PROVISION OF EMERGENCY HEALTH ASSISTANCE TO IDPS AND HOST COMMUNITIES IN CONFLICT AFFECTED PERSONS IN AWEIL WEST AND CENTRE COUNTIES, NORTHERN BAHR EL. GHAZAL SOUTH SUDAN

END OF PROJECT EVALUATION

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South Sudan Humanitarian Fund

IHO Impact Health Organisation

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The end Provision of emergency health assistance to IDPs and host communities in conflict affected persons in Aweil West and Centre counties, Northern. Bahr el. Ghazal South Sudan project evaluation survey was conducted by, Impact Health Organization in October 2018.

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The evaluation process was found to be exciting and very encouraging, particularly for the evaluation team which has learned a lot from this experience.

We hope that this evaluation report will help to provide a useful insight on the projects' results and will help improve IHO future interventions in South Sudan, in order to further increase access to water and sanitation services and for the well-being of communities.

The text has not been edited to official publication standards and IHO accept no responsibility for errors.
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ACRONYMS.

CHD	County Health Department
EPI	Expanded programme on Immunization
IHO	Impact Health Organization.
OPD	Out Patient Department
PHCC	Primary Health Centre Centre
PHCU	Primary Health Centre Unit
SMOH	State ministry of Health.

EXECUTIVE SUMMARY.

Impact Health Organization (IHO) conducted an end line assessment between 16th and 19TH September in Aweil west and Aweil Centre Counties. The overall purpose of this evaluation was to assess the extent to which IHO emergency project in Aweil west and Aweil Centre County has improved the lives of the people of Aweil and to scrutinize which factors has contributed to the implementation of the project and that helps in the meeting of the objectives or has hindered for the impacts to be realized as previously planned and to draw conclusions and the lesson learned from the project implementations and used for the future planning and adjustment.

Methodology

A questionnaire-based field survey was administered at to the beneficiary communities to assess the project's impact and notwithstanding any challenges, the evaluations' activities were carried out successfully and the results of the field survey were of good quality.

Summary of findings, conclusion and recommendations

IMPACT

Access to health care services:

All the respondents (100%) reported to have seen changes to access in health services in past 3 months where 95% said that the Situation become much better and 5 % said it became somehow better. The survey also indicated that 72.4% of the total respondents who fell sick, 89% received treatment of which 77% received treatment from IHO supported PHCU and mobile clinics. Most respondents 63% reported that it took them 30 minutes to reach the health facility. Among the house hold assessed 63.2% reported to have had malaria in the past one month and it only to took them 1-6 hours receive treatment (75.2%) and as well as 7-12 hours (24.8%) and lastly, majority of the respondents 70% reported that children under five years were immunized with cards.

Participation and decision making

All respondents 100% reported that a member of their house hold attended a health meeting in past 4 months and when asked which Gender mostly attended, 84.9% reported both male and female. Majority of the respondents 94.8% reported that they were very much involved in the decision making and 78.2% reported that their views very much considered.

Project contribution and benefit

Majority of the respondents 94.7% reported to have used either IHO mobile Clinic, or PHCU and nearly a quarter of the respondents 24.8% reported that their families benefited more others from the services and 64.7% reported that their family equal benefited.

Conclusion

Data show a significant improvement in access to health services and increase community participation hence considering the good results achieved, it is very evident that people's health was greatly improved.

Recommendations

- Although the end line survey reported, All the respondents (100%) reported to have seen changes to access in health services in past 3 months, 95% reported that the Situation become much better however the baseline survey had reported that 47.2% of the respondents had rated access to services to be very poor, 39.8%-poor. There following

the end of the project there is a need for another partner to continue providing health service so that the health situation does not deteriorate in the location.

- For the Impact Health Organization, more than half of staff 76.9% reported that more staffs are needed to improve the services since the patients turn up was usually high.
- There is a need to construct permanent health facilities and provide cold chain system in area with limited access to vaccines.

lessons learned

The major lessons learned from the implementation of this project are:

The section below aims to provide more detail on some of the key lessons learned during the course of the project. The followings are the lesson learned, it includes

1) The involvement of the community and other stakeholders are very crucial in the successful implementation and achieving the organization objectives and goals.
2) Strong determination and cooperation within the organization, field staffs and other stakeholders like SMOH contributed so much to the success of the project.
3) Training staffs prior to project implementation improves quality of services.
4) Accounting to the affected communities improves community participation.

