception stage. Consequently, the strategy needs to take into consideration the programme lifecycle with clear clarification on who to communicate to and at what time during the project implementation cycle. A balance between the beneficiaries, opinion leaders and local authorities need be struck taking into consideration the needs of the programme. The communication strategy needs to take into consideration the fact that access challenges comprise part of the project. In line with CARE's commitment to HAP, develop a feedback mechanism taking into consideration the context and effective communication strategy.

v. Within the commitment to the HAP, taking into consideration the need to effectively inform the beneficiaries of the project details, project Visibility needs to be enhanced ensuring a balance between the donor requirements and the information relevant to the beneficiaries. It was difficult to tell which program or organization supported which institutional Latrine. However, the borehole platforms were well marked with a metal writing of funding from AUSAID and date of completion

vi. Appropriate designs for Latrines: It was observed that some household latrines easily collapsed during the rainy season, this being the case, the technical WASH team should have developed better techniques to ensure that this is ideal to context.

vii. Coordination with other NGOs: There was coordination at the county level but this did not result into tangible results; although this was not adequately verified there were risks of duplication of services that CARE needs to monitor and address when it came to Peace committees, VSLAs and WASH related activities.

viii. Succession Planning: Due to the high staff over witnessed, some information could have been lost, to avoid this, there should be succession planning to avoid such loss

ix. For any water infrastructure such as the boreholes an EIA is necessary. The programme should adapt this as a standard operational strategy for future programmes.

x. Complement the programme skills enhancement programme with training on behaviour change particularly with focus on gender to ensure strategic needs such as active participation in decision making are effective and go beyond numbers in bridging the existing gender gaps.

xi. Enhance the community committees' capacity to implement by bridging gaps in organisational and capacity practices. This may include but not limited to role division, documentation among other needs as identified during capacity assessment.

xii. For a sustainable water management system, it is important to enhance the commercial component for sustainability purposes. Those repairing the boreholes need see the financial benefit to keep them going. As such a market analysis remains inevitable and a supply chain established, and an effective cost recovery method launched on the same. The timing also needs be precise in that beneficiaries should be able to afford the same.

3.3 Good practices that could be built on for future considerations

xiii. The project context is fluid, characterised with complexities i.e. sustained conflict, limited access due to poor roads, and high staff turnover. The project addressed this challenges on a need arise basis. A comprehensive risk analysis and mitigation strategy needs be drawn and institutionalised for this and future programmes

xiv. Consider building capacity of local authorities for enhanced capacity during implementation as well as for programme sustainability purposes.

Appendix 1: ToR

SOUTH SUDAN EARLY RECOVERY AND HUMANITARIAN PROJECT (SSERHP)
TERMS OF REFERENCE
FOR
END OF PROJECT EVALUATION CONSULTANCY

POSITION: Consultant – Conducting End of project Evaluation
CONTRACT: Short term
LOCATION: Jonglei South Sudan
SUPERVISOR: Assistant Country Director
DURATION: 15 days
START DATE: 20th November 2013

Introduction and Programme Overview

CARE South Sudan is a subsidiary of CARE International, a leading humanitarian and development agency fighting global poverty around the world. CARE's operations in South Sudan dates back to the early 1980s, focusing on emergency and disaster relief to the conflict affected populations in the South. Currently, CARE's interventions covers three States of South Sudan; Unity, Jonglei and Upper Nile States, addressing both humanitarian and recovery/development needs. In development/recovery programming, CARE South Sudan focuses on two broad areas namely governance and sustainable integrate livelihoods (food security, health and WASH) targeting women and youth.

CARE's project interventions include a substantial investment in life saving basic services (water, sanitation, hygiene, maternal health) and livelihood support, majorly focusing on recovery and creating an environment conducive to longer-term development. CARE's underlying strategy is to build sustainable, community-level responses to several of the underlying factors that drive conflict, violence, vulnerability and humanitarian need. These include competition for scarce water resources, food insecurity, the marginalization of women in decision-making and youth under- employment.

