

*states, subject to sexual abuse and without adequate shelter. The numbers of at-risk civilians continue to increase. And as need far outstrips the ability of agencies to deliver aid, localised famine is feared'. (www.crisisgroup.org)*

The Darfur and Chad emergency is acute and continuing to deteriorate, its increasing complexity threatening both the civilian population and aid providers. Large numbers of Darfuris are still being displaced, often for a second or third time. They seek safety and survival in one of the many IDP sites in Darfur or refugee camps across the border into Chad. For example, there were more than 250,000 more internally displaced persons (IDPs) registered in January 2007 compared to a year earlier, and aid workers are finding it increasingly difficult to access them and others in need. UN and aid workers have also been abused and killed leading to over 400 humanitarian workers being evacuated in December 2006, the largest such evacuation since 2004. A number of NGOs have withdrawn toward the end of 2006 due to the increasing insecurity and bureaucratic obstacles<sup>3</sup>.

The First Sudanese Civil War (1955-1972), the Second Civil War (1983-2005) and the Darfur Crisis (2003-present) may be understood as being between the Khartoum-focused core of the state and the peripheral areas of southern, western and eastern Sudan. With the conflicts having a common structure, it is unlikely that the crisis in Darfur will be settled quickly unless the international community reinforces its efforts to end the conflict. Even then, as shown in the case of the transitional areas of Southern Blue Nile, Nuba Mountains and Abyei, it will take years for the Darfuris to rebuild their former villages and livelihoods. A synthesis of a recent, major evaluation of the humanitarian response to the Darfur crisis conducted by the Dutch Government (REF) identified two critical issues. These were: a crisis in operationality, and lack of coherence including the relative failure of the humanitarian enterprise to learn from previous experience.

- The crisis in operationality relates to the slowness of donor response<sup>4</sup>, slowness of establishing humanitarian operations<sup>5</sup> and the inadequate focus on protection, especially for women<sup>6</sup>
- Limitations of coherence related to the fit and co-ordination of the different actors and activities, failure to apply lessons learnt through previous experience and the general marked weakness of humanitarian agencies' contextual analysis.

Although the Dutch evaluation addressed the wider humanitarian response many of the issues identified are also reflected when assessing individual agency's operations, such as those of Tearfund. The following report highlights not only the strengths of Tearfund's response to the Darfur crisis but also the weakness and the challenges faced.

## Methodology

### ***Purpose of the evaluation***

The complete terms of reference can be found in Appendix 1

#### **The main purpose:**

The specific objectives of this assignment were to assess the outcomes of the appeal strategy against five aspects: effectiveness; impact; relevance; efficiency; sustainability; co-ordination

<sup>3</sup> Darfur: Revitalising the Peace Process. Crisis Group Africa Report N°125, 30 April 2007

<sup>4</sup> Limitations of reach, surge capacity and competence of the global system

<sup>5</sup> For example it took 12 to 18 months from February 2003 to establish humanitarian operations. Four factors were identified to cause this slow response: the Sudanese authorities' politicisation of access, the size and remoteness of Darfur, the delicacy of the North-South peace negotiations, and competition from higher political emergencies elsewhere.

<sup>6</sup> The focus on protection, especially of women was also considered inadequate. This is emphasised by the lack of a protection mandate within the UN for IDPs and the shift of focus within the humanitarian community from the delivery of aid to human rights.

and coherence. The evaluation is being undertaken at the mid point of the 5 year strategy and recommendations arising are intended to help shape the focus of the strategy in subsequent years.

## **Method**

The team of three evaluators each focused on specific sectors, working independently. The impressions and findings were then compared and a consensus reached where issues cut across sectors. One of the team members was a woman which permitted a degree of gender sensitivity in the interviews.