1.0 INTRODUCTION.

This report presents finding from the baseline assessment conducted by Impact Health Organization(IHO) in Aweil west and Aweil Centre County, Former upper Nile state.

1.1 BACKGROUND OF IHO

Impact Health Organization is a nongovernmental organization, humanitarian and development organization dedicated to improve health and wellbeing of individuals and communities by meeting health, nutrition and water, sanitation and hygiene needs. Founded in South Sudan in 2013 and started Operating in 2015, IHO has grown to support communities by addressing the immediate and long term needs. What remains unique and constant with IHO is the commitment to quickly respond to both development and emergency needs of the communities we serve in timely and pragmatic fashion.

1.2 BACK GROUND.

The conflict in the former Upper Nile and Unity State led to displacement and IDPs settling in Aweil West and Aweil Centre counties of Northern Bahr El Ghazal have been harshly affected by conflict with seriously implications on health service delivery, which has forced many communities to unfavorable situation. There is increased pressure on the already week health care system, increased the disease burden which has directly
affected the health status of the population. Poor health is compounded with poor health seeking behavior due to lack of health education in the community, limited access to health facilities as most communities travel for long hours to access health facility which also faces limited human resource and shortage of drugs, poor infrastructure such as roads etc. The leading causes of morbidity include Malaria, Pneumonia, and Watery Diarrhea among children. The conflict has also contributed to economic incapability and limited access to food and basic needs, loss of belongings and family members which has exposed and increased vulnerability to psychological trauma and stress.

1..3 The purpose of the report

The major purpose of this evaluation report is to appraise and present findings on whether the project's results were achieved; the impact was made with reference to the project's objectives, and suggests recommendations for future IHO supported IHO projects. It aims at presenting the projects experience, identifying possible shortfalls and lessons learnt, and to account to the donors for funds utilization.

1.4. The scope of evaluation

The evaluation process intended to achieve the following:

1. To review the extent at which the Project objectives and results have been achieved.
2. To identify programme strategies and interventions that contributed to or impeded the achievement of intended impact of programme interventions and establish plausible links between inputs and impacts at the end of the project.
3. Make specific recommendations on how IHO can improve its strategies and programme interventions to enhance its performance with respect to the above mentioned objectives.

2. EVALUATION METHODOLOGY

2.1 Study area

The study was carried out in Aweil Centre and Aweil west County since these were the areas of implementation.

2.2 Study Design

This study was a cross-sectional design. The design is chosen since it is meant to identify changes people's lives in the targeted intervention areas.

A systematic sampling method was employed to select the households to be involved in the study.

2.3 Study population

The study population included all households in the intervention location that benefited from the project and with a household member above the age of 18.

2.4 Inclusion and exclusion criteria

Households included in the study were those found members households in the intervention location and those who were out of the intervention were excluded from the survey.

2.5 Sample size determination

In this study, the sample size was determined using the formula by Fisher et al., (1998). For population above 10,000

$$n = \frac{z^2 p (1 - p)}{d^2}$$

Where n= minimum sample size,

z= confidence interval ≈95% or 1.96,

p= 92% of the population live in rural areas (source key indicators for Northern Bahr El Ghazal, South Sudan national bureau of statistics)

d= allowable degree of error≈5% or 0.05.

n= $\frac{(1.96)^2 * 0.92 (1-0.92)}{}$ =0.28274176 /0.0025=113 Households

2.6 Sampling Procedure

The sample households was chosen from the total households in the intervention location and during the selection of the sample systematic sampling will be employed.

Sampling interval =N/n

Where N= sampling frame (No of households in the Targeted location) n = sample size.

2.7 Validity and reliability

To ensure validity and reliability, the questionnaire was pretested and households were selected systematically; the structured questionnaire were kept simple and the data collectors were trained on how to ask questions, record responses; and also on how to exhibit a good moral conduct aimed at enabling them to create rapport with respondents so as to get the information required.

2.8 Data collection techniques

Data was obtained through interviewing using a semi-structured questionnaire and Focus group discussion.

