

# **INDEPENDENT EVALUATION OF THE ACT/CARITAS DARFUR EMERGENCY RESPONSE OPERATION**

## **Caritas Internationalis**

### **Final Evaluation Report**

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## ACRONYMS

ACT	Action by Churches Together International
AIDS	Acquired Immuno Deficiency Virus
AMIS	African Mission in Sudan
ANC	Ante-Natal Care
ARI	Acute Respiratory Tract Infections
AU	African Union
BHU	Basic Health Unit
CAFOD	Catholic Agency for Overseas Development
CI	Caritas Internationalis
CNWs	Community Nutrition Workers
CSB	Corn Soya Blend
CTC	Community-Based Therapeutic Care
DAC	Development Assistance Committee
DEC	British Disaster Emergency Committee
DERO	ACT/Caritas Darfur Emergency Response Operation
EH	Environmental Health
EPI	Expanded Program of Immunisation
EPV	Extended Programme of Vaccination
ERRADA	Emergency Relief Rehabilitation & Development Agency of SCC
FAO	Food and Agriculture Organization of the United Nations
FFE	Food for Education
FGM	Female Genital Mutilation
FP	Family Planning
GAM	Global Acute Malnutrition
GNU	Government of National Unity
GoS	Government of Sudan
HAC	Government of Sudan's Humanitarian Aid Commission
HC	Host Community
HIV	Human Immunodeficiency Virus
IDP	Internally Displaced Person
IEC	Information-Education-Communication
IMC	International Medical Corps
IMCI	Integrated Management of Childhood Illness
INGO	International Non-Governmental Organisation

IOM	International Organisation for Migration
IRC	International Refugee Committee
JEM	Justice and Equality Movement
MCH	Mother and Child Health
M & E	Monitoring and Evaluation
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Médecins sans Frontières
MUAC	Mid-Upper Arm Circumference
NCA	Norwegian Church Aid
NFI	Non-Food Item
NIDs	National Immunization Days
NGO	Non-Governmental Organisation
PHAST	Participatory Hygiene and Sanitation Transformation
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
OP	Operational Plan
OTP	Outpatient Therapeutic Care
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilisation Centre
SCC	Sudan Council of Churches
SFPs	Supplementary Feeding Programmes
SOA	Special Operation Appeal
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
Sudanaid	Relief and Development Department of the Sudan Catholic Bishops' Conference
SUDO	Sudan Social Development Organisation
TB	Tuberculosis
TFPs	Therapeutic Feeding Programmes
TOT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNJLC	United Nations Joint Logistics Centre

VLOM	Village Level Operations and Maintenance
WES	Water and Environment Sanitation Department
WFH	Weight-for-Height
WFP	World Food Programme
WHO	World Health Organisation



**Travel to Bilel camp**



**Travel to Kubum camp**

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## EXECUTIVE SUMMARY

### A. The Evaluation

**Evaluated Action:** Since July 2004 Action by Churches Together (ACT) and Caritas Internationalis (CI) have been jointly implementing the Darfur Emergency Response Operation (DERO) in South and West Darfur, responding to the humanitarian crisis in this region. The first joint appeal AFSD46/SOA26/2004 of both networks was launched in June 2004. In the last revised appeal in May 2005 funding requirements for the operation were estimated at US\$ 35 million. The DERO includes the provision of food, water and shelter, as well as health, sanitation, education, psychosocial assistance, agricultural and non-food items to people who have been displaced to camps, or those who are acting as host communities for displaced people in Sudan. The goal of the operation is to improve the quality of life for internally displaced persons (IDPs) and host communities most affected by the conflict and unrest in South and West Darfur.

A budget overview (including funding for partner support, administration, etc. is provided in Annex 3)

**Dates of Evaluation:** 31 August to 29 September 2005 (Field Mission Period)

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### B. Purpose and Methodology

- 1) The purpose of the evaluation was to assess the effectiveness and impact of the Darfur Emergency Response Operation (DERO) during its initial phase (14 months) in order to assist the DERO board and management in the design of activities for 2006. Further addressees are the ACT/Caritas donor agencies and backdonors as well as the wider membership within the ACT and Caritas networks. The evaluation was expected to concentrate on programmatic aspects of the response and on the quality of partnerships involved. The evaluation investigated eight sectors: Nutrition (N), Primary Health (PH), Environmental Health (EH), Non-Food Items (NFI), Agriculture (A), Protection (P), Education (E) and Psychosocial Support. The evaluation team consisted of four experts, three covering partnership, organisational development, different sectors and advocacy as a cross cutting topic, and one specifically guiding the beneficiary survey together with the teamleader.



- 2) The methodology included briefings at the level of ACT/Caritas in Europe and Sudan, interviews with donor organisations, DERO staff, national partners and other national/international institutions concerned. Two preparatory workshops were held in Germany, a briefing workshop was held in Nyala in Sudan; semi-structured interviews were held with beneficiaries and special interest groups (e.g. women), key informants, individual beneficiaries and their families. Ongoing triangulation of findings was carried out with project staff and staff of other INGOs. The evaluation process was finalised by a debriefing workshop in Nyala and a debriefing workshop with members of the evaluation panel in Rome.

## C. Main Conclusions

- 3) It is most probably the very first time that the Protestant, Catholic and Orthodox churches gather under one administration and work together to serve a predominately Muslim society. Thanks to a history of ecumenical collaboration between ACT and Caritas in South and East Sudan DERO was originally set up as an ad hoc arrangement during the initial phase of the crisis in Darfur. Later on, DERO increased considerably in size and responded adequately to a real and pressing need of the population. It started to provide assistance and protection activities to a large number of IDPs and affected host communities in South and West Darfur. The following decision to include both IDPs and host communities was based on several need assessments and has been appropriate.
- 4) In contrast to other international NGOs, which are usually specialised in a few sectors, DERO decided to work in eight sectors from the early stages. Although the multi-sector approach was challenging at the onset of the operation because of serious staff shortages and logistical constraints, the programme was able to respond to the diverse needs of beneficiaries, especially in very remote and desolate areas. The high security regulations imposed by UN organisations impeded most NGOs from working in potentially dangerous areas (so called 'no-go areas'). Therefore, the international community highly appreciates that DERO and its local partners work primarily in difficult rural areas. Kubum for example, which was selected for assistance during the early phase of the operation, is almost inaccessible during the rainy season. In the opinion of the evaluators and based on the first ACT/Caritas Nutrition Survey in the region, the decision to work in these areas was appropriate.
- 5) In the very beginning, the operation was too ambitious and unrealistic in its objectives. Due to staffing problems, especially vacancies in international positions, the desired high quality in some of the programmes could not always be achieved or maintained. Sometimes there were severe shortages of staff, which placed an additional burden on the available personnel and had serious consequences for their health and psychological well-being. Although there are still shortages in international positions, strategies like including more local personnel have been developed to overcome such situations in the future.
- 6) Donors' estimation of strengths of the DERO programmes included the size of the operation, its broad funding base and the joint achievements under such difficult circumstances. The humanitarian imperative, the Christian faith and a rights-based approach are common shared values among donors. Initially, the two main lead agencies NCA (for ACT Alliance) and CAFOD (for the Caritas Network) overestimated each other's competencies. There was not enough communication and understanding of NCA's role (being responsible for management, procurement, logistics and funding arrangements) and CAFOD's role (for recruitment). As in Sudan, DERO is implemented under the legal auspices of NCA it is considered by governmental bodies (e.g. HAC) as a NCA operation. However, in the eyes of the funding churches it is an ACT/Caritas operation and in the field DERO represents the interventions in Darfur. To learn to except that DERO has different identities was another challenge especially for larger donors. In

addition, the role and main responsibility of the ISC was not clear to all donors. Some felt insufficiently informed about the strategic direction and certain decisions made by the ISC. Within the network, transparency was initially lacking (especially with regard to recruitment and finance) and problems were not openly discussed. Meanwhile, all donors agreed that the programme has fundamentally changed since the beginning of 2005, when management, accountability, flow of information and advocacy improved considerably.

- 7) The majority of donors interviewed was in favour of supporting another operation like DERO and clearly recognised its potential and strength. Some donors mentioned that they would prefer an operation with a smaller number of sector activities. The critique of others was directed to the overall management of the programme during the initial phase. The question of whether donors are liable to back donors seems to be a major issue. Some of the donors have very strict reporting and monitoring requirements, and the DERO administrative structure has not always been able to meet these high standards. This refers especially to traceability and accountability of funding and budget lines during the initial phase. Interviews with NCA indicate that improvements have been made. Other important aspects donors would like to see in future programmes include increased capacity building of local partners, improved ownership and more community participation.
- 8) During the initial stage of the DERO programme, the importance and principles of partnership were insufficiently understood and valued by all partners involved. However, active collaboration with local partners and capacity building have been intensified since the beginning of 2005. Meanwhile, shared and cohesive visions to work for peace in Darfur have been jointly developed with the local partners SCC, SUDO and Sudanaid. Potential problems remain regarding ownership, trust and accountability, specific needs in human resource development, and interdisciplinary collaboration. The effective implementation of different programmes and innovative approaches in remote areas through the partners themselves give rise to optimism. Partners' competence and knowledge of the local context are highly appreciated and vital for any long-term development.
- 9) In view of several limitations in providing adequate leadership during the initial phase – partly caused by endeavours not to push oneself too much to the front within the ecumenical set-up – the DERO management as well as finance delivery and reporting considerably improved in 2005. Major contributing factors include the move of the office from Khartoum to Nyala, the establishment of a partner support unit, a Sudanese senior staff being appointed as deputy director, regular staff meetings, seminars and a director who cared for the staff as well as for the Sudanese communities in need of assistance. DERO management has made a significant shift to acknowledging the importance of partner capacity.
- 10) In addition, the positive effect that the function of the learning support officer has had on the program and on the new management that arrived in January 2005 need to be emphasized. His role was to give advisory support to the DERO director, to assist the ISC in review of the government structure for the operation and to introduce knowledge sharing mechanisms at field level. It has been a big asset for DERO to have somebody who can discuss important issues with different key persons in the organisations and act as a go-between on different levels. This has helped tremendously to avoid further conflicts and to improve the quality of cooperation.
- 11) The **Primary Health Programme** has provided access to health services for IDPs and the host community with high acceptance rates. The programme especially serves the health needs of IDPs and host community members in areas where health facilities have been lacking. Sound health care structures have been developed with trained personnel, using standardised tools and working on the quality of care. A well-designed drug supply system has been introduced. Health services are integrated into the public health system, and collaborate with UN-systems

for epidemiological surveillance. It has considerably contributed to the decrease of morbidity figures. Main challenges exist with regard to the separation of Primary Health and Environmental Health Programmes, some aspects of disease control, sexual and reproductive health, drug supply logistics, technical back-up of the programme and agreement with the Ministry of Health concerning incentives for its staff.

It is strongly recommended to continue the programme, especially with regard to the fact that MSF, which is presently another important provider of health care services, will soon be leaving. In Zalingei, MSF is supporting secondary level care and may stay a little longer.

DERO should, however, be cautious of taking over MSF clinics. Future financial resources and the programme's capacity to deliver quality services should be carefully weighed against external expectations. Finding the balance between the desire to respond to population needs and the programme's capacity is one of the main challenges. Considering the current lack of capacity in the MoH, a handover of the DERO health facilities does not seem to be realistic in the near future.

