



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

April 3 – July 7, 2003

SYNTHESIS REPORT



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

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LIST OF ACRONYMS

Acronyms	Description
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
DOP	Declaration of principles
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
HIPC	Heavily Indebted Poor Countries
HRs	Human rights
IAC	International Advisory Committee
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)
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

SYNTHESIS REPORT

Action evaluated: Humanitarian and emergency aid to vulnerable populations in Sudan.

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

Consultants' names: Claudio Schuftan MD, Albertien van der Veen and Philippe Lothe
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Purpose and methodology :

The evaluators set out to obtain the information needed to improve future ECHO actions in Sudan and to offer an independent opinion of the achievement of expected results, as well as of the relevance, efficiency, effectiveness, impact and sustainability of a sample of 25 projects (plus six support and special mandate projects) financed by ECHO –most of them in 2002 (list in Annex 4). Moreover, the evaluators offer the same type of opinion for the overall adequacy and performance of four Global Plans (GP) from 1999 to 2002. The latter is the main thrust of the evaluation as per the TOR.

Each of the selected 2002 projects -as well as the complementary operational support/special mandate activities- was evaluated against its own merits and achievements as per their respective project proposals and/or against the respective logical frameworks when available.

In depth reviews were made of documentation at all levels and interviews were held with Echo Brussels and Nairobi/Khartoum staff, and staff of partner organisations.

Thereafter, field visits to all selected projects and partners carrying out operational support/special mandate activities were carried out.

Evaluation reports for each of the above projects/activities are presented in separate documents accompanying this Report.

Briefings/debriefings were held for most of the partner organisations (including those not evaluated) and ECHO staff in Nairobi/Khartoum; see details in annex. The EC Delegations in Nairobi/Khartoum were also visited.

Major findings and conclusions about the 2002 projects evaluated –by sector :

Health and Nutrition

[Evaluators recognise that partners implemented their projects under often unusually difficult circumstances; as can be seen in the individual evaluation fiches, quite a few of them did a commendable job].

- In Government of Sudan (GOS)-controlled areas, health programmes were more comprehensive than in non-GOS-controlled areas, often combining health and nutrition in one with identifiable preventive health and outreach components. (See p. 5 of Health and Nutrition Report)
- Curative care, biased towards the actual provision of drugs, has taken precedence over assuring minimum levels of quality of care to the detriment of basic preventive health and outreach activities. (See p. 11 of the same report)
- Therapeutic and supplementary feeding programmes have been very expensive. In the South, nutrition was poorly integrated into PHC with little attention paid to nutrition education and growth monitoring. (p. 6)

- In GOS areas, the four health partners evaluated carried out good needs assessments; in the non-GOS areas only one of five partners did so. Good assessments did affect impact positively. (p. 6)
- Baseline assessments of health and nutritional status are considered indispensable to measure progress. (p.7)
- The number of beneficiaries actually reached was often lower than what had been foreseen as particularly pertains to feeding and food security projects and to the distribution of non-food items. (pp.13 and 16)
- Finding qualified Sudanese health and nutrition staff has remained a challenge. All partners made an effort to train health staff. Capacity building activities visibly increased in the last two years. In GOS areas, community health promoters were being trained all along particularly to interact with beneficiaries. (p.6)
- Training of traditional birth attendants and supervision of village health workers has been insufficient. (p.6)

Watsan

- Important contributions were made by ECHO-funded projects in this field.
- Many of the projects evaluated have nevertheless been carried out too poorly; costs of water activities have been high and workmanship poor.
- Partners showed weak knowledge of the real situation of water in areas they operate. (See p.3 of the Water and sanitation report).

Food security

- In food security activities, natural disasters have been as important determinants of humanitarian aid needs as have been the war-related security conditions.
- Cost-sharing operations in livestock projects evaluated in the South suffer from a lack of transparency in the handling of funds.

Emergency preparedness and response

- Identification of the number of beneficiaries to be reached has been inaccurate and non-food items (NFI) operations are seldom followed-up.

Operations support/special mandates

In general, flight operations were found to be run with reasonable efficiency, although at a high cost, with different modalities of financing operations in the North and in the South.

Security operations were found to be run professionally and efficiently and ECHO funding is well spent in this rubric.

Overall statistical (baseline and follow-up) data collection and planning functions **on all issues pertaining to humanitarian aid** were weak for a number of years. With ECHO support, the situation has slowly started to change for the better.

Donor co-ordination has been entrusted to OCHA and ECHO funds part of their operations. But ECHO also does its own co-ordination; both technical assistants (TAs) participate in regular meetings of donors.

Protection of the population and of detainees is a function ECHO funds through the ICRC (Red Cross) which is doing a commendable job in this field.

Cross-cutting issues

There was no evidence children have been specifically targeted as a vulnerable group with special needs. Child protection issues have received no special attention. Gender issues overall, women-headed households, the elderly, the orphans/separated children and the handicapped have received little explicit attention as well. Security of aid workers has been taken care of well. Donor communications and co-ordination have received a great deal of attention and have been good.

