

## Executive summary

The following report presents the findings of an independent evaluation of the **Tearfund Integrated Emergency Nutrition, Water, Sanitation and Health Promotion Project** implemented between 15<sup>th</sup> April and 31<sup>st</sup> December 2006. This project was funded by ECHO and represents the second Tearfund project supported by ECHO in the Ed Daein area of South Darfur.

During the period of the ECHO 2 grant, the security situation has deteriorated leading to large numbers being displaced, especially during November and December 2006. The increasing insecurity and displacement have also changed the operational environment for agencies attempting to address the humanitarian needs in and around the Ed Daein and Adilla localities. Mobility has been severely restricted and the focus of need has shifted. This changing context has therefore influenced Tearfund's ability to address preset objectives and consequentially, the findings of this evaluation.

The main purpose of the evaluation is to assess the appropriateness, relevance and impact of both planned and unplanned project interventions and produce recommendations for future operations. In addressing this purpose the evaluation will assess the project's effectiveness, impact, appropriateness, efficiency, coverage, sustainability and co-ordination.

The evaluation was conducted during the first two weeks of March 2007 by a team of three independent evaluators. 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 interaction with the data gathering processes and discussions on the achievements of the programme. One of the team was a woman which permitted a degree of gender sensitivity in the interviews.

The main methods applied were key informant interviews, group discussions with beneficiaries and staff, observation and project documentation and secondary data review.

### Findings

**Nutrition:** The nutrition programme is the most competently run of the different Tearfund sector initiatives. Although the programme has been implemented effectively, malnutrition levels remain high. This is mainly attributed to the influx of newly displaced communities at the end of 2006.

Mainly because of this influx, coverage was estimated to be only 42%, the fluidity of the target population making it difficult to maintain the expected 65%. A contributing factor to the low coverage was the local and international counterparts' failure to maintain a constant supply of CSB leading to breakdowns in the feeding programme. The effectiveness of the nutrition programme has been seriously compromised by local counterpart performance.

All other preset indicators were met, although the expected weight gain was slightly lower than was expected.

The programme was and is highly appreciated by both beneficiary and Government. However, the impact of the nutrition programme has been negatively influenced by the high level and continuing incidence of diarrhoea amongst the <5s. The lack of latrines and inappropriate sanitation behaviour is one of the causes. This draws attention to the need for Tearfund to more closely integrate its water and sanitation programme with the nutrition and health promotion initiatives.

The nutrition programme is highly relevant. However, its sustainability is to some extent dependent on local MoH staff commitment, especially when current incentives are withdrawn. Although Tearfund is attempting to co-ordinate with other actors in the sector, frequent staff turnover in the local MoH facilities is challenging the process.

Overall, the Tearfund person responsible for the nutrition programme has demonstrated a high level of competence, which has won the respect of the other local actors, including the WFP. This is demonstrated in the quality of the recent nutritional survey. Although the findings were alarming they were respected. (The levels of malnutrition were still found to be high.)

**Health promotion:** According to the reported achievements and the KAP survey, the pre-established objectives have been generally met. The nutrition survey findings indicate that the mortality in <5s is well below the objective set, 0.4/ deaths per 10,000 as opposed to 2 per 10,000. The incidence of diarrhoea had also dropped by over 20% compared to the March 2005 estimate.

The KAP survey reported significant positive changes in preventative health knowledge. However, the evaluation team question the reliability of the KAP survey findings given the inadequate sampling procedure.

The health clubs had reportedly reached large numbers of children, over 15,000 and women, over 5,000. However, the evaluators are again rather sceptical about the numbers reached given the method of calculating attendance. Staff felt that the programme needed to widen its focus beyond children so as to have a better balance between women and children.

People in general are very enthusiastic about the health clubs and report that hygiene and health have improved as a result. Child to parent transfer of knowledge also appears to be taking place.

More effective integration of the watsan and health sector programmes would have led to an increased impact, particularly regarding the uptake of recommended hygiene practices. The health promotion programme's relevance has been diminished due to the lack of sector integration. The lack of sanitation support has frustrated many participants to the point of beneficiaries accusing Tearfund of non compliance.

Again the lack of counterpart performance has compromised this aspect of the programme. Two agencies were meant to provide the water and sanitation support but have not.

