



# EVALUATION OF ECHO'S 1999 TO 2002 FUNDED ACTIONS IN SUDAN

April 3 – July 7, 2003

## GLOBAL PLANS REPORT



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**The comments contained herein reflect the opinions of the consultants only.**

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## LIST OF ACRONYMS

<b>Acronyms</b>	<b>Description</b>
ACF	Action contre la Faim
AHA	Animal Health Auxiliary
ARI	Accurate Respiratory Infection
CARE	Cooperative for American Relief Everywhere
CAHW	Community Animal Health Worker
CMA	Christian Mission Aid
CSB	Corn Soy Blend
CHW	Community Health Worker
COSV	Coord Committee of the Org for Voluntary Service
CVHW	Commission of Voluntary and Humanitarian Workers
ECHO	European Commission Humanitarian Office
EPI	Expanded Program for Immunisation
EP+R	Emergency Preparedness and Relief
FAO	Food and Agriculture Organisation
GAA	German Agro Action
GOS	Government of Sudan
HAC	Humanitarian Assistance Commission
HIV	Human Immunodeficiency Virus
IAC	International Advisory Committee
HRs	Human rights
ICRC	International Committee of the Red Cross
IDP	Internal Displaced Person
IGAD	Intergovernmental Authority on Development
LOU	Letter of Understanding
LRRD	Link to Relief, Rehabilitation and Development
MOH	Ministry Of Health
MOU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NDA	National Democratic Alliance
NFI	Non Food Items
NGO	Non Governmental Organisation
NID	National Immunisation Day
NIF	National Islamic Front
OCHA	Office for the Coordination of Humanitarian Assistance
OLS	Operation Lifeline in Sudan (UN)
OVI	Objective verifiable indicator
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PSF	Pharmaciens Sans Frontières
RASS	Relief Association for Southern Sudan
SCF	Save the Children Fund (UK)
SFP	Supplementary Feeding Programme
SMEWES	State Ministry of Engineering and WES
SMOH	State Ministry Of Health
SMPU	State Ministry of Public Utilities
SPDF	Sudan Popular Democratic Front
SPLA/M	Sudan People's Liberation Army / Movement
SRRA	Sudan Relief and Rehabilitation Association
SRRC	Sudan Relief and Rehabilitation Committee

SSIA/M	South Sudan Independence Army / Movement
STD	Sexual Transmitted Diseases
TA	Technical Assistant (Assistance)
TBA	Traditional Birth Assistant
TB	Tuberculosis
TFC	Therapeutic Feeding Centre
TOR	Terms of References
TSU	Technical Support Unit
UNICEF	United Nations Children's Fund
WATSAN	Water and Sanitation
WES	Water and Environmental Sanitation
WFP	World Food Program
WHO	World Health Organisation
WVI	World Vision International

## EXECUTIVE SUMMARY

### Evaluation of ECHO's 1999 to 2002 funded actions in Sudan

#### GLOBAL PLANS REPORT

**Action evaluated:** Humanitarian and emergency aid to vulnerable populations in Sudan, ECHO Global Plans 1999-2003.

**Date of the evaluation:** April 3 –July 7, 2003

**Consultant's name:** Claudio Schuftan MD. (For S.H.E.R. Ingénieurs-Conseils s.a.)

**Purpose and methodology:** For over a year, it has been ECHO's intention to evaluate its projects in Sudan. The horizon 1999-2003 was chosen for the assessment of its Global Plans (GP) as planning documents, and a 1999-2002 horizon to look at the GPs effectiveness, efficiency, impact and sustainability. The evaluator did a thorough desk analysis of the evolution of the last five GPs and the same is presented in Annex 1. Numerous relevant other documents were reviewed to accomplish the task of critically looking at what these GPs have achieved. This was complemented by numerous interviews in Nairobi, Lokichogio and Khartoum. The information gathered by the two other evaluators also became key to evaluate the GPs from a historical perspective. The evaluator also looked at issues related to ECHO funding of operational support and special mandates by interviewing implementing agencies' staff in the locations above.