Gender issues overall -including the desegregation of data by gender, the analysis of access by gender, health educational activities for women and girls, the violence against women issue, the training of TBAs, reproductive health rights and other- also need to be focused upon more proactively in the years to come

Main findings, conclusions and lessons learned about the five GPs evaluated:

Relevance and quality of projects design

- The selection of geographical areas has closely followed the changing needs. Also, the sectors with highest humanitarian needs have received adequate attention.

ECHO has actually funded projects based on the assessment of needs in the field, not using any pre-conceived categories (such as IDPs, refugees and local population). The rigid categorisation of potential recipients of ECHO aid into these three categories is not contributory to carrying out the ECHO mandate in Southern Sudan. (See full details on p. 11 of the main text)

Efficiency of implementation

- The technical qualification of partner organisations' staff in the field and its turnover have been a problem over the years.
- Despite progress, more capacity building is needed for partners' staff.
- Activities retained in the respective GPs have been implemented with reasonable efficiency.
- Monitoring and reporting by partners have been weak; most projects evaluated implemented the majority of planned activities though.

Effectiveness

- The intended beneficiaries have received clear benefits from ECHO funding.
- Field support supervision by partners has been insufficient though.
- Partners have not achieved the level of community mobilisation they had set out to achieve.

Impact

- Through ECHO projects, the overall status of the vulnerable populations reached has improved.
- Impact has been difficult to quantify though due to scarce baseline data.
- Beneficiaries' access to services in all sectors has increased, in particular in Upper Nile and Unity State.
- Co-ordination among ECHO-supported partners has been poor.

Potential sustainability and LRRD issues

- In part because of the political situation, ECHO's humanitarian aid projects evaluated in the North and in the South were rarely embedded in existing local or ministerial structures (partial exceptions were the water and sanitation projects managed by UNICEF in the North and some Ministry of Health staff secondment also in the non-GOS-controlled areas.; projects therefore remain largely aid-dependent.
- Beneficiaries have only exceptionally participated in project decision-making.
- Sustainability prospects remain poor due to current limited opportunities for LRRD; success in the ongoing peace negotiations may change this.

Other findings and lessons learned can be better categorised as follows:

General:

- The EU is the 2nd largest donor in Southern Sudan and the most important donor in Upper Nile.
- Humanitarian needs in the whole area will continue for the coming years; the question is where they will be more severe.
- Nobody realistically expects that a good outcome in the peace negotiations will rapidly translate into significant improvements in the humanitarian conditions and needs.
- High morbidity, mortality and malnutrition rates have persisted, as have forced displacements. Significant pockets of food insecurity also remain in Southern Sudan.
- Conditions prevailing in the area made it difficult (but not impossible) to foster more bottom-up approaches with active community participation.

Strategic level

- Humanitarian assistance has been the only mechanism of service delivery realistically possible.
- In general, over the last ten years (including the period of ECHO presence), capacity building in humanitarian aid was insufficient and has resulted in a continued and non-diminishing need for foreign technical assistance.
- New access areas are one of the biggest challenges ahead given the expected upcoming return and resettlement operations.
- NGOs (or International NGOs) have rightly been the major conduit for humanitarian aid in Southern Sudan.
- Transport costs remain a very high proportion of total costs; however, it is fair to say that, under current conditions, little can be done to reduce the same.
- 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, as long as it does NOT jeopardise the attention and level of funding humanitarian aid will get in the near future.
- On the memorandum of understanding (MOU) issue, evaluators are of the opinion that ECHO and the EC acted appropriately according to its mandate. The risk of setting a bad precedent was indeed high; a concerted and firm position of all donors and NGOs may have preserved the high humanitarian principles without giving-in to undue pressures. Donor co-ordination failed in this crisis though and ECHO took a firm position while others finally accepted the MOU. Subsequent events and experience have shown that 'waiting until the dust settles' eventually pays off. (See Section 4.6., Strategic Level)
- The intervention logic of the GPs evaluated was commensurate with the objectives set out in each of them – and all of them fell within the mandate of ECHO.

Operational level

- GPs have been a good instrument to streamline ECHO operations.
- The participatory process of preparing GPs (with partners) has helped ECHO better capture the changing realities on the ground.
- The overall objectives of all GPs were considered to be too general and specific objectives were not found in the first three GPs reviewed.
- ECHO's visibility for all it does in Southern Sudan has been rather poor in the last four years.

Recommendations:

For ECHO:

Strategic:

- Balance the advantages and disadvantages of providing more and qualitatively better services in fewer focus sites against the provision of health and other services of relatively lower quality in more locations.
- Concentrate water projects in fewer regions selected following strict water needs criteria. First consider the rehabilitation of existing systems and only then drill new boreholes.
- Re-emphasise the priority for comprehensive primary health care (PHC) programmes; make sure reproductive health, HIV/AIDS and sexually transmitted diseases components are always included.
- Current cost-sharing operations problems in ECHO-funded livestock projects (due to poor financial record keeping) should be resolved.
- Do not approve the launching of a therapeutic feeding centre without a professional assessment of the nutrition situation.
- More decisively assure linkages of project activities across traditional sectors ECHO supports (especially health and watsan).
- Encourage partners to always address sustainability issues and explore possibilities for hand-over.