2.9 Data processing and analysis

The data from the semi-structured questionnaires was analyzed using Epi Info to generate percentages, averages and other statistical parameters.

2.10 Ethic consideration

Every questionnaire bared a confidentiality statement and an option whether the respondent agrees to or not to participate in the study.

2.11 Survey limitations

- The large increase in the population movements of Aweil communities from Baseline to final meant that the proportion of population from that area represented in the baseline would differ from that represented in the end line report.
- Project implementation is highly variable from community to community, with some communities refusing or reluctant to participate, while others are highly receptive and cooperative. The random sampling of communities may have slightly affected the outcomes.
- The seasonal differences in disease incidence in the area also may have affected the data comparison of the end line and the baseline.

3.0 EVALUATION RESULTS:

This section presents the finding of the survey in particular the achievement of the program's objectives.

3.1. FINDINGS FROM THE HOUSE HOLD QUESTIONAIRE

3.1.1 Demographic Characteristics

- Majority of the respondents were female (57%) compared to the baseline which was 64.9%, this could be simply because the end of evaluation survey took place in the farming season and majority of women had gone for farming. Majority of the respondents were aged 36-40 years (27.5%), 26-30 years (16.8%), 15-20 years (3.1%), 21-25 years (11.1%), 31-35 years (12.1%), 41-45 years (6%), 46-50 years (14.2%), 51 years and above (9.2%).
- Most of the households visited during the interview 82% were Male headed households and only 18% were female headed. When asked about the occupation of household head, majority of the respondents reported peasant farmer (35.2%), pastoralist 12%, formal employment 2.5%, un employed (30.6%), business (6.9%), casual labour (1%), large scale farmer, (5%) retired (4.7%)and elderly(2.1%).
- On education level, majority of the respondents 71.7% had not attended any school, 22% had attended primary schools, 2.5% had attended secondary schools, 1.8% attended up to tertiary level and 2% attended up university level.
- Among the households assessed, 12.3% reported to have been displaced from their former location in the past two years as compared to 16.7% reported in the baseline survey. The reason could be some of the people who were displaced had returned to their places of origin since there has been no new threats of instability in the area.
- The evaluation found out that 62% of the household assessed had more than seven members in one house hold. It was also found out that 58% children under 5 years had 3 meals per day, 37.3% had 2 meals, 1.3% had 1 meal and 3.4% had 4 meals compared to house hold members above 5 years of whom 68.2% had 2 meals per day, 14.3% had 1 meal and 17.5% had 3 meals

3.1.2 Access to health service

- All the respondents (100%) reported to have seen changes to access in health services in past 3 months, 95% reported that the Situation become much better and 5 % said it became somehow better when you compare these results to the ones of the baseline report, Of which majority of the respondents 47.2% rated access to services to be very poor, 39.8%-poor, 9.3% good, 0.9% very good and 2.8% were neutral. This shows that there was a great impact made by the project in terms of improving access to health services.
- The survey also indicated that 72.4% of the total respondents fall sick and 89% of those that fall sick received treatment. Among those who received treatment, 77% received treatment from IHO supported PHCU and mobile clinics, 14% from government supported facilities, 7% private facilities and 2% drug store. Most respondents 63% of the respondents reported that it took them 30 minutes to reach the health facility, 26% 1-2 hrs and 11% 2-4 hrs and none reported 4 hrs. when you compare this to the baseline survey where To access the available health service, 29.6% of the responders

reported that it takes them 3-4 hours to reach the nearby health facility, 20.4% reported more than 5 hours, 38% between 1-2 hours and 12% reported less than 30 minutes to reach the nearest, this results clearly shows that IHO brought health services as near as possible to the communities.