#### **Strategic level findings, conclusions and lessons learned:**

- The EU is the second largest donor in Southern Sudan -after the US and ECHO is now the most important donor in Upper Nile.
- It is fair to say that, still today, the question is not if, but more where the humanitarian needs will be more acute in the months to come.
- Nobody realistically expects that a good outcome in the peace negotiations will rapidly translate into significant improvements in the humanitarian conditions and needs.
- So far, humanitarian assistance has been the only mechanism of service delivery realistically possible in Southern Sudan.
- New access areas are one of the biggest challenges ahead given expected return and resettlement operations.
- NGOs have been the right major conduit for humanitarian aid in Southern Sudan and are rightly getting a higher percentage of the funding compared with the UN agencies and the ICRC.
- UNDP Sudan's new approach to look at humanitarian and development aid as a continuum is not seen by evaluators as a threat to ECHO, and should NOT jeopardise the attention and level of funding humanitarian aid will get in the near future.
- On the MOU issue –when the Southern non-GOS authorities tried to impose unacceptable conditions on the humanitarian aid community- evaluators are of the opinion that ECHO and the EC acted appropriately according to their mandates. The risk of setting a bad precedent was indeed high. Nevertheless, donor co-ordination failed in this crisis and ECHO had taken the strongest position and held on to it when others gave-in and signed the MOU. Subsequent events and experience have shown though that 'waiting until the dust settles' eventually pays off.
- ECHO's aid has rightly not only gone to displaced populations, but often also to the local population receiving the influx of IDPs. (See 'Relevance of Choices Made' below )

- The intervention logic of the GPs evaluated and that of the two emergency decisions in the period covered were commensurate with the objectives set out in each of them –and all were within the objectives of ECHO.
- With hindsight, capacity building in humanitarian aid was not given sufficient attention and the price has been a 10 years continued and non-diminishing need for foreign technical assistance. ECHO rightly chose to include capacity building in its GPs as a means to lessen dependency.
- The humanitarian situation remains precarious after 10 years of ECHO involvement in Southern Sudan. High morbidity, mortality and malnutrition rates have persisted, as well as have forced displacements. Significant pockets of food insecurity also remain.
- The intended beneficiaries/vulnerable groups have indeed been receiving the benefits from ECHO funding.
- Projects evaluated seem to be socio-culturally well adapted.
- The security of aid workers was found to be well taken care of.
- For the evaluators to be very precise about project achievements before 2002 is very difficult; the partners' staff with the needed institutional memory was often not there. Given the staff turnover seen in these projects, only more frequent internal evaluations could overcome this shortcoming.
- The project-by-project fiche-ops kept in Brussels are an excellent instrument and evaluators got quick and accurate insights into projects by reviewing them.

#### **Operational level findings, conclusions and lessons learned:**

- GPs have been a good instrument to streamline ECHO operations; they have served ECHO well and have the potential for even greater utility if fully used for monitoring purposes.
- The fact that project proposals of a partner are similar in two consecutive years should not be a source of worry; needs may continue to be the same. However, it is necessary to insist that partners increasingly use more innovative approaches, less expatriate staff (whenever possible), and more community participation.
- The participatory process of preparing GPs (with partners both in Nairobi/Khartoum and in Brussels) has helped ECHO to better capture the changing realities on the ground.
- Although the quality of GPs was clearly weaker in the earlier years, over the period evaluated, plans have been increasingly to the point.
- Co-ordination and complementarity with other donors has been good.
- In the projects evaluated, evaluators found some deficiencies that needed pointing out (detailed in Section 4).
- The overall objectives of all GPs were considered to be too general; specific objectives were not found in the first three GPs reviewed.
- Over the period evaluated, ECHO's visibility for all it does in Southern Sudan was considered to be poor.

**Relevance of choices made:** The selection of geographical areas of concentration for GPs interventions did follow changing needs in humanitarian aid. The sectors in which humanitarian needs have been highest have received adequate ECHO attention.

As regards the beneficiaries targeted -IDPs and local populations (especially families affected because they are receiving an influx of or are even hosting displaced people)- the same have been rightly considered equally eligible for help by ECHO. Evaluators strongly agree with this position. The assessment of real needs should continue to stay at the forefront of ECHO's decision-making. The rigid categorisation of potential recipients of ECHO aid into pre-conceived categories thus seems not contributory to carrying out the ECHO mandate in Southern Sudan. Evaluators are of the opinion that EC Regulation 1257/96 should be interpreted in this spirit. (See Section 6 for further details).

