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

**April 3 – July 7, 2003**

## TECHNICAL HEALTH AND NUTRITION REPORT

Albertien van der Veen

**S.H.E.R. Ingénieurs-Conseils s.a.**
**www.sher.be**

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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 |
| 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 |
| IRC | International Rescue Committee |
| 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:

## TECHNICAL HEALTH AND NUTRITION REPORT

**Action evaluated:** Health and nutrition sector aid provided to vulnerable populations in Sudan.

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

**Consultant's name:** Albertien van der Veen (For S.H.E.R. Ingénieurs-conseils s.a.)

**Purpose and methodology:**

The evaluation aimed to assess the appropriateness of ECHO's actions in the health and nutrition sectors in Sudan since 1999; this, in order to establish whether they have achieved their objectives and also to come up with recommendations for improving the effectiveness of future operations and strategy in both, GOS-controlled and non-controlled areas. In order to provide an independent assessment of the results of funded operations as well as the means employed to achieve them, relevance, efficiency, effectiveness, impact and sustainability of seven health and two nutrition projects financed by ECHO in 2002 were evaluated. The methodology used consisted of:

- In depth reviews of all available documentation.
- Interviews held with ECHO Brussels, ECHO Technical Assistants in Khartoum and Nairobi and staff of partner NGOs.
- Field visits to selected projects.
- Preparation of summary evaluation fiches for each project (presented as a separate accompanying report)

A debriefing was held for most of the partner NGOs (including those not evaluated); details are provided in annex to the Synthesis Report.

**Main technical findings and conclusions:**

**Regarding relevance:**

- Four out of the seven projects evaluated in the health sector aimed to directly improve access, while two indirectly contributed to the same through the provision of drugs and maintenance of the cold chain respectively. Through these projects, access to health care clearly increased over the last years, in particular in Upper Nile and GOS-controlled Unity State.
- In GOS-controlled areas, health programmes were quite comprehensive, often combining health and nutrition in one with strong preventive health and outreach components. In non- GOS-controlled areas, the evaluator found shortcomings in outreach and prevention.
- Only two partners readily seized the opportunity to move into new, previously non accessible areas.
- While little progress was made in the South in addressing the major causes of morbidity and mortality, more and more resources went to relatively expensive curative care such as control of endemic diseases and surgical care, in particular during the last two years.
- Projects in the nutrition sector 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.

- An important reason for limited relevance was an insufficient analysis of actual needs. While in GOS areas all four partners evaluated scored well on their needs assessments, in non-GoS-controlled areas only one partner out of five got a score of good.

**Regarding efficiency:**

- Inputs of projects evaluated were brought in on time.
- The quality of expatriate staff was judged good, but was weaker in nutrition programmes. Many programmes suffered from a high turnover of expatriate staff and resulting weak institutional memory. This was less so in GOS-controlled areas. Despite attempts to improve capacity, finding sufficiently qualified Sudanese staff remains a considerable challenge.
- Where insufficient qualified staff was found, the evaluator's impression was that the actual provision of drugs had taken precedence over assuring minimum levels of quality of care. This was the case in most of the primary health care units visited, all located in non GOS controlled areas.
- PSF's provision of drugs and UNICEF's maintenance of the cold chain, both facilitated the provision of quality services.
- The tendency of partners in the South was to focus more on curative services -including control and management of endemic diseases and acute severe malnutrition- to the detriment of basic preventive health and outreach activities; this made these programmes less efficient than programmes in the North.

**Regarding effectiveness:**

- The number of beneficiaries reached was not always according to plan. In the three high- cost-per-beneficiary projects the actual case-load treated was approximately half of the initial target.
- Without exception, partners put a lot of effort in training health staff. Capacity building activities increased during the period under evaluation. In GOS areas community health promoters were being trained on a continuous basis to educate communities and encourage health facility and/or feeding centre attendance.
- Training of traditional birth attendants and supervision of village health workers was judged insufficient; none of the partners evaluated employed innovative means to boost supervision of health work in villages.
- Community participation was weak everywhere visited, sometimes as a result of insufficient efforts by partners, sometimes due to access problems and frequently due to insecurity.