Operational :

- Sectoral (health, nutrition, watsan, food security) activities to be entrusted to partners specialised in a specific sector with closer technical supervision and requirements for quality, at least to achieve minimum standards.
- Further train partners for the preparation of better logical frameworks that relate to that of the respective GP.
- Share GP logical frameworks with partners before they submit their proposals; partners to identify which aspects of the GP they are addressing and should meet during proposal preparation to work out co-ordination issues.
- ECHO to use the GP logical framework as a working tool to monitor progress along the 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.

For partners:

Strategic:

- Partners to base their respective needs assessment on actual recent data collection and not on estimates.

Operational:

- Partners to improve monitoring and self-evaluation activities so as to adjust their programmes in a timely manner if targets are not being met.
- In cases ECHO strongly feels so, it is to require that partners' project budgets include funds for an external evaluation of outcomes.
- External evaluators of individual partner projects to have in their TORs 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; these evaluators to debrief the respective TA on their final findings.
- Training of traditional birth attendants to be routinely included in primary health care projects and to include contents to allow them to teach better care practices for women and children.
- In each programme, partners to appoint at least one field staff member with a sound background in public health and/or nutrition.
- Feeding programmes have to be preceded by an anthropometric survey that also assesses the underlying causes of malnutrition in each location.
- Therapeutic and supplementary feeding interventions must, from now on, have a clear/explicit exit strategy.
- Community-based maintenance of water points should receive much higher priority; act more decisively on face washing and hand washing after defecation.
- Watsan and NFIs distribution operations to be complemented by hygiene education activities; Guinea worm cloths to be added in the NFI kits.

ECHO priority interventions after 2003:

Priority areas will have to be dictated by the evolution of events (especially the outcome of peace negotiations) showing the flexibility ECHO has already shown in the past; resettlement of internally displaced people (IDPs) in their locations of origin will become progressively more important.

Priority groups should continue to be selected based on humanitarian needs – and not pre-conceived categories; the elderly, orphans/separated children, the handicapped and women-headed households should be singled out for more targeted actions.

Priority sectors and type of actions will most probably remain the same; feeder roads rehabilitation and demining operations may be added as needed (as regards demining, ECHO should have some funds in case Relex cannot respond in a timely manner, especially for the needs of returnees). Food security may be de-emphasised (perhaps first in the North), but options are to be left open.

Emergency preparedness and response operations, including the response to epidemic outbreaks, will have to remain central in ECHO-funded activities particularly using reserve funds and staying vigilant for the need for an additional Emergency Humanitarian Decision. (For this, the GP reserve funds should be kept at least at the current 10% of total envelope level).

Support of operational and special mandate activities is to stay unchanged for the time being.

A. INTRODUCTION

1. The context of the humanitarian crisis in Sudan and ECHO's response to it, as well as the justification and timing for this evaluation can be found in the TOR in Annex 3.
2. Sudan has been in a civil war for a long time now. The human cost of the conflict has been overwhelming: 2 million deaths and 4 million internally displaced people. Over 90% of the population is poor and basic services have almost entirely depended on emergency relief aid. Recurring natural disasters (droughts and floods) aggravate the situation.
3. ECHO has been intervening in Sudan since 1993 (from Kenya). In 1999, it opened a field office in Khartoum. ECHO funding increased from 13 to 20 million EURO from 2002 to 2003. ECHO TAs are very stretched in identifying, following and reporting on over 35 projects each year
4. Evaluators looked into 31 of 41 projects funded in 2002. The schedule of visits to 31 projects selected for close evaluation can be found in Annex 3 (those project are mostly '2002 projects'); a special volume accompanying this Synthesis Report contains the individual evaluation fiches of 24 of those projects. Actions that fell under the 2002 Emergency Humanitarian Aid Decisions were not looked at (the respective provinces were off limits for security reasons).
5. Most of the projects evaluated are located in active or former civil war frontlines, in areas of climatic stress and/or areas with ethnic conflict. The local population still acutely suffers from the consequences of these conditions. Limited resettlement/return movements so far have, and will in the future, face(d) problems such as a lack of roads and of clean water and sanitation, landmines, food shortages, and a high prevalence of diarrhoea, malaria and preventable endemic diseases. Travel was one of the constraints faced by the technical evaluators and the final choice of sites visited was dictated by Lokichoggio and Khartoum flights available, as well as by travel permits in the North. Two weeks were spent in the field in the South and one in the North.
6. Overall, evaluators want to point out that, in their opinion, ECHO –through its funding and through the work of the desk and the respective TAs- has done solid, valuable work in Sudan in the last four years while facing indeed big challenges.