**Four years of overall efficiency:** The technical qualification of partners' staff in the field has been a problem over the years. Staff turnover has been high. Much remains to be improved on staff quality. Capacity building is being done adequately –now more than in earlier years- but more of it is needed. The efficiency in the implementation of GP activities is judged to have been reasonably good. Despite the fact that internal monitoring and partners' reporting have been mostly weak, most projects evaluated ended up implementing the majority of planned components.

**Four years overall efficacy:** The intended beneficiaries have indeed received the benefits from ECHO funding. The elderly, the handicapped, women-headed households and orphans are not targeted sufficiently. Most GP expected outputs have been achieved. Field support supervision by partners was found to be insufficient. Partners have good communication with their beneficiaries, but have not achieved the level of community mobilisation they expected.

**Four years overall impact:** The wider planned effects of the GPs reviewed have been achieved with the status of vulnerable populations reached having actually seen improvement. Impact has been difficult to quantify given the dearth of baseline data; ECHO's funding has contributed to get this situation slowly reverted. Beneficiaries' access to services in all sectors has increased during the period of ECHO support. Co-ordination among ECHO-supported partners was found to be poor.

**Four years overall sustainability and LRRD issues:** It is hard to say to what degree local authorities explicitly support and take responsibility for ECHO's humanitarian aid projects; the latter are mostly not embedded in any existing local or ministerial structure despite ECHO having supported capacity building of counterpart staff. Projects seem to be socio-culturally well adapted. Community ownership of project achievements is generally low: beneficiaries only exceptionally participate in project decision-making. Sustainability prospects remain poor due to current limited opportunities for LRRD.

**Regarding cross-cutting issues:** Human rights have been an important parameter in ECHO's work in Southern Sudan. Although a fair amount of ECHO funding goes to children, child protection issues receive no special attention. Gender issues overall have received little explicit mention/attention as well. No work is explicitly being done on psycho-social support of victims of violence. Security of aid workers has been taken care of well. Frequent contacts with other donors receive a great deal of attention especially by both TAs. (See Section 11)

### **Recommendations:**

[The recommendations herebelow are not prescriptive. ECHO and its partners should choose from alternative courses of action to address the recommendations here made by the evaluators].

### **Strategic level recommendations for ECHO:**

#### **General:**

- (i) As a policy priority, Human Rights considerations should more and more become the central focus of ECHO involvement in Sudan (e.g., adding work on child protection issues).
- (ii) ECHO to contribute, as much as it can, to help resolve the underlying determinants of the crisis, in part by empowering communities; continued lobbying for the respect of humanitarian principles, for unimpeded access to humanitarian aid and for adequate staff security are also priorities.
- (iii) For maximum flexibility, annual reserve budgets and additional (emergency) Humanitarian Aid Decisions should continue to be used as in the past.
- (iv) In the South, ECHO to continue to fund projects both inside and outside the OLS umbrella (as dictated by any political restrictions on access).
- (v) For the time being, achieving the relief-to-development continuum should not be a major worry of ECHO's strategy in Sudan.

- (vi) ECHO not to back away from its current efforts of funding longer-term capacity building at grassroots level. This need cannot be emphasised enough by evaluators.
- (vii) Given the chronic character of the conflict and limited LRRD possibilities for the time being, due consideration to be given in GPs 2004 and beyond to do more concerted capacity building of Sudanese counterpart staff..
- (viii) ECHO to continue its position not to fund food aid through GPs except in cases of dire emergency.
- (ix) ECHO also to continue to encourage partners to serve in more difficult to reach areas, if needed with mobile interventions.
- (x) ECHO to continue promoting co-funded projects with partners.
- (xi) In general, cost-sharing in any sector should be tailored to the realities of each locality and decided on a case-by-case basis.
- (xii) It is un-postponable that ECHO projects give more directed attention to gender, community participation and (when applicable) mobile programmes.
- (xiii) The elderly, the orphans, the handicapped and women-headed households deserve more proactive ECHO support.
- (xiv) As one more move to increase ECHO's active work on Human Rights Issues, ECHO to join hands with UNICEF/OLS and other potential donors to do more work on urgent child protection issues.