- 12) The **Environmental Health** sector has set up a comprehensive programme including water supply, sanitation and vector control. Despite some delays in the beginning of the operation, it is set to fulfil its quantitative targets. Engineering and rehabilitation work is complemented by public health promotion, and services are focused on remote communities. A research component is included for monitoring purposes and the development of appropriate community messages. Major challenges include integrating activities into governmental structures (lacking ministerial support), the achievement of full community participation and ownership for water and sanitation infrastructure, as well as the development of alternative sources of water supply with stepwise upgrading of the supply system.

The success of the PH programme, in particular with regard to morbidity, would not have been possible without a comprehensive EH programme. Its continuation is therefore indispensable for DERO's overall health approach.

- 13) The **Nutrition Programme** has widely achieved its goal to improve the nutritional status of target groups and to reduce the risk of dying from malnutrition in the project areas. Due to alarmingly high rates of wasting, the initial decision to provide blanket supplementary food to vulnerable groups among both IDPs and host communities was justified and appropriate. However, due to severe limitations in staffing and capacity building these strategies could not be properly implemented. Requirements for improving the quality of all types of feeding programmes are better collaboration between nutrition and medical personnel, training and supervision in anthropometrical assessments, proper referral of sick children and nutrition communication about relevant nutrition and health topics. Major cornerstones for efficient and sustainable programs are community involvement, a higher number of female staff, inter-sector collaboration within DERO and better coordination with other actors including governmental bodies. The DERO nutrition feeding programmes should be improved and receive further support until the prevalence of acute malnutrition is within an acceptable range.
- 14) In the **Agricultural Programme**, DERO's local partners have provided valuable assistance in rebuilding livelihoods of many IDPs and affected host communities. The disruption of normal life has led to a sharp drop in food production and consequently a low availability of seed. Therefore, the agricultural interventions with seed distribution, agricultural tools, training of community mobilisers and the establishment of agricultural committees were appropriate during the initial phase of the crisis. However, given the complexity of causes of food insecurity in Darfur, the current spectrum of interventions seems to be too narrow. Perceived needs within the communities are not properly addressed, collaboration with other DERO sectors and international organisations like FAO is widely lacking. The programme does not yet sufficiently

address the importance of fruit and vegetable production, food preservation and processing methods, animal production, and reforestation issues. To contribute to an improvement of livelihoods and for the people to regain a minimum level of self-sufficiency we recommend that the agricultural sector is expanded and adequately funded.

- 15) Within the **Education Programme**, DERO's partner organisations provided educational support for children in IDP camps who otherwise would not have had access to primary education. However, the current activities, mainly in the areas of building schools and rehabilitation, cannot meet the high demand for classrooms, school materials and equipment, which puts major constraints on quality services. Children are hardly able to learn to read and write when huge numbers of pupils of different age are grouped together. This makes their transfer to secondary school impossible. In addition, the poor environmental and hygienic conditions threaten children's health and impair implementation of school feeding programmes. There is not sufficient collaboration yet with UNICEF (which could provide further assistance with school materials) and WFP (which is planning to support school feeding programmes). Areas of particular concern within programme management are planning (including budgeting) and monitoring. Community involvement and capacity building of voluntary teachers need to be strengthened. Nevertheless, DERO's education programme has contributed considerably to providing access to primary education for an increasing number of children. The programme is highly appreciated by governmental bodies, and considered relevant from the perspective of communities. Community involvement should be encouraged and funding for all educational activities must be expanded in the near future.
- 16) **Protection** represents a cross-cutting issue and is a relatively new discipline in humanitarian operations. Insecurity is still pervasive in Darfur, although there is a decline in direct large scale fighting between the government and two rebel groups<sup>1</sup>. While other agencies have been debating the protection issue without necessarily addressing it effectively, DERO has included it as a cross-cutting issue at an early stage. The DERO protection activities have contributed to the visibility of DERO and their field presence has generated community trust and confidence. A team of well-trained and committed programme staff conducted community outreach activities for different groups (women, children, sheikhs). The use of a rights-based approach and peace building measures have increased the level of community understanding of human rights. The programme has facilitated community access, co-operation and dialogue amongst key stakeholders (local police, GoS, AU and IDPs). Through its strong field presence the programme has made a positive contribution to the documentation and analysis of conflict data to be used for by donors and advocacy groups in humanitarian programming. An indirect example is the reporting about the situation faced by many women who requested clothing, which was not initially provided in the NFI package. There should be greater focus on sensitising all DERO staff for protection issues to facilitate inter-sector and interagency collaboration on humanitarian programming.
- 17) From the start, the **Psychosocial Programme** has been effective in achieving community organisation, community mobilisation and community participation amongst the IDP communities. The establishment of psychosocial centres within the camp locations provided an accessible meeting place for different groups. The psychosocial service staff are well-trained and motivated to plan and implement a broad range of activities involving group counselling, skills-training and income generating activities and workshops. The approach is community driven, socio-culturally appropriate and focuses on skills transfer, capacity building and training in-group coping strategies. Moreover the psychosocial centres serve as entry points for further community based initiatives. Initiatives such as the training of traditional healers in trauma

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<sup>1</sup> International crisis group, October 2005

counselling should be encouraged and supported. Although each centre is at a different stage of development, the high attendance rate in 4 of the 6 centres visited and the increasing requests for more activities point to the wide acceptance and timeliness of this psychosocial programme. Programme supervision and specialist support for complex psychosocial issues such as trauma counselling could be developed with expertise from the ACT/Caritas network. The programme can promote inter-sectoral and interagency collaboration especially with the protection, education and health sectors. Psychosocial services need medium to long-term engagement. Funding support should be maintained at the current level for this programme to continue.

- 18) The **NFI/Shelter** distribution programme has been one of the largest and most comprehensive operations in Darfur. The programme provided more than 325,000 IDPs and host community members with essential non-food items (e.g. plastic sheets, water containers, mosquito nets, cooking utensils, blankets, plastic mats) as well as shelter material, with 4,000 shelters constructed. The findings of the beneficiary survey show that there was a very high rate of usage of NFIs and that about half of the people found the quality of NFIs satisfactory. Given the magnitude and operational constraints of the Darfur context, the programme was organised and managed effectively with relatively few problems in relation to logistics and supply chain management. The coverage has been extensive and the programme was able to reach the most vulnerable, including those in isolated communities. The programme should continue in 2006, but with a smaller budget and improved targeting of beneficiaries.

## D. Recommendations

- 19) The evaluators recommend that DERO continue to work in remote rural areas for scattered IDPs and host communities, as these communities have been extremely neglected in the past. At the same time DERO should try to consolidate its multi-sector approach to ensure joint assessment of needs and greater effectiveness. If the programme needs to be cut back because of lack of funds, it is recommended that the local partners continue to work in their core specialized fields but on a lower scale and with more local participation. At the same time, local partners should intensify their efforts to look for alternative sources of funding.
- 20) When the program was designed the selected sectors were correctly chosen according to the pressing needs. Meanwhile, the most important needs of the targeted beneficiaries have been met and a transition phase towards a more development-oriented programme should be envisaged with special emphasis on education and food security/livelihood issues. However, in the near future it is not clear whether there will be an escalation of the conflict, or if the status quo will be maintained, or if the situation will normalize to allow the return of IDPs. Therefore, DERO has to be prepared to react adequately to any impeding crisis and at the same time it should make all efforts to continue working in pockets of peace.
- 21) To improve the quality of DERO's work in several sectors it is recommended that DERO focus more intensively on community participation, gender-balanced recruitment of national and international staff, human capacity building, training of local counterparts, improved inter-sector dialogue and information sharing as well as regular attendance at coordination meetings.
- 22) Recommendations for the **Primary Health Programme** are made for the following areas: given the prevailing high prevalence of estimated malaria, it is recommended that overall responsibility for prevention measures be reassessed. Looking at the high maternal mortality, an increase in sexually transmitted infections, and a HIV/AIDS prevalence of 2.3%, efforts should concentrate on promoting sexual and reproductive health in terms of community outreach, training of health personnel, including counselling, as well as creating awareness in other sectors. Concerning overall quality of services, supervision ought to include more qualitative targets and should be action- and dialogue-oriented. Pharmaceutical drug management should be further improved by



looking closer into reasons for interruption of supplies. Solutions are needed for redefining staff incentives together with MoH and other actors to ensure staff allocation. Overall, the PH programme should be supported by technical back up and by a monitoring and evaluation department. Its present sectoral boundaries should be redefined and broadened to foster preventive care.

- 23) The **Environmental Health Programme** should focus on improving collaboration with the MoH, identifying community empowerment approaches and building capacity of community-based personnel to facilitate message transfer to the local population. Particular emphasis is given to a multi-levelled strategy for upgrading capacity of national partners for future management of the programme. Recommendations also include giving support to water and sanitation programmes in schools (as a policy) and looking for cost efficient ways for gradually improving the water supply system.
- 24) In the current fragile situation, support for DERO's **Nutrition Programmes** must be continued in order to prevent increases in malnutrition rates and risk of deaths. Areas which need particular attention in the future are involvement of communities in planning and decision-making processes, needs-oriented human resource strategies with consideration of gender issues in staffing, liaison with other DERO sectors as well as coordination with programmes of international organisations and the GoS. The shift from blanket to targeted supplementary feeding should be fully implemented. Quality of services has to be improved in the areas of nutrition assessment, monitoring and reporting, timely referral of children who need care to medical institutions as well as culturally sensitive communication about health and nutrition related issues. These aspects can be achieved through proper management, intensive capacity building and supervision in the different components of the programme. A timely integration of nutritional programmes into the existing medical services is recommended in order to achieve sustainability of nutritional interventions.
- 25) As the **Agricultural Programme** is responding to essential needs of vulnerable people in a situation of food insecurity and extensive dependence on food aid it is strongly recommended that this programme be expanded beyond seed and tool distribution and be made more sustainable in the long term. Here, improved community participation in planning and decision making is crucial. Diversification of activities should be achieved in the following areas: poultry raising (e.g. for IDPs with limited access to land), fruit and vegetable production, appropriate technologies of food preservation, processing and food storage, reforestation, provision of alternative sources of fuel, food for work activities and small-scale income generating activities. In addition, collaboration with other DERO sectors and international agencies like FAO and WFP should be intensified.
- 26) The **Education Programme** of DERO's local partners should be a priority area for future support. Education is essential for an individual's healthy development and this in turn affects the society as a whole. The partner organisations should be supported in far-sighted planning and budgeting corresponding to the current huge number of children who are eager to learn and to an increasing number of new IDPs. In addition to planning for sufficient human resources, DERO partners should seek support from UNICEF to provide adequate amounts of school materials. Furthermore, assistance by WFP/FAO and UNICEF in relevant areas like school feeding and nomadic education should be explored. Other needs are integration of children with disabilities, providing child-to-child activities, facilitating access for girls through gender-appropriate school construction, as well as long-term strategies of secondary and adult literacy programmes.
- 27) It is recommended that the **Protection Programme** should continue to implement the current plan of information and communication activities to ensure that all IDPs have a basic

understanding of their human rights. Protection should be integrated into all aspects of humanitarian operation through using inter-sectoral and interagency analysis and coordinating security and humanitarian programmes. This requires additional capacity building of programme staff and local partners to increase their understanding of the concept of protection. Links with local and donor partners should be strengthened to monitor and report on human rights violations, conflict analysis and to develop common strategies for joint advocacy work. Funding for the protection programme should therefore be increased moderately to support these activities.