To address some of these drivers of conflict, CARE South Sudan is implementing the South Sudan Early Recovery and Humanitarian Project (SSERHP). The project is funded by AusAID for a period of two years and four months, and is now due to end by 30th November 2013. The purpose of the SSERH project is to promote peaceful coexistence among communities in Jonglei state through improved water, sanitation and hygiene services, increased access to improved health services, and enhanced livelihood

opportunities for rural women and youth within a safe and peaceful environment. The project is targeting a total of 125,000 beneficiaries of whom 49,000 are women, 39,600 are men and 37,500 are youth in Twic East, Duk and Uror counties of Jonglei state. Specifically the project aims at achieving the following outcomes:

1. *Increased access to clean water for domestic and livestock use, adequate sanitation and hygiene services while enhancing the capacity of local communities in management of water resources*
2. *Improved maternal and neonatal health care through partnering with state ministry of health and active community participation*
3. *Strengthened livelihood opportunities for women, men and youth*
4. *Peaceful mechanisms of conflict resolution among project target communities*

The Evaluation Study:

CARE South Sudan seeks a qualified team of consultants with the required technical skills and experience to conduct an end of project evaluation for the AusAID funded South Sudan Early Recovery and Humanitarian Project (SSERHP[6]) in the project area of Jonglei State covering Twic East, Duk and Uror.

The purpose of the evaluation is to review project experiences to date and provide a comprehensive analysis of impact providing evidence based findings and lessons learned to determine if the project is an effective mechanism through which CARE can support communities with early recovery and emerging humanitarian needs.

Specifically the evaluation study will pursue the following objectives:

1. To determine the extent to which the project has fulfilled its overall objective to "Promote peaceful coexistence among communities in Jonglei State through improved water, sanitation and hygiene services, improved health status and livelihood opportunities for women and youth", as well as CARE's focus on recovery and creating an environment conducive to longer-term development.
2. To determine the extent to which each outcome was achieved and it's relative contribution towards the overall objective, identifying the strengths, weaknesses, opportunities and risks for each.
3. To assess the quality of the project's activities including adherence to Sphere, National or equivalent Standards and performance relative to CARE International's Humanitarian Benchmarks and OECD evaluation criteria.
4. To assess the intended and unintended impact of the project on the targeted beneficiaries.
5. To assess the impact of the project on gender relations as a cross cutting issue: specifically this should focus on:
    - Impact of the project interventions on both women and men that are participating in the 4 thematic areas of the project (i.e peace building, livelihoods, health and WASH), as well as the effect of this participation to gender relations/dynamics at households and community level
    - Analysis of social norms (gate keepers and custodians of culture/social norms) in gender relations/dynamics at household and community level and analyze how these have been affected both positively or negatively as a result of both men and women participating in the project.

[6] Agreement 37891/62

- identify and document key lessons and strategies that will inform CARE's future gender programming as well as gender mainstreaming in other interventions

6. To provide recommendations to inform CARE South Sudan programing and improve performance and quality.

Some specific areas which the evaluation will examine include:

Relevancy:

- Has the project addressed the needs and priorities of the beneficiaries?
- Has the project addressed the intended objective of the donor?

Appropriateness:

- Were the activities appropriate to the project stakeholders?
- How did project activities change in response to new conditions encountered during implementation, and were the changes appropriate?
- Did stakeholders, particularly those involved in community management structures participate in the project?

Coverage:

- What percentage of the needs was covered?
- Were the worst affected groups correctly identified?
- Were there measures put in place to identify vulnerable groups?

Effectiveness*:*

- To what extent did CARE South Sudan have the capacity, systems and procedures, sufficient human resources to implement the project?
- What has the performance been with respect to the projected performance indicators?
- Has the project accomplished its overall objectives?
- How effective has CARE been in providing technical support over the life of the project to relevant community structures and groups?
- How did CARE's capacity - notably Head Quarter staff, CI members and ECARMU support the project and what was the quality of their support?
- Was gender taken into consideration adequately in all relevant areas of the response?
- Did the project target the most vulnerable members of society?

Efficiency:

- What were the outputs (both qualitative and quantitative) in relation to the inputs?
- Could the outputs have been achieved differently?
- Was CARE's response cost effective?
- Has the program reached the expected number of beneficiaries (i.e. Number of groups and VSLA membership, number of community structures like water management committees, pump mechanics, hygiene promoters, members of farmer groups, peace committees, health workers etc) within the set implementation timeframe?
- Are the project's activities in line with the schedule of activities as defined by the project team and annual plans?

Sustainability:

- Is there evidence of continued connectivity between the project and local capacity, development

plans and systems and with external partners?

- Will there be a long-term impact from the programme? Is it positive of negative?
- What is the likelihood of already formed community structures to continue their operations after the end of the project?
- Is there evidence of cost recovery by community management structures?
- Was an appropriate exit strategy included in the project?