B. PURPOSE AND METHODOLOGY OF THE EVALUATION

7. The purposes/objectives of the evaluation were clearly spelled out in its TOR and were closely followed by the evaluators. During the evaluators' Brussels briefing, priorities were re-emphasised for them, namely that the main thrust of the evaluation was to evaluate the Global Plans (GPs) and that evaluating individual projects of 2002 (the latest that had been completed) was to primarily serve to evaluate the GPs. Also, evaluators were asked to give their educated opinion about the choice of categories of beneficiaries of humanitarian aid ECHO should be focusing on in this conflict.
8. In depth reviews were made of documentation prepared by ECHO Brussels and Nairobi/Khartoum, as well as that provided by the partners evaluated. Interviews were held with ECHO Brussels staff and the TAs, the EC Delegations in both capitals and staff of partners. Short field visits to all pre-selected projects -plus some that were looked at, because they were in the same locations- included interviewing their field staff (whenever possible using the 2002 GP and partner's logical framework as an evaluation tool), visits to the field, and interviews of local project implementers and beneficiaries. Preparation of summary evaluation fiches for each project evaluated, including all the evaluators' findings, key observations, actions recommended (and by whom) followed and are presented in a separate document companion to this Report.
9. The team leader was charged with evaluating the overall GPs. He held the needed interviews in Nairobi, Lokichoggio and Khartoum. A separate GPs Report summarises his findings. He also prepared a separate

companion document showing the Evolution of GPs from 1999 to 2003 (Annex 1 in the GPs Report). The team leader also looked into six operational support/special mandate projects.

10. Half-day meetings were held in Nairobi and Khartoum with most of the partners (including those not evaluated). General issues pertaining this evaluation and their feedback on ECHO operations overall were discussed (see the summary of that feedback received in Annex 1 of this Report). The two EC Delegations involved got general briefings as well.

11. Several locally contracted external evaluations had been completed (UNICEF, Spanish Red Cross, COSV, ICRC, OXFAM and FAO); evaluators read them when available and added relevant information in their respective Reports.

12. Before going into describing the major findings, evaluators want to point out the overall difficult conditions of project implementation in Southern Sudan, both in the GOS- and non-GOS-controlled areas. Under the prevailing circumstances, much of what can be done is, by necessity, 'top-down'. ECHO staff joins many others in the hope that actual conditions will, in the near future, allow to move to a more 'bottom-up' working modality. It also needs reiterating that the work accomplished by the ECHO TAs and ECHO regional and desk officers has been substantial; only additional staff would have allowed for a closer qualitative project follow-up.

C. MAJOR FINDINGS AND CONCLUSIONS ABOUT THE 2002 PROJECTS EVALUATED -BY SECTOR

[Evaluators judged each of the 2002 projects evaluated according to the standard EC criteria of relevance, efficiency, effectiveness, impact and sustainability as per the TOR. The details are too many to fit into this Synthesis Report and can be found in the executive summaries of the two technical reports].

C.1. Health and Nutrition

13. In GOS-controlled areas, health programmes were quite comprehensive, often combining health and nutrition in one with reasonably strong preventive health and outreach components. In non-GOS-controlled areas, the evaluator found shortcomings in outreach and prevention activities. For example, immunisation coverage remained very low and little was being done to improve health and nutrition education. (See p.8 of the Health and Nutrition Report)

14. More resources went to relatively expensive curative care, in particular during the last two years. In most projects evaluated in Southern Sudan, the actual provision of drugs has taken precedence over assuring minimum levels of quality of care. Focusing more on curative services -including control and management of endemic diseases and acute malnutrition- has been to the detriment of basic preventive health and outreach activities.

15. Projects in nutrition predominantly consisted of expensive therapeutic and supplementary feeding programmes. In non-GOS-controlled areas, nutrition was poorly integrated into PHC with little attention paid to nutrition education and growth monitoring.

16. The quality of expatriate staff was judged to be good, but was weaker in the nutrition programmes evaluated.

17. Finding sufficiently qualified Sudanese health and nutrition staff remains a considerable challenge.

18. The number of beneficiaries reached was not always according to plan, and several programmes saw a decrease over time in the number of people making use of the services provided.

19. All partners made an effort to train health staff. Capacity building activities visibly increase in the last two years. In GOS areas, community health promoters were being trained all along to interact with beneficiaries.
20. In GOS areas, the four health partners evaluated carried out good needs assessments; in the non-GOS areas only one of five partners did so. Good assessments did affect impact positively.
21. In non-GOS-controlled areas in particular, training of traditional birth attendants and supervision of village health workers was judged to be insufficient both in the North and the South;
22. Baseline assessments of health and nutritional status are considered indispensable to measure progress.
23. Mobile approaches to provide health care have shown to be an effective way to increase impact.

C.2. Watsan

24. For watsan, what needs to be highlighted, both for projects evaluated in the North and the South, is:
25. Providing drinking water and improving sanitation is always relevant, and important contributions were made by ECHO-funded projects in this field. But projects evaluated have been carried out poorly.
26. The unit costs of water activities has been high and the quality of workmanship poor.
27. Partners have shown incomplete knowledge of the real situation of water in the areas they operate. Reliable, recent surveys of the real situation in target areas were mostly missing.
28. Indicators of accomplishment chosen were on the number of water points habilitated rather than on the population served.
29. In the watsan projects evaluated, no joint planning was found among partners.