- 28) It is recommended that the **Psychosocial Services Programme** should continue current training and workshops in the psychosocial centres. Activities should be responsive to the changing needs of the different communities. Trained specialists should support programme management and supervision. More effort should be made to participate in inter-sectoral and interagency collaboration and to analyse psychosocial needs, especially in the transitional phase and with respect to the question of return. Psychosocial centres are a valuable resource as they serve as entry points for other community-based initiatives.
- 29) The **NFI/Shelter Programme** has been a successful relief based activity. The programme should continue in the medium term although with a smaller budget and reduced number of beneficiaries. To design a programme that responds to the care and maintenance needs in this transitional phase, comprehensive assessment and planning should be carried out at an inter-sectoral and interagency level. Capacity building and training of local partners in the technical and management aspects of registration and distribution should be a priority. Sufficient funds must be available in 2006 to support the proposed return process with distribution of return packages and rehabilitation support to those who wish to rebuild a new livelihood in their areas of origin.
- 30) The **ACT/Caritas network** needs a clear strategic vision based on identified needs, capacities of donor organisations and local partner institutions to enhance mutual understanding in the field of emergency operations. Collaborative planning of activities and sharing of expertise available within the ACT/Caritas network needs to be optimised. Results should be more efficiently shared among all members in order to enhance the learning review process among donors. Specific funding regulations of donors and back-donors as well as increased transparency in the use of their funds have to be taken into consideration. An increased flow of more qualitative information is also needed to improve advocacy and public relation work and to support fund raising activities. Regarding future emergencies and the need for comparable interventions, a stand-by international management team should be established within the ACT and Caritas networks. The arrangement of a learning and support adviser should be replicated in other emergencies in order to prevent misunderstandings between personnel of different organisations and to offer counselling services for communication problems at an early stage of invading conflicts.
- 31) The DERO operation has developed under very specific ecumenical conditions in Sudan, where former ecumenical cooperation and the presence of SCC played a major role. It is clear that any future ecumenical intervention in other emergency settings will face different conditions and challenges. If, however, issues that have shown in Sudan to be of importance for an effective link of rehabilitation to development will inform a common strategic vision of the ACT/Caritas member organisations this may be helpful for shaping the initial setups accordingly, even under different circumstances. These important issues comprise a better understanding of partner relationships and the development of mutual trust between ACT/Caritas and the local partners. As the Partner Support Unit has been effective in building individual and institutional capacities within partner organisations, it is recommended to further assist these important tasks. Particular efforts have to be made in joint planning, implementation and monitoring of



programmes. Even though emergency operations will always struggle with short-term needs it is advised to put more effort into the early development of adequate logframes. Inviting more participation of target groups at the different stages of the programme management is also crucial. Furthermore, partners should be actively involved in recruitment of expatriate staff, the development of job descriptions, and defining needs for capacity building of national staff. Farsighted human resource strategies among partners with a gradual transfer of responsibilities and decentralisation of decision making will continue to be crucial elements for a sustainable development in Darfur and elsewhere.

- 32) The strategy of "protection by presence" initially promoted by the UN has had an impact on the set up of the programme because it brought about an externally driven vertical approach of the DERO programme, which needs to be transformed into a local partner-driven horizontal approach. Essential steps to reach these goals include improved coordination and collaboration between sector activities according to needs in the respective project areas. Capacity building of partner staff has to be intensified in order to achieve a successful transfer of knowledge and responsibilities. At the beginning of this process, changes in personnel structures and the formation of a DERO steering committee is needed to facilitate the training of qualified counterparts seconded by local partners. Then, the number of expatriates should be slowly reduced while gradually increasing the number of qualified national staff. This process will eventually enable the local partners to take over full responsibility for implementation of programmes whereas the role of ACT/Caritas will be primarily reserved for capacity building and support functions. Finally, this process should be extended to the field stations in order to support the decentralisation and area-based approach.



**Nutrition team (including home visitors) in El Neim**

## 1. INTRODUCTION

- 1) In the methodology the reader will find a description of the stepwise procedure of the evaluation as well as methods and tools applied for different fields of investigation, namely the evaluation of partnership, the assessment of programmes of the DERO operation and the beneficiary survey. The data of the latter were too extensive to be included in this report. Therefore we would ask the interested reader to refer to the separate document, which will also give a more detailed analysis of the geographic range of findings of this survey.
- 2) Chapter three gives an overview over the history of the conflict and the DERO operation within this precarious context of Sudan. It serves as a background for the following chapters on specific programmatic activities (Chapter 4), the evaluation of partnership (Chapter 5) and chapter 6, which is more of a conclusive discussion of the DERO and its programmes and does not take up sector specific details again. Its structure follows the DAC criteria. The reader who wishes to get a more general impression of the performance of DERO may thus jump from chapter three to chapter six and dive into more programmatic or partnership related details later on. The last chapter discusses the fundamental questions of M&E, human resource management, and new organisational models for the set-up of DERO that will hopefully pave the way for well-coordinated, successful and sustainable future interventions.
- 3) Recommendations are presented throughout the text. They are integrated within the thematic context of the different chapters on purpose because this is the only way of making the line of reasoning, in which they were formulated, transparent. For easier and fast reference they are, however, presented in boxes and numbered independently of the paragraphs. Each recommendation can thus be identified through its number. To support prioritisation whilst reading this report bold letters highlight those recommendations the evaluation team gives high importance to. The recommendations have not been directed to specific addressees because we consider it more productive that any stakeholder may decide if and how the recommendation is related to his/her part of the work.
- 4) After submission of the first draft report the current structure of the report was discussed with the evaluation panel. Health Focus and the evaluation team received comments from Caritas Internationalis, the Programme Management in Sudan, and the two lead agencies, indicating that many aspects have already been considered in the planning for 2006 and marking a vivid feedback and communication process. The feedback also entailed clarifications, statements, objections, and remarks about recommendations being taken on board or objected. Some of these amendments have been added to the text.

## 2. METHODOLOGY

### 2.1. Overview

- 1) The evaluation team included a nutritionist/mother and child health consultant as team leader, a medical doctor/sociologist, a social scientist, and a social and cultural anthropologist.
- 2) The tasks of the evaluation comprised three major fields of investigation: A partnership evaluation, an assessment of the DERO programme especially looking into nine sectors in which DERO has been active in Darfur, and a representative beneficiary survey which was simultaneously implemented (see separate report).
- 3) Brainstorming and conceptualisation of the evaluation approach took place during two planning meetings at Health Focus headquarters in Potsdam including the senior resource team of Health Focus. The second team-meeting in Potsdam was assisted by John Borton and Francois Large. Throughout the evaluation backstopping, technical contributions and logistic support were provided by the Health Focus home office.

### 2.2. Evaluation of partnership at donor level

- 4) In order to evaluate partnership between donors contributing to the DERO programme as well as the lead agencies NCA and CAFOD, a series of interviews were carried out personally prior to the fieldwork phase. They were based on an interview guideline prepared in the course of the 2nd preparation workshop in Potsdam and shared with the learning support team (see annex 5).

Some interviews had to be postponed to the period after fieldwork, because important representatives of these agencies were not present at the time. To give all donors a voice those who were not visited personally were either interviewed by e-mail questionnaire or telephone. The latter were chosen randomly according to the remaining time capacity of the evaluation team. The e-mail questionnaire was similar to one used for personal interviews and covered the same main issues. Feedback, however, was poor. Only three questionnaires were sent with statements to be included in the analysis.

<b>Donor organisations visited personally</b>	8 including lead agencies
<b>People interviewed during these visits</b>	38
<b>Telephone interviews</b>	8 agencies
<b>E-mail questionnaires returned</b>	3 (out of 8)

- 5) Questions directed to the donors and lead agencies included the process of setting up DERO, challenges, potential benefits of supporting such a big consortium, contributions made, the coordination processes, expectations, flow of information, DERO's current performance, as well as strengths and challenges perceived with regard to the DERO programme (see annex 5).<sup>2</sup>

### 2.3. Evaluation in Darfur

#### 2.3.1. Stages of fieldwork and stakeholder dialogue

- 6) In contrast to the original planning, the evaluation in Darfur had to be cut down to one month for the whole team. The visa could not be supplied for a longer period. Six weeks had originally been envisaged for the two team-members who were also responsible for the beneficiary survey. This put the team under considerable time constraints.

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<sup>2</sup> See annex 7 for the questionnaire used.

- 7) The field phase started with an initial workshop with DERO staff and representatives of local partner organisations in Nyala. It served two main purposes: a) to discuss and adapt the beneficiary survey questionnaire b) to carry out a SWOT self-analysis of Strengths, Weaknesses, Opportunities, and Threats, and to discuss future perspectives and organisational linkages to different institutions working in the same field.<sup>3</sup>
- 8) At field level the evaluators employed participatory learning and action methods<sup>4</sup> and carried out semi-structured interviews to incorporate different views of beneficiaries and project staff members. Ongoing triangulation of findings was done through participatory observation of activities and discussions with DERO director and staff, INGOs, UN-organisations as well as governmental organisations (OCHA, MoE, MoH).
- 9) Because of time constraints and difficult travel arrangements (17 additional people had to be included to carry out the quantitative beneficiary survey), the team had to split up in sub-teams.. The team thus managed to visit the 5 programme areas of El Dhein, the Kubum corridor, Garsila/ Wadi Saleh, Zalingei and the sites reachable from the Nyala base.
- 10) The process of fieldwork was finalized in a debriefing workshop in Nyala.

### **2.3.2. Partnership assessment during field phase**

- 11) Evaluation of partnership between DERO and partners in Darfur was based on concerns and interests of DERO staff and local partners as well as on opinions of related national/international institutions.
- 12) DERO staff and local partners were addressed in the two workshops in Nyala and throughout the field visits with semi-structured individual and group interviews and discussions.
- 13) From the results the team derived strategies for possible improvement of partnership between donor organisations, DERO and local communities. Special emphasis has been given to the development of systematic approaches, effective coordination mechanisms and tools, and strengthening of local partners and structures. The evaluation team developed a diagram of a new 'partnership' model, an alternative model of programme management for future operations as well as recommendations for improvements of the DERO model (see chapter 7).

#### **Partnership assessment with DERO's staff and local partners**

- Role and contribution of partners
- Contribution to planning
- Implementation and monitoring
- Collaboration in planning, implementation and monitoring
- Coordination mechanisms
- Responsibilities
- Information flow and quality
- Expectations of partners
- The relation between local ACT/Caritas Programme Management and representatives/ staff of national partner organisations.

### **2.3.3. Programmatic assessment**

- 14) The team evaluated eight different sector programmes of the DERO programme. Primary Health, Environmental Health, Education, Nutrition, Agriculture, Protection, Psychosocial Assistance, Non-Food Items & Shelter, and Advocacy as a cross-cutting issue. Key questions on programmatic aspects focused on the evaluation of achievements, challenges and future perspectives as well as assessing DAC (Development Assistance Committee) criteria.

<sup>3</sup> See annex 5.