Partnership:

- Assess the partnership between CARE and CARE Australia/AUSAID as well as CARE and the local authorities at state, county and payam levels, focusing on achievements, strengths and challenges

Project management and monitoring:

- Assess how the management of the project has been executed – the role and responsibilities of CARE, various partners and the implementation staff; and level of coordination between relevant players.
- To what extent has the project implementation structure provide adequate oversight to the project?
- Describe the main lessons that have emerged as a result of this project in terms of implementation and operation, stakeholder participation and management processes that are adaptive; sustainability mechanisms.
- Assess the extent to which the project monitoring reports considered gender disaggregation of data.

Donor coordination*:*

- Consider the impact that support to CARE from other development partners is having upon the project

Scope of Work:

The evaluator will:

1. Assess the extent to which the project has achieved its purpose i.e promoting peaceful coexistence among communities in Jonglei state through improved water, sanitation and hygiene services, improved health status and livelihood opportunities for women and youth.
2. Identify what has changed in the communities as a result of the Peace committees' work in the communities.
3. Assess the extent to which the lives of women, youth and men have changed socially and economically as a result of participating in project activities under the four project components i.e WASH, Health, peace building and Livelihoods.
4. Assess the extent of stakeholders' (Project beneficiaries and key partners at county and payam levels) understanding, participation, and ownership of project method and approaches and the extent to which ownership or lack of ownership has affected implementation and consequently impact on the direct beneficiaries.
5. Examine the degree to which the SSERHP project has empowered the direct beneficiaries to address their basic needs (i.e water, food, health) as well as their financial needs and other needs that are relevant for their peaceful coexistence at individual, household and community level.

6. Determine the degree of interconnectivity, coherence and coordination between the WASH, Health, peace building and Livelihoods components.
7. Verify the availability of operational referral system in place? How many pregnant have benefited from the system. What are the roles of the community in it?
8. Identify how many facilities were upgraded in the project life and what tangible results/outcomes and indicators are there that demonstrates improvements in maternal and child health as the result of upgrading.
9. As much as possible, determine the different impacts of the project upon men and women. Make recommendations both about how better to measure and monitor different gender impacts, and how to mitigate any adverse impacts which may arise.
10. Asses and analyze the impact of the project on gender relations based on the key areas of focus identified in objective 5 above and document key lessons to inform future programming and implementation.
11. Identify obstacles to the project implementation and areas of potential improvement
12. Document lessons learnt from the project that will improve the impact and cost effectiveness of future initiatives to support the implementation of recovery/ humanitarian projects by CARE in South Sudan.

WASH

1. Determine the extent to which the design and implementation of CARE's WASH activities conformed with CARE South Sudan's GENDER EQUITY AND DIVERSITY STRATEGY, the CO strategic plan and CARE International's HAF.
2. Did the WASH component sufficiently address issues of gender equity and equality? Were women, girls and other marginalized groups empowered by the WASH aspects of this project?
3. Investigate positive and negative, including unexpected, impacts of the WASH intervention and detail lessons.
4. Provide evidence to show the extent to which the WASH Outputs 2.1, 2.2 and 2.3 and indicators were achieved. How appropriate were the Outputs in terms of achieving Outcome 1?
5. Were the WASH indicators SMART in relation to the WASH Outcome and Outputs? Could the indicators be improved?
6. Assess the quality of all WASH activities under Outcome 1 and provide recommendations for improvement. Were the activities realistic and achievable?
7. What if any changes to the WASH activities should be made in order to better achieve Outcome 1. What WASH activities were particularly successful and why?
8. What was the level of beneficiary involvement in the project assessment, design, and implementation and monitoring?
9. How was the project coordinated with other WASH stakeholders, such as international and local NGOs, water authorities at national and local levels? From a stakeholder analysis did CARE engage sufficiently with stakeholders that could strongly influence the success of the project?
10. Assess the capacity of CARE South Sudan's WASH team to manage and deliver a timely project with quality and accountability. Provide recommendations on what needs to be improved?
11. Was the final WASH budget used in accordance with the original budget?

12. How was the WASH project monitored? Was it sufficient to measure progress and effectiveness to allow for modifications?