[Evaluators think these deficiencies are mostly the responsibility of the partners. There is little the TAs (without a specific technical knowledge in this field) could have done; ECHO's regional watsan advisor is too stretched to provide detailed follow-up to work being done in one particular country].

C.3 Food security

30. In activities in this sector, natural disasters are as important or more than the war-related security conditions (as determinants of need). Their sustainability is possible, but only one agency evaluated (GAA) put sufficient emphasis on the medium and long-term effects of these activities; it was judged to be an example to be followed by other partners.
31. Cost-sharing operations in livestock projects evaluated suffer from a lack of accounting transparency; otherwise, their success has been mixed depending on the location.

C.4. Emergency preparedness and response

32. Partner proposals were very poor in terms of identifying the number of beneficiaries to be reached particularly in water and Non Food Items (NFI) projects; NFI operations were seldom followed-up.

33. In NFIs distribution, priority is actually to assess the needs in the event of a crisis and to have a buffer stock of relief kits (ongoingly being tracked by the Emergency Preparedness and Relief (EP+R) Unit) promptly available to be taken to where they are needed; due reorganisation of operations started with ECHO support.

C.5. Operations support/special mandates

34. **Flight operations** in the South are run by WFP; passengers have to pay on a 'pay as you fly' basis that charges for each sector flown even if the passenger's destination is not one of the stops the plane makes before reaching the destination the passenger wishes to reach. This modality is claimed by WFP to be needed to finance 100% of their flight operations. ECHO projects in the South reserve around one third of their budgets to pay for that transport of staff and cargo. Commercial carriers operate Nairobi-Lokichoggio flights; tickets are expensive. In the North, ECHO and USAID co-finance (50/50) the operation by WFP of one airplane; ECHO pays for this NOT from the GPs but from other funds, and partners' staff uses these services for free. In general, flight operations were found to be run with reasonable efficiency...at a high cost.

35. **Security operations** were found to be run professionally and efficiently and ECHO funding is well spent in this rubric.

36. **Overall data collection and planning functions** were weak for a number of years. With ECHO support, the situation has slowly started to change. The OLS Technical Support Unit (TSU) in Lokichoggio has come a long way; major baseline data are now in a database; TSU follows their evolution on a monthly basis and shares the information with all donors and NGOs in the South. These data are vital for planning activities by all agencies. An equivalent OCHA database in the North was said not to work so well.

37. **Donor co-ordination** has been entrusted to OCHA and ECHO funds part of their operations. OCHA has not reported on the use of these funds to the satisfaction of ECHO and this is being now looked into at a time when OCHA is being called to play a different role in the new UNDP plans. But ECHO also does its own co-ordination; both TAs participate in regular meetings of donors and think these meetings are useful.

38. **Protection of the population and of detainees** is a function ECHO funding through a grant to the ICRC. As documented in interviews, the Red Cross is doing a commendable job in this field.

C.6. Cross-cutting issues

39. Finally, the importance of the following issues cannot be emphasised enough:

40. Human rights have been an important parameter in ECHO's work in Southern Sudan. A fair amount of ECHO funding has benefited children, but there was no evidence children have been specifically targeted as a vulnerable group with special needs. Child protection issues have received no special attention. Women-headed households, the elderly, the orphans/separated children and the handicapped have received little explicit mention/attention. No work is explicitly being done on providing psycho-social support for the victims of violence. Security of aid workers has been taken care of well. Donor communications have received a great deal of attention and co-ordination and complementarity with them has been good.

41. Gender issues overall -including the desegregation of data by gender, the analysis of access by gender, health educational activities for women and girls, the violence against women issue, the training of TBAs, reproductive health rights and other- also need to be focused upon more proactively in the years to come.

D. MAIN FINDINGS, CONCLUSIONS AND LESSONS LEARNED IN FOUR YEARS OF PROJECT IMPLEMENTATION AND FROM THE REVIEW OF THE 1999-2003 GPs

[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].

For the four years assessed, the standard evaluation criteria were as follows:

D.1. Relevance and quality of projects design

42. The selection of geographical areas of concentration for GPs interventions has followed the changing needs of humanitarian aid. The sectors in which humanitarian needs have been highest have indeed received adequate attention.

D.1.1. IDPs Issues

43. Regarding ECHO's policy towards vulnerable groups, particularly the issue of IDPs, evaluators can vouch that ECHO's policy to address humanitarian needs of affected populations -regardless of whether they have been forcibly displaced or not- has been respected in Southern Sudan. ECHO has actually been funding projects based on the actual assessment of needs in the field, and not using any pre-conceived categories (e.g. IDPs, non-displaced local populations or refugees). Furthermore, ECHO most often relies on the first-hand knowledge of its partners to assess these humanitarian needs –and there is no better alternative to do this. Despite the fact that no preconceived categories are used for decision-making, such different categories of affected populations are acknowledged, including their slightly different legal and material status and the international attention they get. The status of IDPs and local populations suffering from the protracted conflict, is judged to be most often impossible to differentiate. The same is true for ECHO's (or anybody's) ability to point out exactly when the IDP status of a given population precisely ends, i.e., “when do IDPs stop being IDPs and when should their entitlements and benefits end”. In short, by categorising, ECHO is of the opinion one risks making an artificial distinction between groups almost equally affected by the overall conflict.