<sup>4</sup> Such as focus group discussions with beneficiaries, mothers, school teachers, and community members

- 15) Note: During the assignment, the team collected background information on health, nutrition/food security and education. As basic data, this is important for the later understanding of the report, its findings and recommendations. Unfortunately, it was not possible to obtain a copy of the Demographic Health Survey (DHS) of Sudan because the MoH has not released the recent DHS report yet. Even UNICEF has thus far not been able to get a copy. As several regions are not accessible due to insecurity, the limitations of the epidemiological data of Sudan have to be taken into consideration (see annex 5).

#### **2.3.4. Beneficiary Survey**

- 16) The beneficiary survey was carried out in 33 different locations and comprised 840 structured interviews with both IDPs and host community members. Apart from access, a requirement for the choice of location was that DERO was active in these locations in at least two sectors. Please refer to the separate Beneficiary Survey Report for the detailed methodology, the questionnaire, general and sectoral interpretation of the results, as well as related qualitative findings and recommendations.

<b>Edd El Fursan Province</b>	<b>Wadi Saleh Province</b>	<b>Zalingei Province</b>	<b>Nyala and Sheria Province</b>	<b>El Dhein Province</b>
Kubum Town	Garsila (HC)	Khamzadagaig	Mershing, Um Guzein	Khor Omer
Dagadusa	Garsila (Camp)	Hassa Hissa	Mershing, Tumkitr	Wazazeen
Um Labassa Town	Deleij	El Hamidiya	Bilel	El Neim
Falanduke	Um Kheir	Zalingei Town (HC)	Labado	
Diri	Kurdol			
Hassabala				

#### **2.3.5. Returning from the field**

- 17) After returning from the field, a couple of visits were made to the two lead agencies to interview people who had not been available prior to the field phase. These visits also served as a feedback process. During a final debriefing session with all evaluation team members in Rome in October 2005 the evaluation team presented their preliminary results and discussed it with part of the evaluation panel and backstopping Health Focus staff.

### **2.4. Limitations of the study**

- 18) The team faced severe time constraints due to visa problems and visits to all major camp areas. Time did not allow much investigation of the Darfur humanitarian network beyond the DERO programme.
- 19) The beneficiary survey and the evaluation visits had to be organized simultaneously. As the team split up in sub teams to allow for parallel transportation of the interviewer teams there were insufficient opportunities and too little time for team coordination and joint analysis of results by team members. In retrospect one has to acknowledge that 3 evaluators were not enough to sufficiently evaluate 8 sectors in a wide geographical area within four weeks (the time of presence of the evaluators in Sudan had to be shortened because of strict visa regulation of the Sudanese government).
- 20) Organizing transport for the evaluation team and the interviewer teams at the same time caused extensive logistical difficulties (due to security measures, two vehicles always had to be underway for each evaluator).



Other constraints:

- Translators were potentially biased (DERO staff members)
- The nutrition manager of the DERO programme finished her contract during the time of evaluation, which limited the time for discussion and feedback on sectoral findings
- Due to the fact that primary schools in rural areas were on vacation until October 2005, the evaluators were only able to visit and observe a very limited number of schools.
- Protection and psychosocial community based activities have only started on a regular basis during the past 3 to 4 months. Therefore, it is too early to assess their real impact.
- NFI distribution did not take place during the period of the visit, which occurred at the end of the rainy season, because items had been pre-positioned and distributed earlier.
- Some areas were difficult to reach due to lack of transport or bad weather conditions, which lead to skipping some planned activities.
- The beneficiary survey team included persons from Arab communities. One interviewer had to be asked to leave after several days because his presence caused anxieties among some of the IDPs. Another could not join the team to Labado because of political tensions.



Interview setting in Mershing

### 3. CONTEXT AND HUMANITARIAN SITUATION

#### 3.1. Evolution of the Violent Conflict (2003 – 2004)

- 21) In February 2003 the “Sudan Liberation Army/Movement (SLA)” and the “Justice and Equality Movement (JEM)” took arms against the Sudanese government in the western parts of Darfur, claiming that the region has been politically, economically and socially marginalised by Khartoum.
- 22) The origins of the armed conflict have local, national and international dimensions and are embedded in the country’s history over the past few decades. There are various explanations for its genesis, but it is generally accepted among the authors that the conflict’s history is complex and is linked to access to political power, access to natural resources, marginalisation and under-development, as well as religion and ethnicity. Lack of infrastructure, lack of investment in both physical and human resources, absence of basic services, and rare employment opportunities were characteristics of the situation in Darfur before the conflict escalated. The point of most controversial discussion is ethnicity. Some argue that the destruction to date constitutes a form of genocide along the lines of “Arab” contra “African” origin. But ethnicity in Darfur is a fluid and flexible concept, with the identification as “Darfuri” embracing African as well as Arab identity. There is a long history of social, economic and political cooperation between sedentary non-Arab and Arab nomadic communities.<sup>5</sup> Ethnic identity has been marked more distinctively by allocating power and redrawing administrative boundaries along tribal lines.
- 23) After a string of military victories for rebel groups the government responded to the rebellion by arming the Arab “Janjaweed” militia to clear civilian population bases of those thought to be rebels. This policy resulted in militia-activities, including village burnings and killings, rape of women and young girls<sup>6</sup>, and violence against children, including abduction and recruitment as child soldiers<sup>7</sup>. Great numbers of livestock were lost, stolen or died.<sup>8</sup> The massive attacks led to the displacement of hundreds of thousands of civilians. As a result of the displacement and lack of security, agricultural and commercial activities decreased dramatically in the whole region. Since 2003 the food production has dropped sharply; after the failure of the 2004/05 harvest season the estimated cereal production reached only about 25% of the normal average yield.<sup>9</sup> At the same time market prices especially for food items increased significantly.<sup>10</sup> With social structures and services destroyed the population became largely dependent on external support.

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<sup>5</sup> Harir 1991.

<sup>6</sup> Children and men are also victims of rape. Rape has serious consequences for the victim’s health and wellbeing, especially without adequate access to health care and attention in general. (see e. g. [www.survivorsunited.com](http://www.survivorsunited.com), 08. 03.2005; [www.web.amnesty.org](http://www.web.amnesty.org), 15.10.2005).

W 1.6 of the 1.8 million IDPs are children under the age of 18 ([www.unicef.org/emerg/darfur.html](http://www.unicef.org/emerg/darfur.html));

<sup>8</sup> According to FAO (2004), livestock losses have reached more than 39% since the beginning of the crisis. Grain stock decreased by 18%, seeds planted reduction by 40%, while the overall increase in food prices reached 18%. ([www.fao.org](http://www.fao.org)).

<sup>9</sup> [www.unsudanig.org](http://www.unsudanig.org), 2005. Two thirds of the land in Darfur is suitable for (sedentary or nomadic) pastoralism. People grow rain-fed millet, sorghum, groundnuts and sesame but often only produce low yields due to poor soils and low-input agriculture. The main harvest season is from October to December.

<sup>10</sup> E.g. in Zalingei town, West Darfur which is surrounded by 3 camps, the prices for 1 kg meat increased from SDD 200.- to 600.-; 1 bag of sorghum from 1,500.- to 10,000.-; 3/4 l of oil from 100.- to 300.- (R.P., 09/2005).



- 24) The Darfur region first appeared in UNHCR early warning reports in March 2003. Initially underestimated in its dimension, the conflict and violence increased during the year. At the same time it was very difficult for the international aid community to adequately address the situation in the region because the Sudanese government followed a restrictive travel permit policy for aid workers. Only in the end of 2003 it became obvious that the situation in Darfur had grown to a humanitarian crisis of enormous dimension and the international aid community started operating at a larger scale.
- 25) In April 2004 a ceasefire came into effect between the GOS and two rebel groups. The African Union Peace and Security Commission sent observer teams to Darfur to monitor the ceasefire. At the same time the UN SG deployed a high level fact-finding mission to broadly assess the humanitarian situation in the region and to identify ways to improve the response to the crisis and the condition of the vulnerable population<sup>11</sup>. In June 2004 the UN agencies and NGOs operating in Sudan developed the 90-Day Humanitarian Action Plan for Darfur, a tool ensuring a more effective and coordinated response to the humanitarian needs. The plan was followed by a 120-day plan until end of 2004. During this period the humanitarian situation for most of the 2.2 million people affected was stabilised, due to the provision of life-saving inputs and the efforts of 8,500 international aid workers<sup>12</sup>. But peace talks and ceasefire agreements signed between the government and Darfur rebels failed to stop the violence and the resulting displacement in the region and to neighbouring Chad. In particular, the protection of the population remained a challenge for external aid.

*"Now we are the children of the organisations. They give us food and water. All what we have is only from the organisations. We depend totally on them." 1*

### 3.2. The current situation (2005)

- 26) Despite ceasefires and peace talks, the situation in 2005 continued to show a number of negative trends: deteriorating security, a credible threat of famine, mounting civilian casualties, a collapse of the ceasefire, a stalled negotiation process, the rebel movements beginning to splinter, and new armed movements appearing in Darfur and neighbouring states. The goal of the conflict parties in Darfur is not primarily peace; it is gaining, consolidating or keeping power. The increasing number of cleavages among the rebel groups of Sudan People's Liberation Movement/Army (SLM/A) and Justice and Equality Movement (JEM) contribute to the danger of continued fighting in the entire region including regions beyond the Chadian border and new forced displacements.<sup>13</sup>
- 27) On 1st Sept. 2005 3.3 million Darfurians (of a total population of 5.64 million people) were in need of humanitarian assistance, with resident populations constituting 45 % of all affected people in Darfur. The number of internally displaced persons (IDPs) among them is currently 1.8 million and approximately 200,000 are refugees living in Eastern Chad.<sup>14</sup> 370,000 people have died since the outbreak of major hostilities and all deaths are due to causes related to the conflict – violence, malnutrition and disease. Women and children in rural areas are the most vulnerable groups and are exposed to a high risk of suffering from malnutrition-related diseases.<sup>15</sup> In addition, Arab nomads suffer from the loss of people and animals and are largely cut off from their traditional sources of food and medical assistance. In addition, they are often

<sup>11</sup> Darfur Hum Profile No. 3, 1 June 04, p.6.