4. Evaluation Methodology

a) The methodology of the evaluation will include a combination of a desk review of relevant country office documentation, field travel, key informant interviews or focus group discussions with CARE staff in South Sudan (both field and HQ), ECARMU and CI. The evaluation team will also interview a selection of beneficiaries in communities and key external stakeholders such as South Sudan government representatives, other international NGOs, and agencies.

b) Confidentiality of information - all documents and data collected from interviews will be treated as confidential and used solely to facilitate analysis. Interviewees will not be quoted in the reports without their permission.

c) Communication of Results – an official report of the evaluation will be prepared. However this report will be supplemented by a presentation of preliminary findings for key stakeholders(both internal and external) to both provide immediate feedback to CARE staff and beneficiaries(?) and give the Evaluation Team an opportunity to validate findings.

d) Report: a concise report with focused practical recommendations will be prepared emphasizing both feedback to CARE managers and providing replicable lessons to inform CARE's future programming. CARE interviewees will be given an opportunity to comment on the draft reports prior to finalization. While the Evaluation Team will retain responsibility for drafting and editing the report, the Country Office will have the option of making a written response, which will be attached as an annex to the final report. Once finalized, the report will be shared within the CARE world.

VI. Evaluation Team Composition

CARE South Sudan anticipates that the evaluation team will be made up of 3 to 5 persons including a Team Leader; a WASH/Livelihoods/Health specialist; a national expert (preferably with expertise in gender) and a national M&E Officer (CARE South Sudan staff?).

The Team Leader Qualifications :

Required :

- Proven expertise in designing and conducting project evaluation exercise.
- High level skills in project development, management, and evaluation
- Proven ability to liaise with provincial and local authorities, NGOs, development agencies and groups;
- Excellent writing and presentation skills, and fluent spoken and written English
- Demonstrated strong coordination and planning skills.
- Extensive experience of recovery and humanitarian approaches
- Monitoring and evaluation of emergencies
- Previous Evaluation Team Leader experience
- Good knowledge regarding use of Sphere standards, Red Cross Red Crescent Code of Conduct, beneficiary accountability systems, etc. in humanitarian contexts
- First-hand knowledge of the Sudan/South Sudan context
- Excellent drafting and communication skills

Desired:

- Prior experience of CARE relief and development operations
- Experience in evaluating emergency programs
- Gender in emergencies experience
- Knowledge of Arabic and local languages

Other Team member combined experience:

- Monitoring and evaluation experience
- Strong knowledge of South Sudan context (particularly Jonglei State)
- WASH/Livelihoods/Health/Peace building expertise
- Gender in emergencies experience
- Strong HR management experience (particularly in emergencies)
- Strong emergency management experience (previous experience in earthquake response also desirable)
- Knowledge of Arabic and local languages

Tentative schedule

Deliverables	Schedules
Present technical and financial proposal to CARE South Sudan	18th November 2013
Initial meeting with selected CARE South Sudan staff to sign contract and plan for field travel	20th November 2013
Travel to field, conducting consultancy activities in the field based on TOR scope of work and objectives	21st November to 29th November 2013
Travel to Juba	30th November 2013
Data analysis, report writing and submission	1st to 4th December 2013

Contractual Relationship:

The consultant selected to perform the services describe herein, will enter into a contract with CARE South Sudan for a period of 22 days.

The consultant will report to Ms Jacqueline George (Assistant Country Director Care South Sudan). However he/she (consultant) will be expected to maintain a close working relationship with the CARE staff on the ground in Jonglei.

It will be the consultant's role to ensure successful completion of the assignment as specified in the section on scope of work. CARE's role will be to provide logistical support during execution of the work in the field, specifically this will include: provision of transport to, from and within the field. Provision of accommodation and meals as per the CARE perdiem policy and financial guidelines. It will be the consultant's responsibility to provide his/her full medical insurance cover while executing this

assignment. More details on the contractual relationship will be found in a full detailed contract before commencement of the assignment.

Deadline for submission

Technical and financial Proposals must be submitted not later than 18th November 2013

Submission Details: Please submit proposals and CVs, prior record of experience in similar assignment to the address below:

Richard Kenyi Duku
Procurement Manager.
CARE International South Sudan
P.O. Box 302 Juba South Sudan
Tel: +211 954294468; +211 927-264947
e-mail: DRichard@ss.care.org

Annex 1

Draft - EVALUATION REPORT FORMAT -

Preliminaries
• Title page (should include date of report)
• List of contents with page numbers
• Acronyms
• Map(s)
• Executive Summary
Main text
• Introduction (including motivation for commissioning evaluation, purpose of study, scope, approach, methods, composition of team, constraints)
• Context in which humanitarian action took place, humanitarian context and response
• Findings
• Conclusions
• Recommendations
Annexes
• Sources/bibliography
• ToR
• Timetable
• Evaluation team profiles
• List of Interviewees
• Timeline
• Evaluation Material (questionnaires etc)
• Collated stakeholder feedback on findings, conclusions and recommendations
• Other appendices/annexes