44. So, in practice, all this has meant that projects evaluated have served the needs of IDPs, as well as those of the local population affected either by those displaced, or by the overall effects of the war or natural disasters. The EC Humanitarian Regulation 1257/96 (requiring coping with the consequences of population movements caused by natural and man-made disasters) has thus been upheld, as the evaluators can vouch for.

45. Given these facts, the evaluators wish to endorse the criteria being applied on this issue in this region – i.e., NOT to categorise vulnerable groups; they strongly feel no changes are needed in this respect. (Note that none of the evaluated projects involved bona-fide refugees) (Evaluators acknowledge that international attention focuses more on emergency responses to displacement; however, emergencies affect not only the displaced: narrowing criteria does therefore not solve the problems of all conflict-affected populations).

46. Moreover, it needs to be said that, in matters of protection, IDPs' rights in Southern Sudan are as likely to be violated as those of the local population. Therefore, in matters of protection, a pre-conceived categorisation of groups does not help either.

47. A notable single exception needs to be pointed out here: The distribution of NFIs should continue to be targeted almost exclusively to genuine, bona-fide IDPs who have literally lost all their livelihood means when fleeing.

48. As a final issue related to relevance, evaluators feel that ECHO's role in focusing its humanitarian aid on the relief phase of conflicts/disasters and then phasing out in the rehabilitation phase is the right one in

general. But it is also strongly felt that, in the case of Sudan, ECHO having indeed gone a bit further into the rehabilitation phase -simply because of the chronicity of the conflict- is fully justified. Moreover, evaluators unanimously think that ECHO having been an active donor in parts of the rehabilitation phase undoubtedly has allowed increasing the impact of its aid to this embattled part of Sudan.

D.2. Efficiency of implementation

49. The technical qualification of partner organisations' staff in the field has been a problem over the years; staff turnover has been high; much remains to be improved on staff quality.

50. A good effort is now going into capacity building in most projects seen (especially health); more of these efforts are needed.

51. The efficiency in the implementation of activities retained in the GPs is judged to have been reasonably good.

52. Although internal monitoring and reporting by partners have been mostly weak, most projects evaluated have ended up implementing the majority of planned components. Detailed quali- and quantitative results of the same can be found in the accompanying technical reports.

D.3. Effectiveness

53. The intended beneficiaries have indeed received the benefits from ECHO funding. But the elderly and handicapped have not been targeted sufficiently. Moreover, children and women's issues have not received sufficient attention.

54. Most GP expected outputs have been achieved, but with insufficient field support supervision by partners sometimes resulting in low quality outputs.

55. Partners have had good communication with their beneficiaries, but have not achieved the level of community mobilisation expected. (Community participation was an explicit accent in the respective GPs).

D.4. Impact

56. The wider planned outcomes of the GPs reviewed have been achieved; it can be said that the overall status of vulnerable populations reached has improved.

57. Impact has been difficult to quantify given the dearth of baseline data; ECHO's funding has contributed to get this situation slowly reverted.

58. Access to services in all sectors has increased during periods of ECHO support, in particular in Upper Nile and Unity State.

59. Co-ordination among ECHO-supported partners was found to be insufficient; this did thus not contribute to enhance impact.

D.5. Potential sustainability and LRRD issues

60. Both in the North and in the South, it is hard to say to what degree local authorities explicitly support and take responsibility for ECHO's humanitarian aid projects in general, and ECHO's in particular. This issue has been elaborated upon extensively elsewhere, is not new to ECHO, and evaluators have no new words of wisdom to add. The end result, under acknowledged difficult circumstances, is that projects evaluated

(particularly those in the South) are mostly not embedded in any existing local or ministerial structure with all this entails for negatively impinging on sustainability. Government counterparts may participate (more so in the North), but do not take much de-facto responsibility for projects' implementation. This, despite the fact that ECHO often supports capacity building of counterpart staff.

61. Otherwise, projects seem to have been socio-culturally well adapted, but community ownership of project achievements has been low; beneficiaries have only exceptionally participated in project decision-making. Therefore, sustainability prospects have remained poor due to limited opportunities for LRRD.

D.6. Other findings and lessons learned can be better categorized as follows:

62. The EU is the second largest donor in Southern Sudan -after the US and ECHO is now the most important donor in Upper Nile.

63. In the whole area, humanitarian needs will continue pretty much unchanged for the coming years; the question is where they will be more severe.

64. In general, over the last ten years (including the period of ECHO presence in Sudan), capacity building in humanitarian aid was insufficient and has resulted in a continued and non-diminishing need for foreign technical assistance. This could have perhaps been minimised with a more concerted longer-term effort as the one needed in a chronic emergency situation.

65. 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.