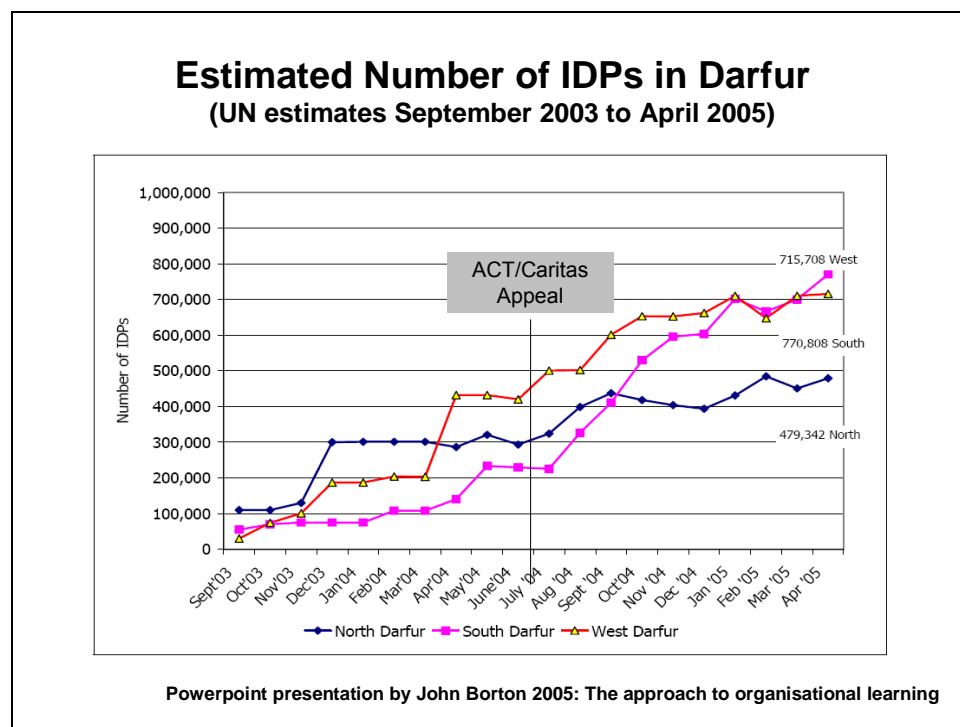
<sup>12</sup> Darfur 120-day plan report September to December 2004, UN Resident Coordinator (25 January 2005).

<sup>13</sup> See e.g. [www.securitycouncilreport.org](http://www.securitycouncilreport.org), 14.10.2005; [www.crisisgroup.org](http://www.crisisgroup.org): 06. 10. 2005 & 20.10.2005.

<sup>14</sup> [www.securitycouncilreport.org](http://www.securitycouncilreport.org), 14.10.2005.

<sup>15</sup> [www.sudantribune.com](http://www.sudantribune.com), 01.09.2005.

considered to be of the same entity as the Janjaweed, and consequently they have limited access to locations with humanitarian aid while they fear attack.<sup>16</sup> In August 2005 the total number of recipients of humanitarian assistance has reached 52-78% of the total population.<sup>17</sup>



- 28) The current situation is deteriorating and a solution to the conflict is hard to find,<sup>18</sup> which makes the prospect of returning displaced populations within the next two years unrealistic. The weak mandate of the AMIS's (African Union's Mission in Sudan), to purely observe and report on the conflict and not to protect the IDPs has serious consequences. The question of return depends primarily on the security situation and only then on developmental pull factors in the IDPs' place of origin. The desire to return to farming and raising livestock exists, but for the majority of IDPs the current security situation does not allow voluntary return. Only if the ongoing peace talks are successful can larger numbers of IDPs move back to their places of origin.
- "Go back to my village? Only if the government changes. Now there is no security. There is nothing I want more. I haven't cultivated land in 2 years. I am a farmer. Without land I am nothing. But what can I do?"*
- 29) Currently about 10,000 people have sporadically and spontaneously returned to a few secure pockets. However, return does not necessarily lead to a normal and stable life. Returning IDPs have been attacked outside their villages<sup>19</sup> and some returnees found their property illegally occupied. Sudanese traditional law stipulates that the landowner loses his land if he does not cultivate it and/or live on it. Many IDPs are therefore afraid that they have irrevocably lost their land, not only by force but also by law.
- 30) Considering the unlikely possibility of return to their place of origin, IDPs urgently need to get access to income to improve their living standards, as they are now relying mainly on external

<sup>16</sup> www.irinnews.org, 19.10.2005.

<sup>17</sup> Darfur Humanitarian Profile 17, August 2005, p. 5

<sup>18</sup> African Development Bank Group 2005, p. 5.

<sup>19</sup> www.sudantribune.com, 01. 09. 2005.

food aid. However, income generation is taking place only to a very limited degree. Cultivation possibilities for IDPs are scarce due to insecurity and lack of access to adequate nearby land.

- 31) Considering the fact that the GoS is seriously discussing forced return,<sup>20</sup> a study analysing this complex issue (legal changes in property rights, willingness of those currently occupying properties to pull back, compensation, reconstruction aid)<sup>21</sup> should be undertaken.
- 32) The key to stabilising the security situation, however, is to persuade the government to fulfil its numerous commitments to disarm and neutralise the Janjaweed militia. Increased pressure must also be placed on the Darfur rebels to abide by their commitments and to cease all attacks in violation of the ceasefire.

### 3.3. ACT/CARITAS Darfur emergency response operation (DERO)

- 33) In October 2003, CAFOD (Catholic Agency for Overseas Development) started to contact the Bishop of El Obeid in order to plan the provision of assistance. In December 2003, NCA (Norwegian Church Aid) carried out a joint assessment on the situation in Darfur with the Sudanese partner organisations SUDO (Sudan Social Development Organisation) and SCC (Sudan Council of Churches). At that time limited NFI distributions for IDPs took place. In order to establish an ecumenical operation, the Catholic leaders in Sudan proposed a close collaboration with SCC and NCA, while additional funding from the Caritas network was requested. In March 2004, financial support was provided to the bishop of El Obeid by CAFOD. At the same time ACT (Action by Churches Together) launched an appeal to assist about 30,000 beneficiaries<sup>22</sup> and started with limited activities. When Catholic leaders in Sudan urged collaboration with SCC/NCA, meetings were held with NCA, Sudanaid and SCC to discuss support from Caritas to expand the programme. At the end of May 2004, an ACT Coordination Assessment Team recommended the expansion of financial support.<sup>23</sup> In June 2004, ACT and Caritas members met in Geneva and agreed on a joint operation in Darfur and launched their first joint appeal for the Darfur Emergency Response Operation (DERO)<sup>24</sup> targeting 500 000 beneficiaries. It was the first time that the two networks ran a joint operation under a single management structure to serve a predominantly Muslim society. NCA agreed to provide the legal basis, as well as the logistical and financial management for the operation in Sudan. CAFOD took over responsibility for the recruitment of international personnel. In June, the first ACT/Caritas joint appeal (from July 2004 to December 2005) was finalised<sup>25</sup>. The first face-to-face meeting between representatives of the two lead agencies took place in July in Khartoum. Initially, there was little ownership of the appeal among staff members and few even knew of its existence. Planning and implementation of activities started in July 2004 with 31 international staff arriving during the following months. It was not before November 2004 that the appeal and budget were revised bringing more clarity on programming. Until December 2004, assistance for IDPs and affected host communities in West- and South Darfur was delivered in close

<sup>20</sup> UN Darfur Humanitarian Profile 15, June 2005, p. 3.

<sup>21</sup> A first study concentrating on return was undertaken by the Italian NGO INTERSOS in collaboration with UNHCR for West Darfur (INTERsos-UNHCR 2005).

<sup>22</sup> £20,000 was sent by CAFOD. Within ACT Appeal AFSD42 (NCA, SCC and SUDO) \$0.8Million were foreseen, see Timeline and key events prepared by John Borton.

<sup>23</sup> Approximately \$5 Million

<sup>24</sup> DERO as title for operation was only agreed in February 2005. Several other names were used before.

<sup>25</sup> In order to provide shelter, water and sanitation as well as basic sleeping and kitchen materials to 500,000 beneficiaries, \$17Million were required.

collaboration with the national organisations SCC and SUDO whereas Sudanaid joined the operation in January 2005.

- 34) Between July 2004 and January 2005 the programme went through a very difficult phase. Lack of direction and clear leadership from the international steering group were major constraints. In Nyala, difficulties in management, administrative support, and direction were serious issues, which were observed with the attempt to cope with the influx of international staff. Internal assessments and initiatives were undertaken by international staff, while a major new area and commitment (Kubum) was added to the programme. Apart from heavy logistical constraints, security challenges became a major concern. In August 04 a SCC vehicle was shot at and a staff member was injured in shootings. During the following period, a severe shortage of staff, a restrictive visa and travel permit policy for aid workers, high staff turnover and gaps in senior management hampered the smooth setting up of the operation. In September 04, a CAFOD team including the director visited Oslo for the first meeting with counterparts in NCA. The following month a revision of the first joint appeal began which was issued by the 3<sup>rd</sup> week of November<sup>26</sup>. After an attack of SLA controlled IDP camps in South Taisha by Arab militia, ACT/Caritas staff was withdrawn from this area and activities were halted. In January 2005 three key national staff were arrested and imprisoned in Nyala. While two international staff members were arrested in Nyala for several hours, three international staff were “held” in Khartoum for two months effectively halting the protection programme.
- 35) With regard to programme management and partner collaboration the situation improved with the arrival of a new Director and Head of Programmes in mid-January 2005. The presence in the field was supported with the move of the Head office from Khartoum to Nyala. Partner relations were boosted by the appointment of the Head of Partner Support and the Partner Advisor. Although a partner adviser and the head of partner support existed since August 2004 (but as part of the Head Office function) these positions became increasingly more important in 2005. The interaction and participatory planning with partners improved the implementation process significantly during the first quarter of 2005. By March, the programme was already operating in 33 locations. Preparations were made for the rainy season, in order to ensure the availability of supplies in outlying areas, which might be inaccessible during the rainfalls. Partner organisations received planning and budgeting assistance and further training. In summer 2005 planning workshops were held to develop specific logical frame works for the whole programme.
- 36) Despite the initial delays DERO has achieved much since it commenced in July 2004. In South Darfur the size of the multi-sector programme is only matched by that of MSF-Holland and in West Darfur DERO belongs to the largest NGO programme. The infrastructure established by DERO enables it to operate over a wide area and in distant and remote locations. The programme has worked in target group communities of approximately 660 000 individuals (cumulative) in 33 locations.<sup>27</sup> Initially it was planned to target approximately 500 000 beneficiaries (IDPs and host communities) which was based on an average of 6 people per household.
- 37) In the last revised appeal (May 2005) the maximum number of target beneficiaries for NFI-distribution has been reduced from 500,000 to 325,000, which is based on UN statistics of 5 people per household. However, the beneficiary survey revealed that currently about 7 people live together in one household. The coverage of providing shelter and non-food items has been quite good for the whole region, even though the rainy season led to delays and interruptions in delivery. The weather has had an impact on the programme output (e.g. water drilling teams

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<sup>26</sup> \$25.6 Million were required.

<sup>27</sup> DERO, Monthly Report 08/2005



could not operate), as well as security considerations, so the AU had to escort the teams to reach certain areas such as Merching.

- 38) Further details on programme activities during the course of the first 15 months can be found in the sector specific chapters.