- When asked about the challenges faced when accessing health services, 5% of the respondents reported no medicine and supplies, 2% no staffs and 14.5% very long waiting time to see a doctor however, 75% of the total respondents rated the quality of the services as very good services, 15% rated good and 10% were neutral. This clearly indicates that although there were a few challenges during service delivery, the communities still felt the impact of the presence of IHO in the area.
- Among the house hold assessed 63.2% reported to have had malaria in the past one month and it took 75.2% 1-6 hours and 24.8% 7-12 hours to receive treatment. This falls with the recommended malaria treatment with 24 hours form the time the person develops symptoms.
- Majority of the respondents 70% reported that children under five years were immunized with cards, 17.3% without cards and 12.7% not immunized. The baseline survey indicated that among the household visited only 40.7% of children under 5 years had completed their vaccination. This clearly indicates that immunization coverage has greatly improved in the project area over the six months of the project implementation.
- Among the households interviewed only one household reported a death in the past three months. The death was related to malaria.
- All the respondents 100% reported that a household member attended a health meeting in past 4 months and when asked which sex mostly attended, 84.9% reported male and female, 6.8% reported mostly male and 8.3% mostly female and of the respondents who participated in the meeting 5.2% reported to have had much involvement in the decision making and 94.8% reported that were very much involved in the decision making and 78.2 reported felt their views were very much considered.

3.1.3 Project contribution and benefit

Majority of the respondents 94.7% reported to have used either IHO mobile Clinic, or PHCU and nearly a quarter of the respondents 24.8% reported that their families benefited more others from the services and 64.7% reported that their family equal benefited.

3.2 FINDINGS FROM FOCUSED GROUP DISCUSSIONS

Impact Health Organization conducted 3 focus discussion group sessions in the following village of AJok, Pantit, Nyalath IDP Camp, when asked whether the project made changes in the lives of the people in this community and the changes has it brought the members reported; Communities developed a sense of ownership by participating in decision making on issues that affect them, people's health seeking behaviors positively changed for example women started turning up for antenatal care services and bringing children for immunization. Generally, people's lives were saved with the health services, health education impacted a lot and brought changes in disease causing behaviors.

When asked about the most useful learning experience during the project and skill respondents had acquired as result of the project, they mentioned to have acquired skills in community participation and decision making to them this was the most useful learning experience since majority of them were always involved in decision making meetings.

Participants were asked whether everyone benefited equally from this project, they reported that everyone benefited equally since the project was brought for the communities in need. The rotational manner of the mobile team also helped much in making sure all communities benefit.

When asked about decision making, the respondents reported that their ability to influence any decision made in the community greatly improved in the last six months. IHO involved different stake holders in decision making meetings and this greatly built their capacity. They reported that they were involved in choosing the mobile clinic sites which was so helpful to the communities. The respondents were asked whether their community is supportive of projects like the one implemented by IHO and if this changed in the past 6 Months, the respondents indicated that the communities are always supportive to projects that come to save them but for this particular project implemented by IHO, their support increased. This was simply because they were always involved and given feedback on project progress.

In the same regard, the respondents were asked much do they trust the NGOs and if the trust has increased or decreased in the last 6 months. The discussions showed that the NGOs are trusted despite the communities getting disappointments from them some times when the promises are not fulfilled. And they reported that their trust has increased since IHO has done all the activities promised at the beginning of the project. The respondents were asked what part of the project did you find most useful and why and this was majorly on health education, Referrals, general consultation and antenatal care as most useful. And lastly the focus discussion reported, the most significant changes the project through community participation in this project included; increased community participation, increased demand for health services due to community mobilization, securing a safe environment for the medical team.

4.0 CONCLUSION

Data show a significant improvement in access to health services and increase community participation hence considering the good results achieved, it is very evident that people's health was greatly improved.

5.0 RECOMMENDATIONS

- Although the end line survey reported, All the respondents (100%) reported to have seen changes to access in health services in past 3 months, 95% reported that the Situation become much better however the baseline survey had reported that 47.2% of the respondents had rated access to services to be very poor, 39.8%-poor. There following the end of the project there is a need for another partner to continue providing health service so that the health situation does not deteriorate in the location.
- For the Impact Health Organization, more than half of staff 76.9% reported that more staffs are needed to improve the services since the patients turn up was usually high.
- There is a need to construct permanent health facilities and provide cold chain system in area with limited access to vaccines.

6.0 LESSON LEARNED

The section below aims to provide more detail on some of the key lessons learned during the course of the project. The followings are the lesson learned, it includes

5) The involvement of the community and other stakeholders are very crucial in the successful implementation and achieving the organization objectives and goals.
6) Strong determination and cooperation within the organization, field staffs and other stakeholders like SMOH contributed so much to the success of the project.
7) Training staffs prior to project implementation improves quality of services.
8) Accounting to the affected communities improves community participation.