66. Benefits from ECHO funding, have indeed reached the intended beneficiaries/vulnerable groups.

67. Partners have shown flexibility to attend to the needs of the most vulnerable populations; there is room for improvement, particularly through the use of mobile strategies mostly in health and nutrition.

The following are considered lessons learned relevant at the Strategic level:

68. Humanitarian assistance has been the only mechanism of service delivery realistically possible.

69. New access areas are one of the biggest challenges ahead given expected return and resettlement operations.

70. NGOs have rightly been the major conduit for humanitarian aid in Southern Sudan.

71. 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. The point to be categorically made though is that the latter approach –with a Millennium Development Goals focus- should NOT jeopardise the attention and level of funding humanitarian aid will get in the near future.

72. On the memorandum of understanding (MOU) issue, evaluators are of the opinion that ECHO and the EC acted appropriately according to its mandates. The risk of setting a bad precedent was indeed high; a concerted and firm position of all donors and NGOs may have preserved the high humanitarian principles without giving-in to undue pressures. Donor co-ordination failed in this crisis though and ECHO had taken the strongest position while others finally signed the MOU. Subsequent events and experience have shown that 'waiting until the dust settles' eventually pays off. [Background: The non-GOS authorities in the South imposed –through an MOU- certain conditions to donors and NGOs under which they expected them to operate. The

contents of the MOU were unacceptable to ECHO and it tried to organise the foreign community to reject the MOU. These efforts ended in failure and a number of donors and NGOs GOS finally signed the document]. (More details can be found in Annex 4, No.9 of the Global Plans Report).

73. Nobody realistically expects that a good outcome in the peace negotiations will rapidly translate into significant improvements in the humanitarian conditions and needs. Nobody either thinks that the political and economic crisis can be resolved by more humanitarian aid. (Trinity College Report, April 2000)

74. 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 were well within the mandate of ECHO.

The major lessons learned at Operational level are:

75. GPs have been a good instrument; they have served ECHO well and the logical framework has the potential for even greater utility if fully used.

76. The fact that project proposals of a partner are similar for two consecutive years should not be a source of worry; needs may continue to be the same. But one should insist on partners being increasingly more innovative, use less expatriate staff and insist on more community participation.

77. 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.

78. The overall objectives of all GPs were considered to be too general and vague and specific objectives were not found at all in the first three GPs reviewed.

79. ECHO's visibility for all it does in Southern Sudan could be improved by timely press releases or videos about projects funded.

E. RECOMMENDATIONS

E.1. For ECHO

Strategic area

80. ECHO to consider having partners design projects in fewer geographical areas, beginning with needs assessments, the identification of specific objectives and of objectively verifiable indicators. These fewer area-based projects should be more comprehensive and planned for a restricted area as proposed by the partners (multi-sectoral with integrated interventions in watsan, health, nutrition, hygiene, food security and education). The focus is to be on areas that have the most acute problems; working with potential partners should lead to a logical framework. One of the partners would be designated (elected) as a local co-ordinator.
81. Re-emphasise the priority for comprehensive PHC programmes; make sure reproductive health, HIV/AIDS and sexually transmitted diseases components are always included.
82. Systematically review high input/high cost-per-patient health projects to insist appropriate concomitant complementary preventive and outreach activities are included.
83. Do not approve the launching of a therapeutic feeding centre without a professional assessment of the nutrition situation.
84. Concentrate water projects in fewer regions selected following strict water needs criteria. First consider the rehabilitation of existing systems and only then drill new boreholes.
85. In ECHO-funded animal veterinary health care services, cost-sharing should pay the medical veterinary services by community animal health workers (CAHWs). Whether the medicines should also be paid for by the users, should be decided as new administrations take over after the peace agreement. Until then, medicines should be provided free of charge, because financial records are not (or are poorly) kept of the handling of revenues.
86. More decisively assure linkages of project activities across traditional sectors ECHO supports (especially health and watsan).
87. Assure projects give more attention to gender, community participation and mobile programmes. ECHO to join hands with UNICEF/OLS (Operation Lifeline Sudan) to do more work on child protection issues. Also, ECHO to consider funding small scale educational opportunities for girls (as, for example, supported by WFP in the North); these could include basic literacy and numeracy, kitchen gardening skills, safe water management, health, nutrition and birth attending skills.
88. Insist on partners working in the same area and/or sector collaborating closer among themselves.
89. Consider demanding a minimum guarantees from partners that they can fill eventual temporary funding gaps with their own funding.
90. Encourage partners to address sustainability issues and explore possibilities for hand-over. (Evaluators took note that, in the case of the International Rescue Committee in Khartoum, a one year hand-over period was too short).
91. Continue funding co-ordination and protection (special mandates) activities in the years to come.