**Waiting area for supplementary feeding programme**

## 4. MAJOR SECTOR FINDINGS AND RECOMMENDATIONS

### 4.1. Primary Health

#### 4.1.1. Introduction

##### Official health policy

- 1) The Government of Sudan (GoS) has formulated the following priorities for the health sector in Darfur:
  - Ensuring that health needs of the affected population are continuously assessed, tackled and monitored in a coordinated manner.
  - Strengthening the referral system for emergency care at secondary and tertiary level (war injuries, surgery, emergency obstetric care, blood safety).
  - Strengthening communicable disease control and response to outbreaks by a comprehensive network of surveillance and operational capacity.
  - Implementing simple and appropriate measures of environmental health.
  - Collaborating with all partners at improving the access to quality primary health care services for all war-affected people.
- 2) According to the Primary Health Care Directorate of the Sudan Federal Ministry of Health the national health policy in Sudan is implemented by a district health system based on the primary health care (PHC) concept with the following levels of care:
  - Basic Health Units (BHU) and Supplementary Feeding Centres (SFC), each serving a total of 10,000 people
  - Health Centres and Therapeutic Feeding Centres (TFC), each serving a total of 50,000 people
  - Rural Hospitals, each serving a total of 100,000 people

##### DERO's contribution to primary health in Darfur

- 3) The DERO primary health (PH) programme was one of the biggest components of the DERO operation since the very beginning. In designing the PH-programme it was decided to primarily support the first level of care (construction/rehabilitation of Basic Health Units - DERO clinics), and in selected sites also the secondary level (construction/rehabilitation of health centres - DERO hospitals). In order to respond quickly and efficiently to the health needs of IDPs and host communities the PH-programme started to work on three parallel activities:
  - To continuously increase the number of health facilities with adequate infrastructure
  - To simultaneously start and run a comprehensive health programme
  - To embark on introducing quality-of-care measures.
- 4) All programme activities have been regulated in a Memorandum of Understanding between ACT/Caritas and the Sudanese Ministry of Health.
- 5) In the initial phase of the operation, the construction (or rehabilitation) and equipping of the primary health clinics and rural hospitals in the neediest IDP camps or IDP affected / host communities was the most important DERO

8 clinics in West Darfur:  
 NCA ACT/Caritas (7), SUDO (1)

13 clinics in South Darfur:  
 NCA ACT/Caritas (10), SUDO (3)

programme activity. By December 2004, 17 out of the 23 planned clinics had already been re-established (19 clinics had been constructed/rehabilitated, but 2 had to be closed again during the fighting in Ta'asha). By March 2005 87% of the targeted primary health clinics were rehabilitated. By August 21 primary health clinics were rehabilitated and operational. The construction work in Kubum hospital had been completed (hospital not yet functional) and Deba2 was expected to be completed in the near future.

- 6) The goal of the health programme is to contribute to improvement of the quality of life for IDPs and host communities most affected by the current conflict and unrest in South and West Darfur. A contribution to this goal will be made, when people use the ACT/Caritas/SUDO Health Support Programme with 2 rural hospitals and 20<sup>28</sup> clinics (programme purpose). In July 2005 the health programme was revised and a logical framework with a set of indicators developed to measure programme achievements (decrease in prevalence of selected infections and diseases). It outlines the following programme activities:
- 7) Non-output related activities
  - Assure and arrange funding
  - Problem and stakeholder analysis
  - Authorisation (MoH)
- 8) Output related activities
  - Construct or rehabilitate, equip, staff and make functional 20 (23) clinics (offering ante-natal, post-natal care, deliveries, < 5 year EPI, FP, OP care, health promotion)
  - Construct or rehabilitate, equip, staff and make functional 2 hospitals (offering ante-natal, post-natal care, deliveries, < 5 year EPI, FP, OP care, minor surgery, health promotion)
  - Establish mobile clinics (2006)
  - Establish HIV prevention programme<sup>29</sup>
  - Evaluate health component (pre and post implementation survey)

#### **4.1.2. Description of the primary health component and its activities**

##### **Drug supplies**

- 1) In order to ensure treatment, DERO has established a drug supply system for its clinics in line with the guidelines for the 'Essential Drugs List' established by the World Health Organisation (WHO). Drugs are mostly supplied by DERO (ordered from NCA Oslo). However, UNICEF supports the provision of anti-malaria drugs (Artesunate) and presently WHO provides drugs for the 'Cholera Preparedness Programme'. At the start of the programme, donations (drug kits for PHC) also came from Germany. Some parts of these kits have been integrated into the drug supply system for DERO clinics, while other parts were given to the MoH.
- 2) The PH-programme has included a continuous effort to train its clinic staff for proper prescription and management of the drug system. A proper assessment of this activity will have to take into consideration the situation encountered at the start of the programme. At that time drugs were sold in the homes of service providers in order to complement low public salaries. There was

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<sup>28</sup> The number is now 23.

<sup>29</sup> Here it is noted in the framework 'ACT/Caritas is not responsible for activities'. Within DERO, SCC implements HIV/AIDS awareness activities.



hardly any transparency and little accountability. By introducing its drug supply component, DERO has not only introduced a transparent drug system, but also the notion of individual accountability. It can be said that it has contributed to the development of professional culture. Given the interrelatedness of DERO staff and MoH staff in the programme operation this may be expected to have repercussions on the public sector as well.

### **Use and quality of services**

- 3) The package of activities offered in the clinics include registration and filtering of patients, education for health, screening/medical consultations including elements of disease control, pharmacy/dispensing of drugs, minor surgical procedures/dressing of wounds and injections, short stay/observation of very sick patients and subsequent discharge or referral, maternal and child health care; including clean and safe assisted delivery, post natal care, growth monitoring in collaboration with the nutrition programme and the expanded programme of immunisation (vaccinations).
- 4) DERO has reached high use and acceptance of services. The monthly attendance rate of all clinics is between 15,000 and 24,000, depending very much on seasonal and climatic variations. In the clinics visited, daily consultations were between 60 and 100 patients (resulting in long waiting times for some). Data from the beneficiary survey shows that people from the camp, the host community and 17 other villages visit the clinic in Deleij (Wadi Saleh). Interviews as well as data collected during the beneficiary survey also indicate that the lack of laboratory facilities is strongly felt by the people.
- 5) There are steady increases of acceptance of vaccination services (a 210 % increase in August) supported by facilitated access through outreach services and clinic services twice a week.
- 6) DERO has set up systems to ensure quality health care delivery including the introduction of standardised case management protocols and an essential drug list, as well as the set-up of a drug supply system.
- 7) Health personnel receive training and a supervision system is presently being introduced to ensure the quality of health care. But in spite of training modules developed for supervision, with trained staff including medical doctors assigned to the task, and supervision instruments (supervision checklists) developed for efficient and standardised fulfilment of the task, there hardly seems to be any action taken on the basis of supervision findings. Supervision checklists focus more on quantitative aspects of the health service environment. Formal and ad-hoc aspects of supervision are in the foreground.

### **Outpatient care and disease control**

- 8) Malaria, acute respiratory tract infections (ARI) and diarrhoeal diseases are the three most frequently reported diseases in DERO clinics.
- 9) According to the analysis of DERO clinic reporting forms, and in the absence of adequately equipped laboratory facilities, prevalence of suspected malaria has been between 14 % and 21 % since the beginning of 2005 and is one of the most pressing health concerns. The Environmental Health Programme is involved in malaria control by sensitising the community and volunteers to fill ditches around the house to limit breeding space for mosquitoes. Likewise, the NFI programme is involved in distributing mosquito nets. Since May 2005, blanket distribution has stopped and has been replaced by targeted distribution to pregnant women and children under 5 years of age.
- 10) Prevalence figures of DERO clinics for 2005 for ARI are between 13% and 22 %. No figures were observed related to tuberculosis. Diarrhoeal diseases are between 12% and 14 % (this

includes watery as well as bloody diarrhoea). No clear trend in prevalence could be observed over a number of months for any of these diseases in 2005.

- 11) Overall, it is assumed that the use of services has certainly contributed to a decline in morbidity figures as reported by DERO and contributed to a decline in mortality, as compared to June 2004. The recent Darfur Mortality Survey reports a crude mortality rate of around 0.8/10,000/day in all three provinces in Darfur. This is below the international crisis threshold (1 death/10,000/day), and is three times lower than the previous survey<sup>30</sup>.

#### MCH/Family planning

- 12) Even though there seems to be no regular reporting on Antenatal Care (ANC) attendance including all clinics, monthly figures of May 2005 point to 550 ANC visits in 7 clinics, while the August 2005 monthly report speaks of 1249 women having attended antenatal care in all 21 clinics, which would translate into relatively low figures per clinic. According to interviews with midwives, deliveries in the clinics range between 6-10 per month. This is in line with the results of the beneficiary survey (see Q505) - a very low proportion of women approached medical institutions for help during pregnancy (7%) or delivery (3%). At the same time, group discussion on women's health point to a lot of pregnancy and childbirth-related problems. Data from the beneficiary survey shows that women want female doctors because they can't talk openly to men (gynaecological issues touch on taboos). This is surprising since there are midwives in all clinics who could be addressed with such concerns. Since this has been mentioned in a number of discussions it may be worthwhile looking into some issues including the availability of midwives as well as their decision-making power (e.g. can they give out drugs?). The chief medical doctor of Zalingei hospital also testified that this need is enormous.
- 13) Female genital mutilation (FGM) contributes to delivery complications and 80% to 90% of the women are estimated to have experienced FGM. While the most severe form (infibulation) is known to be a common practice in Sudan, discussions with communities point to awareness of the health risks of FGM and a change towards a much milder form. Interviews with the governmental Humanitarian Activities Commission (HAC) indicated that the government is taking a stand against this practice. One of the measures mentioned is withdrawing the licences from midwives who are carrying out FGM. All DERO health staff sign a Code of Conduct, which prohibits them from engaging in any form of FGM.

#### STI/HIV

- 14) Programme figures on STIs and HIV are not conclusive. While in most reports, figures on STI are low, oscillating around 2% to 4% increase or decrease, the April 2005 report speaks of a 76% increase in STI and the 2nd quarterly report (June 2005) speaks of 'a very high attendance for STIs'. In absence of laboratory diagnostics, a large part of pelvic inflammatory diseases and urinary tract infections may also be attributed to STIs. Interviews with some service providers indicate a high STI occurrence, while others do not seem to observe such and/or are very reluctant to talk about prevention and control efforts. There are no programme figures on HIV/AIDS. HIV/AIDS has been recognised as a challenge: respective workshops for personnel have taken place and one staff has been employed for community sensitisation and information.

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<sup>30</sup> Taken from: DERO Second Quarterly Report, June 2005

### **4.1.3. Assessment of activities and strategies, challenges and recommendations**

#### **Compliance with national and international standards**

- 1) The primary health programme has been developed in close collaboration with the MoH and is fully integrated into the national health system. DERO clinics support primary health care delivery, they collaborate with the public vaccination programme (Extended Programme of Vaccination – EPV) and cases needing intensified attention are referred to the next higher service level. It ensures equal access to health services for the whole population; IDPs, host communities and others. DERO clinics are run by MoH staff while staffing may be complemented by DERO employed staff, if needed. There are joint training and evaluation activities with the MoH. DERO has an integrated human resource management. If the programme has to employ its own staff, these have to register with the MoH to ensure future career prospects within MoH. The National Public Health Care system is strengthened by DERO interventions. Activities are in line with the policy of the MoH in Sudan as well as with the values and beliefs of the DERO donor network. Regarding the overall relevance and appropriateness of the DERO programme, PH measures are much responding to the health needs of the population, and health care is given high priority. This has been confirmed in interactions with the community level. DERO is compliant with the Sphere Standards, especially in the areas of equity and integration of services into the national health system.

