

The main reference for the evaluation was the health and nutrition sector strategy of the CHAP 2005. The priorities formulated in that strategy were the basis against which progress and quality were reviewed, and to identify bottlenecks to achieving these objectives.

Many humanitarian agencies outside the UN system are only marginally involved in the CAP/CHAP process. Project activities that are not reflected in the CAP have an important immediate effect on the provision of health services in the country.

While the CHAP document is a useful tool for achieving consensus on priorities, and a good reference for allocating resources to the priority areas in the (health) sector, the description of projects included in the CAP document does not allow any evaluation of the level of real achievement at health and nutrition sector level. Requested funds in the appeal may be considerably higher than the actual funds received, and many resources allocate to NGOs that do not raise funds in the CAP are not included. Concerning the health sector, of more than 26 million requested for the CAP 2004 (later revised to 31 million), agencies had received just over 6 million dollars by 21 October 2004.

3. Methods

In the course of the evaluation, the team visited the relevant offices of national institutions, partner agencies and donors in Bujumbura and provinces (see Annex for list of persons visited).

The team visited/evaluated 6 hospitals, 5 health centres, 7 TFC and 4 SFC. The team leader also visited a refugee camp in Tanzania (Nduta). Relevant literature, documents and reports were consulted, in-country and at agency head quarters.

Review of the health and nutrition information, and data processing and management of communicable diseases was performed on different levels during meetings in Bujumbura. Health centres in 5 provinces were visited, and interviews conducted with WHO and MOH, including EPISTAT. Field visits to health centres in the provinces were used to review the process of data generation and data transfer. The provinces visited during the field trip included: Muyinga, Kirundo, Karusi, Gitega, Bujumbura Rural and Ruyigi.

The surveillance system was assessed following accepted standards of surveillance systems evaluations.³

³ CDC: MMWR 2001 Vol. 50, No. RR – 13