The sustainability of the health clubs beyond the Tearfund's intervention is uncertain. The collapse of the clubs and improved health in Abu Matariq, a community targeted in an earlier ECHO supported project, demonstrates the fragility of both the process (clubs) and outcomes (changed health practices). It appears that there was too high an expectation placed on the other counterpart agencies that they would buy into and sustain the club concept once Tearfund handed over. Although a handover occurred in Abu Matariq, it evidently was a very cursory one. It is felt that the clubs, especially with younger children should seek a greater partnership with the schools and the Ministry of Education with the intention that the health messages will be incorporated into the basic curriculum in the early years. This may prove a more reliable strategy for ensuring sustainability.

**Water and sanitation (watsan):** Given the pre set objectives and reported achievements, the watsan programme is considered to have been effective, especially given the security constraints within which it had to operate. Most water rehabilitation sites selected for the ECHO 2 project were in conflictive SLA controlled areas. Of the seven sites selected it was only possible to complete intended interventions in four of these due to insecurity.

Tearfund report that they provided improved access to safe water for 27,000 of the targeted 30,000 people. There are two aspects to the provision of safe water. One is access to a reliable source of water (quantity) via the rehabilitation of boreholes and their pumping systems. The other is via the rehabilitation of water distribution systems (water yards) leading to safe (contaminant free) water. It is estimated that Tearfund provided improved and more reliable quantity of water to 19,000 people. However, via the improved distribution systems they have provided 'safer' water to between 26,000 and 27,000. This is a significant achievement given the deteriorating operational context.

Tearfund set out to provide 600 latrines and corresponding sanitation kits and surpassed this objective by 160 units. Although the targets regarding latrines have been achieved, the distribution of latrines in each area bears little relationship to the actual need, especially in the displacement camps.

Water and latrines are considered highly appropriate interventions and are much appreciated by both beneficiaries and the respective local Government departments, HAC and DWC. The types of water point and water yard rehabilitation are appropriate, particularly the provision of separate access for humans and animals. The significant reduction of contaminants achieved at the tap stands bears witness to this.

The latrines combined with improved access to safe water in Abu Matariq led to a notable reduction in morbidity. However, this reduction in morbidity in Abu Matariq has been lost, largely due to the inappropriate design of the latrine. This consisted of a relatively small slab that sits on four wooden beams. Wood is very difficult for the displaced to access. The result has been that once the latrines collapse they are not replaced /renewed. The other factor mentioned above is the cessation of hygiene promotion through the clubs.

The scale of the latrine programme is considered inadequate given the level of need in the targeted communities. Without adequate coverage the risk of disease will not be diminished. Although the sudden increase in displacements caught Tearfund toward the end of the implementation of their programme, the agency did attempt to respond. However, it did not have the flexibility to respond adequately to the new emergency given its scale, although it had the operational presence in the area.

In order to achieve greater efficiency consideration needs to be given to increasing the scale of certain interventions even if it means reducing the number of interventions or operational sites.

The sustainability of the water points will depend on DWC technicians. There is a degree of concern regarding the maintenance of the deep bore pumps and generators in areas where the DWC no longer has access. The wisdom of undertaking this type of more technically complex rehabilitation in SLA held areas is therefore questioned. However, the dilemma this issue poses is recognised. People need water, irrespective of Tearfund's or the DWC's continued access and ability to service the rehabilitated water points. Although the future sustainability of these water points may not be assured, it is felt that it was appropriate for Tearfund to attempt to improve the communities' access to water in the Adilla area while the agency had access. At the outset of the year the area appeared relatively secure, though this deteriorated during the year.

The water yards are within the competence of local water committees to maintain as demonstrated in Abu Matariq. However, the sustainability of the latrine programme, especially in displacement camp contexts, will depend on developing a design that is less dependent on wooden beams and encouraging the beneficiaries to use local materials for the walls.

Tearfund has co-ordinated with both Governmental and non Governmental agencies operating in the Ed Daein area. Interviews with different representatives gave witness to the high level of regard the agency is held in the area. Community leaders and members also expressed a respect for and appreciation of Tearfund's presence. Tearfund has maintained a highly visible presence in the area, which has also reflected positively on ECHO.