#### **Programme coherence**

- 2) With regard to coherence of the public health approach (PHC) of the programme, some aspects should be reconsidered. Health promotion is not under the control of the PH programme but is rooted in the EH programme. Community mobilisers for hygiene promotion for example, being under the EH programme, are asked to be in contact with the medical assistants of their respective areas, and are expected to check for all reported cases of communicable diseases from the registers, in order to follow them up. This is difficult to manage and risks being ineffective in the end. Malaria prevention (bed net distribution) is also not under the PH-programme, but is managed by the NFI programme.
- 3) All this greatly limits the PH-programme to curative services, while prevention is an essential part of PHC. The question whether health promotion should be under the PH programme rather than the EH programme has already been raised in a number of DERO meetings.

- (1) In order to develop a comprehensive PH programme it is recommended to decide on the pending issue of PH and EH restructuring and to strengthen PHC by redefining sector responsibilities. This includes
  - Redefining the responsibility for (targeted) malaria prevention, including re-treatment of nets (alternatively introduce long-lasting bed nets which are easier to handle by the households)
  - **Strengthening community-based approaches of prevention**
  - Redefining the role of community mobilisers to deliver more holistic health promotion

- 4) The recommendation regarding sector re-alignment will have to be considered in the framework of the overarching recommendations made in this report for the re-conceptualisation of programmes under the broader heading of organisational development. Here, further programmatic and strategic changes are required, including for example the nutrition programme and the redefinition of the role of the national partners.

### **Needs assessment, planning and targeting**

- 5) The health programme has been designed based on several assessments in the Darfur region and continuously adjusted according to new events (like arrival of IDPs) and findings over time. In the selection of sites for health services, DERO mostly responded to requests of the government (HAC). Both IDPs and host communities are targeted.
- 6) Concerning planning of intervention sites, data collected point to the need for intensified networking and collaboration with other organisations. Examples of this include the SUDO experience in Fina, where the assessment team found that another organisation was already active in health. In Garsila, discussion with the chief doctor of the rural hospital indicated that the decision to build a DERO hospital was not sufficiently harmonised with the MoH at local level represented by the chief hospital doctor, but with the commissioner. In Zalingei, El Hamidiya camp, a DERO clinic was erected in addition to the presence of an MSF and an IMC clinic.
- 7) The decision to build the hospital in Kubum was not only based on the urgent need for medical referral services in that area, particularly for delivery complications. The decision was also highly responsive to community action: the community had put in a lot of effort and funds to start building a hospital some time ago. However, the hospital is still not functional due to staffing problems, which are mainly caused by demanding higher incentives than originally agreed with the MoH. Staffing seems to be not only a matter of incentives, but also of accommodation for staff. In order to find a solution, it is recommended to investigate ways of providing facilities for hospital staff, possibly through community action. Regarding the enormous human and financial effort made by DERO and the community for the construction of this urgently needed hospital in the past, there may be a potential for support for accommodation for hospital staff.
- 8) Overall, DERO would benefit from closer coordination with other actors to ensure proper assessment and planning of own services as well as to identify complementarities in service delivery and approach.

### **Cost effectiveness**

- 9) In general, health services offered free of charge cannot be efficient in financial terms. However, looking at patient flow, performance of individual health service providers in the field as well as in programme management, it can be said that overall there has been a quite high degree of efficiency in the programme. A precondition for this was that overall staffing and management permitted continuous planning and operation. There is still high staff turnover, which impedes efficiency due to the time spent for new staff to understand the task.  
  
Measures proposed in the recommendations, like improved human resources management on the one hand and merging of sectors on the other hand, are likely to contribute to increased efficiency. The pilot introduction of elements of cost-recovery in accordance with national policy – for example for drugs - would further support this. This approach would need further specific research activities on the capacity and willingness to pay within specific target groups (IDPs, host communities).
- 10) Since May 2005 the head nurse is acting head of the PH programme, with subsequent double responsibilities and added workload on top of an already very full schedule. In addition, there are vacancies at other middle management posts. In spite of this, the programme has achieved a lot.
- 11) There is no particular expertise for public health and primary health care available in the overall DERO (donor) network, unlike for example for psychosocial services. That means there is no back up for the programme organisation, but this can be crucial for sudden needs for

information, specific exchange and dialogue. Given the present vacancy in the leading position of the health sector this is of particular concern.

### Monitoring and evaluation

- 12) The DERO PH-programme has a monthly and quarterly reporting system, which describes the main programme activities. However, it is not possible to see trends in development/performance over longer periods. For example, morbidity patterns are only compared with those of the previous month. Continuous monitoring tools (analysis of existing figures over time) do not yet seem to exist.
- 13) A system to facilitate monitoring and evaluation (log-frame) has been set up in July 2005.
- 14) One group of indicators for the PH-programme measure the decrease in incidence<sup>31</sup> of selected diseases based on the number of cases identified in the health facilities. In general, decrease in incidence depends on a variety of factors that are covered through the environmental health and prevention component: water supply, good quality of water, removal of water ditches from the houses, and mosquito net distribution (and also the re-treatment of the nets). Additionally behavioural factors come into play, hygienic behaviour and the patient's compliance with prevention and treatment measures. All these aspects are beyond the control of the PH programme as it is currently structured. Subsequently, the indicators are not suitable to measure the performance of the PH programme. Elements under control of the PH programme are service quality aspects including correct diagnosis and appropriate treatment, as well as preventive measures carried out at the clinic level. They depend on staff qualification (training), regular and functioning drug supply and supervision. Indicators should therefore be developed to monitor and guide the PH component in addition to those used for monitoring the over all programme.
- 15) Another group of indicators of the PH-programme is related to attendance of services. The health services offered are divided into different categories. Most of the selected categories (e.g. ante natal, post natal, deliveries, FP, etc.) are related to mother and child health (MCH). However, attendance rates of these services are not regularly reported in the monthly reports. Reports only give the total numbers of outpatient visits.

(2) It is recommended that indicators developed to monitor the PH programme should either be reconsidered and redeveloped, or the activities implemented in the different sectors (PH, environmental health, nutrition) should be realigned, e.g. health promotion to be part of the health component (see also programme coherence above). If indicators relate to activities of more than one programme, this should be mentioned in the log frame. Otherwise it is difficult to measure a single programme's performance. It would be desirable to develop some simple tools for the monitoring and assessment of activities to foster programme performance. **This should be done in the framework of an M & E department, the establishment of which is recommended.**

### Human resource development

Supervision has been introduced in all health facilities. Supervision protocols are elaborated and respective training has commenced. This is a big step. Challenges for the future lie in moving from the present supervision lists to a more comprehensive approach in terms of training for and aspects of supervision.

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<sup>31</sup> The percentage of decrease seems quite high. It is not clear whether comparative data from other relief operation have been assessed for its estimation.

**(3) With regard to service quality it is recommended to improve the recently introduced supervision system:**

- To conduct on-the-job-training to supervision staff and to encourage supervisors to act accordingly
- To include quality aspects such as knowledge of and adherence to WHO-guidelines for treatment and other aspects of quality of care (confidentiality) in the supervision
- To include coaching and advisory aspects and train supervision staff accordingly, with particular consideration of participatory methods

**Programme components**

- 16) There is broad recognition of the DERO programme by national and international authorities as well as the population. DERO's contribution is highly appreciated by MoH ('DERO is the only NGO making a visible contribution to health care') and WHO as well as by the population. DERO has successfully provided access to medical services for the majority of the 465,000 IDPs and HC population in South and West Darfur.<sup>32</sup> The DERO primary health and environmental health programme have been effective in reducing morbidity and mortality. The impact of the PH programme alone has mostly been observed in the areas of curative services (attendance rates and morbidity figures) and less in preventive services.

Accessibility of health services

- 17) Through the construction and rehabilitation works, the geographical accessibility of health services for IDPs and the host population has been improved considerably. The majority of the population can now reach a health facility within 1/2 to 1 1/2 hours walking time (for more details see Beneficiary Survey Report). It is estimated that the facilities provide improved health care to a catchment population of about 250,000 people. Plans to install mobile health services to further improve access to health care are made and in preparation for 2006.
- 18) By offering services free of charge to IDPs and HC members, the DERO programme ensures the financial access to health services. DERO clinics provide access to the whole population, indiscriminately. At referral sites, an agreement has been reached with the MoH to exempt IDPs from user fees on presentation of referral cards.
- 19) Discussions with the community in this regard, however, are not conclusive. While some people gave evidence that IDPs actually do not pay, data from the beneficiary survey does not always confirm these findings. Services are sometimes not free of charge if the patient has no referral card. Payment however, is difficult for many patients.
- 20) On the other hand, it cannot be said whether exemption from fees may impact negatively on the services (or the quality of services) people actually receive. Interviews with hospital chief medical doctors point to the fact that the government does not strictly pursue a cost recovery scheme in IDP affected areas. Subsequently members of the host community are also receiving services free of charge.
- 21) There is some need for services after opening hours of clinics.

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<sup>32</sup> Estimates derived from figures of the World Food Programme (WFP)



## Drug supply

- 22) The programme has contributed to transparent drug supply and delivery of drugs to the patients. By its approach and training concept it has introduced a professional understanding of how things need to work in a system characterised by transparency and accountability.
- 23) Nevertheless it seems that the well-designed drug supply system still poses some challenges at the level of implementation as well as management. According to interviews with service providers, 8% to 10 % of patients leave the clinic without medication since the drug of choice is not available. One person reported that if drugs supplies are short, the medicine is given to an IDP, while a resident will have to purchase the drugs. This is not in-line with DERO's policy and may cause tension between IDP and members of the host community. Interviews with MSF personnel in Zalingei (where secondary hospital care is provided and supported by MSF) indicate that some patients are referred to the hospital not because their critical condition requires care at the next higher level of service delivery but because drugs were out of stock in the clinic. Also, data collected in the framework of the beneficiary survey points to the fact that drugs are not always available. Staff responsible at DERO head office reported that recurrent delays in the provision from Oslo are threatening the continuous supply of stock.
- 24) The analysis of the Daily Consumption Form and the Medical Warehouse Requisition Form gives rise to questions regarding the adequacy of the order forms, the responsiveness of the supply system, and the quality/clarity of interaction between the demand and the supply side. Factors hampering smooth operation of the well-designed drug supply system at the service provider level include:
  - Lack of English language competence
  - Understanding the logic of stock and warehousing (obviously some drugs were still in stock even though in the sheet the balance had come to zero).
  - Understanding prescription guidelines (for example to replace one antibiotic by another if the stock is short)
  - Situational demands like three-month reserves as preparedness for rainy-season, putting additional stress on the service provider of handling/ overseeing a stock for three months.
- 25) The analysis of the 2nd Quarterly Report (June 2005) shows that the programme is already moving in the right direction<sup>33</sup>. To further improve the drug supply system we recommend

- (4) **Re-assess the management and the responsiveness of the drug supply system to expressed needs**
- (5) **Re-assess the DERO policy of prescription and training strategies**
- (6) Re-assess the consumption-based drug supply system (presently using a 10% buffer stock) taking the variety of factors impacting on drug use more into account
- (7) Analyse effectiveness and efficiency of local purchases for buffering drug stocks and to try to identify reasons for delay in drug delivery from NCA/Oslo with a view to future timely delivery. The effectiveness of basic health services is largely measured by the availability of most-needed drugs, based on the epidemiology in the region. The imminent rupture of stock of anti-malarial (and other) drugs is threatening the quality of DERO medical services. We therefore recommend looking into the causes of delay of delivery of anti-malarial and other drugs from Oslo, to sensitise the logistics department accordingly, and to jointly work

<sup>33</sup> See under: 'Consumption sheet for accountability and monitoring: We will review each facility on individual basis, and if there is a felt need for extra demand, this will be addressed accordingly'.



on measures supporting the timely delivery of these drugs.