**Regarding impact:**

- Overall, projects have had a positive impact on beneficiaries; in non-GoS-controlled areas, impact would have been greater if the right emphasis would have been given to outreach and preventive activities. Few partners attempted to measure impact.
- Two agencies attempted to improve impact by increasing coverage and expanding programmes when opportunities of increased access arose. In both cases, a mobile approach was used, suggesting this is an effective way to increase impact.
- ECHO's strategy to increase impact by promoting linkages between the health and nutrition sector and the water and sanitation and food security sectors was a good one, but failed to maximise positive health outcomes due to weak collaboration of partners.

**Regarding sustainability and LRRD:**

- There was little evidence of explicit support by local authorities -both in GOS- and non-GoS-controlled areas- to take responsibility for health and nutrition projects in general and ECHO's in particular.
- Only one partner (IRC) handed over its programme during the period under review. However, this hand-over was not to the State MOH as would have been desirable, but to another (local) NGO. Results were not encouraging; attendance dropped dramatically, drugs were not available and community health activities -the key success factor- had ceased.

- Projects did strengthen the capacity of staff and ECHO's strategy to support this activity was appropriate, as it turns out to be one of the key elements in linking humanitarian assistance to development.

**Regarding cross-cutting issues:**

- Reproductive health, HIV/AIDS and STDs have, so far, received little attention.
- A high percentage of beneficiaries consisted of women and children, although neither were targeted specifically. Gender sensitivity was hardly promoted, but was better among (originally) US-based partners. There were few efforts to involve more women in the provision of health care.
- Although some programmes specifically targeted IDPs, no distinction of category of beneficiary was made in the actual provision of health and nutrition services. In view of the needs of the overall population, this was appropriate.

**Technical recommendations:**

- All health programmes to include an outreach and nutrition component and preventive activities.
- Training of traditional birth attendants should be routinely included in primary health care projects and should include education on improving care practices.
- More supervision and training of staff in primary health units is necessary.
- Partners to employ at least one field staff with a public health background in each programme.
- Village health/development committees need to be trained and more involved.
- Project objectives and activities that are the most appropriate and effective to achieve the same objectives need to be formulated on the basis of an appropriate needs assessments that clearly justifies the programme. In the case of feeding programmes, this has to include an anthropometric survey also assessing the underlying causes of malnutrition.
- Partners to improve monitoring and self-evaluation activities to adjust their programmes in a timely manner if targets are not being met.
- Partners should, certainly after several years, do impact assessments and ECHO should continue to encourage them to do so by providing funds for baseline studies including assessments of knowledge, attitudes and practices (KAP) and for evaluations.
- Partners to put greater efforts in actively seeking co-funding of health and nutrition projects.

**Lessons learned:**

- Baseline assessments of health and nutritional status are indispensable to assess progress.
- Mobile approaches are an effective way to increase impact.
- Lack of partners collaboration limits impact.
- Capacity building is a key element in linking humanitarian assistance to development.
- Exit strategies that are not incorporated upfront and implemented in time result in a rapid loss of achievements.

**ECHO priority health and nutrition interventions after 2003:**

- Strengthen the focus on areas of highest needs such as Unity State and Upper Nile.
- Intensify efforts to ensure better collaboration between partners.
- Re-emphasise the priority of a PHC approach in non GOS controlled Sudan.
- Routinely consult regional health expert on key public health and prevention issues in partner proposals.
- Consider the possibility of gradually phasing out TB control activities; this, in view of funds expected to become available through the Global Fund.

- Favour nutrition programmes that also address (underlying) care and health/sanitation causes and strengthen the role of women in preventing early childhood malnutrition.