Operationally

92. ECHO to be stricter in judging whether all partners' needs assessments justify the objectives and activities they propose and whether the latter are the most appropriate and effective to achieve the stated objectives. For this, TAs can request the services of the regional ECHO sectoral experts.
93. Sectoral activities to be entrusted to partners specialised in that sector with closer technical supervision and requirements for quality, at least to achieve minimum standards.
94. Further encourage pooling of resources of partners in emergency responses (especially NFIs distribution and mobile operations) to avoid unnecessary duplications in transport costs.
95. Both ECHO and partners to identify better impact indicators in their logical frameworks (also being more precise on how to calculate them) so as to avoid unrealistic objectives and impossible-to-achieve expected outcomes.
96. Further train partners for the preparation of better logical frameworks that relate to that of the respective GP.
97. Share GP logical frameworks with partners before they submit their proposals; partners to identify which aspects of the GP they are addressing. They should also meet to work on co-ordination issues.
98. ECHO to use the GP logical framework as a working tool to monitor progress along the year.
99. The support supervision role of the TA should be strengthened and they should be given more time in the field; this is not to be seen as a controlling function, but as a way to make sure expected outcomes are accomplished.
100. Both ECHO field offices in 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.
101. Evaluators endorse the proposal made by both TAs to start the funding of the various 2004 projects throughout the year with projects actually starting on the date of their signature and not all necessarily in January.
102. Consider sponsoring and funding a therapeutic and supplementary feeding programmes' impact study to guide future decisions.
103. Select a focal point leader for the activities in food security in the North and convince other partners to adopt FAO's approach.
104. Seeds to be made available on a loan basis or using a 'seeds (+ tools?) for work' scheme.
105. To increase the number of technical staff in charge of the follow-up of the activities both in Nairobi and in Khartoum ECHO offices: i.e. engineers in Water and Sanitation, agricultural engineer.

E.2. For partners

In the Strategic area:

106. Partners to base their needs assessment on actual recent data collection and not on estimates.

Operationally:

107. Partners to supervise their field staff more regularly.

108. Partners to improve monitoring and self-evaluation activities so as to adjust their programmes in a timely manner if targets are not being met.

109. Provide statistics by age group and gender to allow for better interpretation of strengths and weaknesses of project performance.

110. In cases ECHO strongly feels so, it is to require that partners' project budgets include funds for an external evaluation of outcomes.

111. External evaluators of individual partner projects to have in their TORs clauses directing them to use the respective GP logical framework in their evaluations so as to see if and which specific objectives were addressed and achieved; these evaluators to debrief the respective TA on their final findings.

112. Improve partner collaboration regarding the training of staff.

113. Focus capacity building on local staff and increase efforts to involve women (as vaccinators, in water and health committees).

114. Training of traditional birth attendants to be routinely included in primary health care projects.

115. Village health/development committees also need to be trained and more involved.

116. Appoint at least one expatriate staff member with a sound background in public health in each programme.

117. Feeding programmes have to be preceded by an anthropometric survey that also assesses the underlying causes of malnutrition.

118. Therapeutic and supplementary feeding interventions must, from now on, have clear/explicit exit strategies.

119. Improve the quality of the water committees in the community, and put systems of cost-sharing in place.

120. Community-based maintenance of water points should receive a much higher priority; act more decisively on face washing and hand washing after defecation messages.

121. Partners to subcontract the drilling of boreholes to professional teams, with contracts with clear technical specifications. Consider tendering in neighbouring countries for the drilling of a batch of boreholes at a time in the same region.

122. Engage qualified engineering companies to carry out visits of existing drilling operations to diagnose the problems and propose immediate solutions, as well as to carry out feasibility studies.

123. Watsan and NFIs distribution operations North and South to be complemented by hygiene education activities; Guinea worm cloths to be added in the NFI kits (they are currently distributed through health and not NFI interventions).

F. ECHO PRIORITIES FOR INTERVENTION AFTER 2003

124. Priority areas will have to be dictated by the evolution of events (especially the outcome of peace negotiations) reflecting the flexibility ECHO has already shown in the past; resettlement of IDPs in their locations of origin will become progressively more important.

125. Priority groups should continue to be selected based on humanitarian needs – and not pre-conceived categories; the elderly, orphans/separated children, the handicapped and women-headed households should be singled out for more targeted actions. Gender issues overall -including the desegregation of data by gender, the analysis of access by gender, health educational activities for women and girls, the violence against women issue, the training of TBAs, reproductive health rights and other- also need to be focused upon more proactively in the years to come

126. Priority sectors and type of actions will most probably remain the same; de-mining and feeder roads rehabilitation may be added as needed; food security may be de-emphasised (perhaps first in the North), but options are to be left open.

127. Emergency preparedness and response operations, including the response to epidemic outbreaks, will have to remain central in ECHO-funded activities particularly using reserve funds and staying vigilant for the need for additional emergency humanitarian decisions.

128. Support of operational and special mandate activities is to stay unchanged for the time being.

ANNEXES

- Annex 1 Summary of the comments received during the meeting with the partners (Nairobi + Khartoum).
- Annex 2 Proposed methodology for sector evaluators and for the team leader.
- Annex 3 Terms of reference for the evaluation of ECHO actions in Sudan.
- Annex 4 Persons met and schedule of the mission.
- Annex 5 ECHO funding in Sudan, 1999-2002.
- Annex 6 Maps.