#### Health :

- (xv) Keep ECHO's involvement in combating specific endemic diseases (especially kala azar) as long as unaddressed by other donors. ECHO's role is seen as one to initiate such programmes with a clear objective to hand them over to other operators in the field as soon as possible.
- (xvi) ECHO to continue to respond to epidemic outbreaks following the flexibility and responsiveness already shown in the past.
- (xvii) For the time being, continue supporting the EPI cold chain activities.
- (xviii) ECHO support to secondary health care facilities should be decided on a case by case basis only; if justified, it would seem appropriate, especially for health centres (more so than hospitals). An alternative to assure needed secondary care is given to patients who consult at the primary level, is for ECHO projects to have funds available for these needed patient referrals to the nearest secondary health care facility.
- (xix) Given the dire poverty of most of the population, cost-sharing in health projects should not be emphasised in Upper Nile and other equally poor areas for the time being. Elsewhere (e.g. Equatoria), its use should be judged on a case by case basis, primarily taking into account the poor people's ability to pay. Moreover, cost-sharing's sine-qua-non is reliable and reasonably transparent financial records keeping.
- (xx) Given the current situation, PHC --applied more comprehensively-- needs to be strengthened much more, especially incorporating more preventive measures and outreach, more reproductive health, HIV/AIDS and STDs components.

#### Watsan :

- (xxi) Community-based maintenance of water points should receive highest priority in the watsan sector. Little emphasis has been given to face washing to prevent trachoma and to hand washing after defecation --a measure proven to have high potential impact on decreasing the incidence of diarrhoea.

#### FS/Emergency preparedness and relief:

- (xxii) ECHO to continue supporting veterinary services plus the provision of fishing gear; also to continue the distribution of bed nets.
- (xxiii) ECHO also to respond to the non-food items (NFI) needs of the victims of floods.



- (xxiv) ECHO to reassess the distribution of pre-packed relief kits. (Would it be more adequate to stock individual kit components and distribute only those needed in each specific situation?) Guinea worm cloths to be included in the kits.
- (xxv) The distribution of seeds should be more closely supervised by an agronomist.
- (xxvi) To find a solution to the specific problems found with the cost-sharing in animal veterinary health care services, client payments should at least cover the remuneration of the community animal health worker (CAHW) and their supervisors. Cost-sharing should thus for sure pay the medical veterinary services -- as a lump sum predetermined by the project in discussions with the CAHW; the pastoralists should also be consulted and advised of this fee schedule. Whether the medicines should also be paid for by the users, should be finally decided as new administrations take over after the peace agreement. Until then, medicines should be provided free of charge by ECHO partners as long as there are no reliable financial records of the handling of these cost-sharing revenues. The final decision for action on this is to be shared with USAID and Dutch Aid for them to adopt the same stance towards partners in this sector.

### **Operational level recommendations for ECHO:**

#### General:

- (i) The name "global plans" is inadequate and misleading; a new word could be found for "global". (GPs seen are neither global nor really full plans....).
- (ii) Conditions permitting, ECHO to further expand humanitarian aid in Southern Blue Nile, Abyei and Kassala (not covered by OLS).
- (iii) ECHO to continue carrying out selected financial audits in the field.
- (iv) Evaluators propose no change in the choice of geographical priorities and priorities by sector, except greater integration particularly between the health and nutrition and the Watsan sectors.
- (v) Greater attention to be given to the operational aspects of projects focusing on infants, children (65% of the IDP population!), women, the elderly, orphans/separated children and the handicapped (as already clearly emphasised in the text of GP 2003).
- (vi) ECHO to insist partner proposals identify potential negative effects of the project and gender implications (both men and women) of their plans (as was already attempted in 1999).
- (vii) The field support supervision role of the TA should be strengthened and given more time (something like 10 days every two months?); it is not to be seen as a controlling function over partners; mainly, the TA is to exert his/her responsibility to make sure the objectives and expected outcomes of the GP logframe are accomplished.
- (viii) Both ECHO field offices in both Nairobi and Khartoum to access 210A ECHO budget line funds (through ECHO 4) to enable them to carry out small local ad-hoc feasibility or base-line studies, management consultancies or field controls that will help their monitoring role. (Moreover, feasibility and baseline studies can be contracted out to a partner in the respective GP).