Although the process applied was not strictly 'participative', the findings are informed by both beneficiary and staff inputs. In the case of each sector, the responsible sector manager was involved in the data gathering processes and discussions on the achievements of the programme. The main methods applied were:

- Key informant interviews:
  - Community leaders (beneficiaries)
  - Government, relevant local agency and donor representatives
  - Staff directly involved in the different sector interventions, i.e. nutrition, health education and watsan.
  - Tearfund Appeal and project management
- Group discussions, including SWOT and PRA ranking exercises:
  - These focused on beneficiaries (male and female groups separately) and staff (SWOT). These interviews followed a loose structure but were deliberately kept relatively open and exploratory.
- Observation:
  - This involved site visits, transect walks and visits to households within communities. The aim was to visit at least two areas where each sector activity had been applied.
- Project documentation and secondary supporting data:
  - For example baseline, surveys, project proposals and reports and the Appeal Fund supporting documents.
- Other related published and grey materials:
  - These were used to gain a broader and comparative perspective

The general findings were discussed with the teams on site before leaving each area and adjustments were made in response to their observations. Interviews were also held with the partner's field co-ordinators and the Tearfund headquarter personnel that were involved in setting up the Appeal Fund, promoting it, or managing its distribution.

## **Limitations**

The team was able to visit all the intended areas, bar one, and interview the desired informants. The one exception was with regard to Medair's operational sites, where security considerations prevented access. The specific contacts are presented in each of the standalone area or partner evaluation reports (see Appendix 2, 4 and 5). However, given the logistics, area to cover and time available, it was only possible to spend a relatively small proportion of the time directly with beneficiaries in each location. Nevertheless, by the team operating separately this restriction was minimised.

## Presentation

The findings are presented according to the objectives and specific questions set within the terms of reference (Appendix 1). Given the number of issues raised within the terms and the somewhat repetitive nature of some of these between the different aspects, it has been necessary to develop a longer report, in terms of pages, than is stipulated in the Tearfund reporting guidelines.

The conclusions and recommendations address that general Appeal Fund strategy and implementation. The more specific project and partner related conclusions and recommendations are not presented in this document. They have been addressed in each of the separate DMT area and partner evaluation reports (Appendix 2, 4 and 5).

A summary of the overall mean scores<sup>7</sup> attributed to DMT area and partner evaluations by the evaluative categories is presented in Appendix 7.

## Findings

### 1. Effectiveness –

#### 1.1. Outworking of Appeal Strategy in scale and scope

For the purposes of this discussion the version of the Strategy used is the ‘TEARFUND DARFUR STRATEGY Covering Eastern Chad and the Darfur States of Sudan (Updated Strategy January 2006)’. However, where this document does not provide a ‘baseline’ against which to address the ‘areas for consideration’, DMT’s separate document ‘DMT DARFUR AND NORTH SUDAN PROGRAMME FRAMEWORK. Approved 10<sup>th</sup> March 2006’ is used.

Three aspects of ‘scope and scale’ are considered; namely operations, advocacy and partner engagement. The latter overlaps with another ‘area for consideration’ set out in the evaluation terms of reference: ‘to what extent has Tearfund provided appropriate support to partners...’

##### 1.1.1 Operations

It was not possible to verify all the details of the ‘scope and scale’. The data set out in Appendix 8 relates to different time periods, for example, the nutrition data must reflect the whole life of the project (since there were no children in blanket feeding at the time of the evaluation and the number of admissions to SFP and OTP far exceeds the 2006 data collected from the field) but the information about water only relates to 2006 (‘this year’). Some of the data is not coherent, for example ‘health promotion’ reaches 44,500 children and 11,000 women yet 58,000 children and 16,000 women attend health clubs every week, the focus of which is health promotion.

Whether the ‘scale and scope’ reported in Appendix 6 is ‘as *originally* envisaged’ by the Appeal Strategy is unclear. Tearfund’s direct engagement with Darfur began in 2004, whereas the version of the Appeal Strategy available to the evaluation is an updated version from 2006. This document does not define ‘scale’ or what constitutes ‘relief work’. To an extent, this is reflected in programming. Examples include:

- The scale of the watsan intervention at all three DMT project<sup>8</sup> sites was felt to be small relative to the need, support costs and the reach of Tearfund’s health promotion activities.

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<sup>7</sup> The scores are base on a 5 point scale where 1 = very weak and 5 = very strong

<sup>8</sup> Ed Daein. Garsila and South West Corridor