Appendix 2: Timetable

Appendix 3 : Evaluation team profiles (*to be attached separately*)

Appendix 4: List of Interviewees

1. County Commissioner – Twic East County
2. County Health Director – Twic East County
3. Payam Administrator – Paker Payam
4. Payam Administrator – Ajuong Payam
5. Payam Administrator – Kongor Payam
6. Regional Program Manager - CARE
7. Program Manager – CARE
8. Program Coordinator – LWF
9. MCH Officer – CARE
10. Peace Committee – Kongor Payam
11. Water Management Committee – Kongor Payam
12. Water Management Committee – Ajuong Payam
13. VSLA – Ajoung Payam
14. VSLA – Kongor Payam
15. Panyagor Facility Staff (Medical Assistant, Nurse, Midwife and MCH worker)

Appendix 5 : Timeline

Appendix 6 : Evaluation Material (questionnaires etc) – *To be attached separately*

Appendix 7 : Collated stakeholder feedback on findings, conclusions and recommendations (*to be included after getting feedback from stakeholders*)

Appendix 8:

Overall VSLA Project Performance				
	Institution:	CARE South Sudan Panyagor Sub Office		
	No. of data entry errors	0	18-Jan-14	
	Profile of groups	*Aggregate*	*%*	*Average*
1	Total number of current members	593		23.7
2	Total number of men	79	13.3%	3.2
3	Total number of women	514	86.7%	20.6
4	Total number of supervised groups	25		
5	Total number of graduated groups	38		
6	Average age of groups (weeks)			32.2
7	Membership growth rate		0.3%	
8	Attendance rate		94.6%	30.4
9	Retention rate		98.5%	
10	Number of members belonging to graduated groups	895		
11	Total number of people assisted by the programme	1,488		
12	% of members with loans outstanding		56.3%	
	Financial performance of groups			
13	*Composition of assets, liabilities and equity*			
14	Assets	561,704	100.0%	22,468
15	Loan fund cash on hand and at bank	311,619	55.5%	12,465
16	Total cash in other funds	16,198	2.9%	648
17	Value of loans outstanding	220,862	39.3%	8,834
18	Property	13,025	2.3%	521
19	Liabilities and member equity	561,704	100.0%	22,468
20	Liabilities	0	0.0%	0
21	Debts	0	0.0%	0
22	Member equity	561,704	100.0%	22,468
23	Total cash in other funds	16,198	2.9%	648
24	Savings	414,761	73.8%	16,590
25	Retained earnings	130,745	23.3%	5,230
26	*Savings*			
27	Cumulative value of savings this cycle	414,761		16,590
28	Average savings per member mobilised to date			699
29	Retained earnings	130,745		5,230
30	Average member equity			947
31	*Loan portfolio*			
32	No. of loans outstanding	334		13.4
33	Value of loans outstanding	220,862		8,834
34	Average outstanding loan size			661
35	Unpaid balance of late loans	2,211		88

36	Portfolio at risk			1.0%	
37	Average write-off per graduated group				0
38	Write-offs this cycle		0	0.0%	0
38	Loans outstanding as % of total assets			41.5%	
39	*Current yield*				
40	Average profit per member to date				220
41	Return on savings			31.0%	
42	Return on assets			23.3%	
43	Annualised return on assets			37.4%	
	Efficiency of implementing organization				
44	*Staffing information*				
45	**Programme staff**		4.4	81.5%	
46	Project Manager		0.6	11.1%	
47	program assistant		3	55.6%	
48	Supervisors		0.6	11.1%	
49	Other	logisticcs	0.1	1.9%	
50	Other	acountant	0.1	1.9%	
51	Other			0.0%	
51	**Support staff**		1.0	18.5%	
52	Data Capture Clerk(s)			0.0%	
53	Driver(s)		0.5	9.3%	
54	Other	Cooks	0.5	9.3%	
55	Other			0.0%	
56	Other			0.0%	
57	*Staffing efficiency*				
58	Ratio of all paid agents to total staff			55.6%	
59	Caseload: Members per paid agent				198
60	Caseload: Groups per paid agent				8.33
61	*Financial efficiency*				
62	Total expenditure to date		50,000		
63	Total cost per member assisted				34