#### As relates to Global Plans:

- (ix) It would perhaps make more sense that, from 2004 on, GPs only have one logframe with common main and specific objectives, for the North and the South, but with different activities for both areas as needed.
- (x) The GP logframe should be the basis for contracting with partners to carry out the activities it calls for; the presence of certain partners with certain strengths should not drive the elements incorporated into the GP. A pro-active ECHO's strategy in view of needs adds transparency and strengthens partnerships.
- (xi) Given delays in funding projects, especially this year, evaluators endorse the proposal made by both TAs to start the funding of the various 2004 projects staggered along the early part of the year with projects actually starting closer to the date of their signature and not all necessarily in January.

- (xii) Future GPs should present the assessment of the situation and the components of the ECHO strategy in tabular form as was done in GP 2002 since such a format allows for an easy comparison between planned interventions in the North and the South. A Lessons Learned section should also be reinstated.
- (xiii) To make GP logframes more useful, share them with chosen partners before they submit their final proposals and ask them to identify in the latter which aspects of the GP they are addressing. To increase co-ordination, partners are to be asked to meet at this time to discuss baseline assessment, exit strategies and specific co-ordination issues. When this is done, ECHO can compile this information and find gaps not covered by any partner that year. (This exercise will also train partners to make better logframes for their own proposals).
- (xiv) Starting now –and in accordance with ECHO's Manual of Procedures dated 14/6/02- ECHO should definitely use the GP logframe as a working tool to monitor progress throughout the year. Mid-year and end-of-year meetings with partners are suggested for this purpose. (This will also encourage partners to use their own logframes more for monitoring progress).
- (xv) Despite being way over-committed, regional sectoral experts in Nairobi to be invited to be more involved in the finalisation of GPs, as well as in the final stages of appraisal and monitoring activities.
- (xvi) The GP of the preceding year is to become a key instrument in the preparation of the upcoming year GP.

### **Strategic level recommendations for partners:**

#### Health:

- (i) Because preventive aspects of PHC projects evaluated are being overlooked and neglected in health projects, the focus is to be on all PHC components, and not mostly on the more vertical components of it.

#### Watsan:

- (ii) The rehabilitation of water points (e.g. rehabilitation of boreholes) should take precedence over the habilitation of new ones. Communities to be involved in inventorying old water points and partners to have a watsan mobile team to check these points.

### **Operational level recommendations for partners:**

#### General:

- (i) Partners' proposals should always include a short security appraisal in their respective proposed area of intervention.
- (ii) Emergency stocks of NFIs to continue to be stocked in advance in strategic geographical locations (not necessarily as pre-packed kits).
- (iii) Partners to be encouraged not to hire technical personnel for less than one year.
- (iv) Partner proposals to be more realistic in relation to sustainability, phase-out, support expected from official counterparts and chronic nature of needs (...they are not always dealing with 'real emergencies').
- (v) Sudanisation of field staff to be looked at more proactively with attractive salaries, more concrete time horizons to achieve this Sudanisation, and the implementation of commensurate training/support supervision plans.
- (vi) Partners working in geographical proximity should collaborate more effectively than what the evaluators saw in the field; their proposals to reflect this after meeting with each other when preparing their proposals. (In the North, the TA has started holding successful thematic meetings with partners by sector).

For project evaluation:

- (vii) To the extent possible, beneficiaries to participate in individual project evaluation.
- (viii) In cases ECHO strongly feels so, it is to require that partners' project budgets include funds for an external evaluation of outcomes.
- (ix) External evaluators of individual partner projects to have in their TOR clauses directing them to use the respective GP logframe in their evaluations so as to see if and which specific objectives were addressed and achieved by the respective partner. These evaluators to debrief the respective TA on their final findings.

Watsan, health and nutrition:

- (x) All partners could jointly procure their inputs for watsan projects, e.g, pumps, in order to save on economies of scale.
- (xi) Horizontal integration of health activities and community capacity building in health and nutrition are to be priorities for 2004 health and nutrition projects.
- (xii) Therapeutic and supplementary feeding interventions must, from now on, have clear/explicit exit strategies.