### **Summary**

The key strengths of the Tearfund programme are:

- The programme has targeted key issues that threaten the wellbeing of the local community, both host and displaced.
- The quality and technical competence of the nutrition programme.

- Potential positive impact of the health promotion programme
- The water rehabilitation initiatives
- Co-operation and coordination with other local actors
- Ability to operate effectively in conflictive contexts, without exposing the staff to undue risk
- Strong leadership and management

The key constraints and or threats:

- **Insufficient sector integration and balance:** This relates in particular to the need to integrate more closely the water and sanitation programme with the health promotion and nutrition programmes – so that people have a chance to practice what they are being taught.
- **Coverage:** Inadequate coverage or the tendency to spread the benefits too thinly, especially regarding latrines, which could lead to a failure to reduce the threats addressed. The scale of the intervention needs to be sufficient to address the problem within the specific targeted community
- **Sustainability:** Ability to sustain the health promotion process and outcomes.
- **Dependency on counterparts:** The achievement of programme objectives being compromised by dependency on non performing counterparts
- **Flexibility:** Lack of budget flexibility to adjust and respond effectively to changing contexts or emerging crises. In particular the lack of sufficient emergency response capacity in the face of a volatile security situation and the influx of substantial numbers of IDPs.

The following table presents the summary of the scores attributed to the objective categories for each sector. The scores are based on a five point scale where 1 = very weak and 5 = very strong.

**Table 1: Summary of objective categories scores attributed to by sector**

Objective category	Sectors		
	Nutrition	Health education	Watsan
Effectiveness	2.5	2.5	4
Impact	3	4	2.5
Appropriateness	4	3	3
Efficiency	4	4	3
Coverage	?	?	3
Sustainability	3	2.5	2
Co-ordination	3	2.5	4

## Recommendations

### *General*

- *Tearfund should be more insistent on maintaining the responsibility for running integrated programmes if other agencies cannot give the necessary assurances that they can meet their sector commitments within a specified period, e.g. water and sanitation.*

- *Tearfund should consider the possibility of reoffering, or perhaps more strongly insisting, on taking responsibility for the provision of sector services in areas that are not being served, but where the lack of these services jeopardises the effectiveness of Tearfund's other sector specific interventions. For example, the ability to address watsan needs in communities where Tearfund is conducting health and hygiene education but where the watsan needs are currently being underserved by other agencies.*
- *Tearfund should seriously question potential partners' interests in and ability to adopt approaches such as the health clubs and their commitment to maintain these interventions long enough so that the behavioural changes become habitual.*
- *Tearfund should plan for changes in the Darfur operational context and seek a corresponding flexibility from the respective donor institutions. This refers particularly to Tearfund's ability to respond effectively to emergencies occurring in their operational area*
- *Tearfund should improve the rigour of their KAP survey process so as to insure the findings are representative and can reliably be generalised. Recommend that a randomised cluster sampling process is applied with a minimum sample 210 divided between 30 clusters. (Reference to Epidemiological and Statistical Methodological Unit, WHO Geneva: 'Sample Size Determination, A Users Manual' (1986) and / or the EPI INFO Users Manual.*

### **Re Watsan**

- *Recommend that in future the water point is rehabilitated first, if needed, and then the water yard before moving on to a new site.*
- *Recommend that animals' access areas are physically separated from the tap stands by some form of internal fencing within all future water yard rehabilitations.*
- *Recommend that the troughs be delivered to the prepared sites by commercial transport if security continues to prevent Tearfund's own access to the sites. Community representatives could be asked to receive the troughs at Tearfund's compound and accompany their delivery.*
- *During the current lack of access to Adilla, encourage water committee members from communities that cannot be reached to visit the Ed Daein Tearfund centre to receive periodic training and encouragement. Although not ideal, it would be better than not providing any support to the water committees while the security situation limits Tearfund's access to the field sites.*
- *To recognise that it may not be possible to insure the longer term sustainability of rehabilitated deep bore pumping systems where Tearfund or its proposed local partner may be denied future access. This may mean suppressing the principal of sustainability in order to address emergency needs.*
- *Tearfund should lobby for water tariffs to be reduced an/or suspended for recently displaced households in camps with no other means of payment other than selling part of the household's food ration*