(8) Analyse and use the present first experience of pre-supply for future operations

(9) In this respect it may be helpful to formulate and analyse a number of questions, e.g.:

- How often was a certain drug needed but could not be given out?
- How often does a stock of a drug come to zero and why?
- Is there an over-consumption of drugs (comparison between consultation book (diagnosis and treatment) and daily consumption form)? Is the amount of drugs given out too high compared to the number of patients seen?

26) The follow-up of such questions may help to identify trends in drug consumption and prescription techniques and might also provide a useful base for possible future decisions on the stepwise introduction of drug fees.

#### Outpatient services and disease control

27) Overall, assessment of the programme's success in reducing the incidence of (the three most common) diseases is difficult. This is due to a number of factors:

- Changing climatic conditions (with prevalence for all diseases to be considerably higher during rainy season);
- The continuously increasing number of IDPs with a probably higher number of ill people among them on arrival;
- DERO health clinics often being the only ones in a larger region, with increasing numbers of patients coming from other villages.

28) This has to be taken into consideration when assessing the performance of the DERO health programme.

(10) It is recommended to cooperate closely with the NFI programme for distribution of mosquito nets. One important component of an effective programme is the re-treatment of nets with insecticides. This needs sensitisation of the target groups, supported by trained personnel. It is recommended to assign the responsibility for malaria prevention to the PH department, with ongoing close cooperation with the NFI department.

**(11) To make the use of bed nets easier it is recommended to switch to long-lasting bed nets.** (no need for re-impregnation of nets)

#### Mother and child health / family planning

29) It is known that women and children make up four fifths of the world's refugees and IDPs. The characteristics of civil war and forced migration, such as the loss of security, income, home, families, and social support as well as rape and unwanted pregnancy increase the need for SRH (appendix 3) Training services. In addition, maternal mortality figures in Sudan are high (see introduction) and may be aggravated among IDPs. DERO health services have a particular responsibility in serving those needs. Maternal mortality is caused by too frequent pregnancies, pregnancies too early and too late in life, and unsafe abortion. Most this is a result of a lack of safe contraception.

Recommendations include the following:

**(12) Strengthening RH-education and sensitisation at community level;**

**(13) Considering introduction of contraceptives (as compared to offering counselling in natural family planning methods only);**

**(14)** Reflecting on introducing hormonal emergency contraception – even though it is a very sensitive issue for the DERO programme. Still there is a lot sexual violence and pregnancies resulting from rape are often aborted – with subsequent dangers for the women's health and life;

**(15)** Assessing the role and decision making power of midwives in clinics. Training of TBAs.

**(16) Integrating EPI services with ANC services with the aim of increasing ANC attendance (acceptance of vaccination services is high);**

**(17)** Re-assessing the level of cooperation with UNFPA in order to see how such efforts could be supported by UNFPA.

30) A respective enlargement of RH-services will necessitate respective negotiations with MoH, training of providers and complementation of the list of essential drugs.<sup>34</sup>

#### Sexually transmitted infections (STI) and HIV/AIDS

31) There is a strong interrelation between STI and HIV prevalence: both are transmitted during sexual intercourse, and the presence of an STI much increases the risk of acquiring an HIV-infection.

32) Whilst data on HIV prevalence in IDP situations is scarce, it is believed that displaced populations are at increased risk of contracting the virus during and after displacement due to poverty, disruption of family/ social structures and health services, increase in sexual violence, and increase in socio-economic vulnerability, particularly of women and children<sup>35</sup>. Prevention and control of STI/HIV therefore presents a particular challenge and a responsibility of the programme. DERO has already started to pick it up by mainstreaming HIV/AIDS, discussing HIV at various levels (workshop), and by having one person responsible for Information, Education, and Communication (IEC) on HIV/AIDS. Information obtained in the course of the beneficiary survey pointed to HIV training for IDPs and the host community in Mershing, Um Guzein Camp. SCC is the partner organisation, focussing on HIV/AIDS prevention, mainly in schools. Yet, interactions at health centre and community levels give evidence of little awareness of the disease.

**(18) It is recommended to intensify sexual and reproductive health services at the community and clinic levels including**

a) Intensifying sensitisation for STI and HIV/AIDS prevention at the community level

<sup>34</sup> Looking at the levels of care for PHC, comprehensive RH/family planning services are not foreseen at the BHU level (here only ANC services) where DERO primarily supports. However, the PHC Directorate of the MoH recommends under 'the way forward' that 'partners working in Darfur should review their services, identify gaps and redistribute health services to meet standards and to provide quality of services'. The intensification of RH services would constitute such a step. According to discussion at the MoH in Nyala, family planning measures are not opposed to, however, no one seems to really be pushing for it. This has to be kept in mind when RH-efforts will be extended.

<sup>35</sup> The disruption and displacement of the Rwandan population raised awareness of the importance of HIV-prevention efforts during humanitarian emergencies.

- b) Intensifying training for STI and HIV/AIDS prevention among key people in all sectors, and particularly for health personnel.
- c) Involving also the DERO staff as an audience for HIV information and sensitisation under the overall approach of 'staff care'. Such measures are very much in line with international approaches for the development of HIV/AIDS workplace policies and programme (WPP) focussing on non-discrimination, HIV/AIDS information and services for employees.

### Gender-based violence

- 33) In all emergencies, a high increase in gender-based violence can be observed. Even though discussion in the field showed regional variation in the severity of the phenomenon, there is a lot of gender-based violence. Official measures for protection (i.e. forces of the African Union escorting women when collecting firewood) are not yet sufficient to cover all women in need. At programme level, psychosocial services respond to women's need for attention and care after such experiences.

**(19) We recommend improving the inter-sector coordination within DERO (including health, nutrition, psychosocial, protection and community services) in order to be able to better prevent and manage the consequences of gender-based violence.**

### **Cooperation with the traditional sector**

- 34) Even though there is high acceptance and appreciation of the DERO clinics, the traditional sector still plays a very big role for perceptions of health and disease and often enjoys the trust of the population more than regular health services do. While this is a general truth, it particularly applies to the field of sexual and reproductive health. The number of deliveries in the DERO clinics is low, which is said to be mostly due to cultural reasons. Information obtained in the field on co-operation with the traditional sector is not coherent; the impression is that there is no systematic co-operation with or integration of the traditional sector.

**(20) Regarding the importance, especially for maternal health, it is recommended to consider developing a strategy of co-operation with traditional birth attendants (communication, training, equipment with delivery kits, etc.) to reduce maternal mortality on the one hand and respond to the socio-cultural needs. Additionally it would be of great interest to assess the role of traditional birth attendants in FGM practices.**

### **Community participation**

- 35) After having overcome the immediate emergency, the programme is now moving into a phase where participation and ownership of the community is crucial for successful continuation of the programme and its sustainability.
- 36) There are – formally – a number of health committees in the programme, yet many of them do not seem to be active. However, individual ones are, as evidenced in the dismissal of a health provider as a result of community (committee) action because of his poor performance. The programmatic challenge for fostering community action lies in looking into the characteristics of the enabling/disabling environment/factors for 'joint action'. The example of Kubum hospital, where the community in the past put a lot of human and financial efforts into the construction of a badly-needed hospital, gives impressive evidence of what communities are able to do despite limited resources.

**(21) It is important to sensitise the community leaders to the importance of community participation and ownership as important steps for development and to learn from existing models of active community participation.** This recommendation has validity for the overall DERO programme.

### Intersectoral collaboration and integration of activities

- 37) The DERO programme is characterised by its complexity and the range of human needs it is trying to cover with its programme. A lot could be gained in addition from inter-sector cooperation (see above for examples). This however, is still lacking to a considerable extent.

**(22) In order to improve efficiency and comprehensiveness of the overall programme and to create synergies, we recommend improving collaboration between sectors and formulating this as a responsibility in the task description of sector heads (with adequate time allocations).**

### Coordination with other actors

- 38) The collaboration with the UN-System is good; DERO clinics are part of the joint epidemiological surveillance system of the World Health Organisation (WHO) and the MoH. Reporting clinics have been identified and communication lines are established (village telephones). Weekly epidemiological reports get sent to WHO/MoH, where the data is collated and analysed. DERO clinics thereby contribute to the surveillance, early warning system for diseases of epidemic potential and subsequently to the responsiveness of the health system to emerging needs.
- 39) DERO has an agreement with the MoH on paying public staff working in the PH programme incentives in order to back up their salaries. New incentive scales of the MoH (100% to 150% higher than before) endanger the ongoing cooperation with regard to staffing. A severe outcome of this new move of the MoH is Kubum hospital, fully equipped and not functioning due to lack of staff while the need for hospital services in this area, especially with regard to surgical facilities for delivery complications is immense. Several attempts have been made from DERO to solve this issue. According to interviews also at the clinic level, MoH staff are threatening not to come back to work if incentives are not increased.

**(23) It is therefore recommended to initiate a concerted effort with other actors in the field to search for a solution on incentive scales and for cooperation mechanisms among organisations and with MoH.**

- 40) DERO runs an enormous programme, which is known by other actors in the field. Nevertheless, interviews with other actors suggest that there is insufficient transparency about what DERO is doing and planning. According to interviews in West Darfur DERO is not regularly participating (presence of well informed staff with decision-making power) in important processes (coordination meetings)<sup>36</sup>.

**(24) It is therefore recommended that DERO ensure presence of informed and decision-making staff at coordination meeting at the points of intervention.** Such presence will not only help coordination of activities, but may also provide opportunities for support of DERO interventions.

<sup>36</sup> Due to the travel schedule of the health expert no other agencies could be interviewed in Al Dein and in Kubum (both South Darfur).



- (25) In view of the handing over of health facilities to the MoH the training program should be revised in order to strengthen MoH's staff capacities in both, administrative and technical terms.



Delivery in a temporary clinic



Pumping water



## 4.2. Environmental Health

### 4.2.1. Introduction

- 1) The ACT/CARITAS Darfur Emergency Response Operation (DERO) was started in July 2004 based on results of an assessment carried out by ACT in May. UN data<sup>37</sup> from July 2004 shows that only 47 % of conflict-affected populations had access to adequate quantities of safe drinking water. The safe water coverage among the populations in locations inhabited by IDPs ranged from 57% (170,900 people) in South Darfur and 56% (243,400 people) in North Darfur to 31% (188,400 people) in West Darfur. Another concern was the limited access to sanitary facilities (latrines), access to soap and hygiene products as well as lacking hygiene education. To meet the gap, priorities in the sector included expanded drilling operations and the rehabilitation of water yards, hand-dug wells, tanker operations and the construction of latrines. The environmental health programme has four components:
  - Water supply and sanitation
  - Hygiene promotion
  - Vector control
  - Solid waste disposal
- 2) The environmental health programme co-operates closely with the Sudanese Water and Environmental Sanitation Department of the National Water Co-operation. The main ACT/Caritas partners in the environmental health programme are SUDO and SCC.
- 3) The purpose formulated for the Environmental Health Programme is 'to increase access to water and sanitation services to IDPs and host communities in South and West Darfur so as to reduce the incidence of environmental health related diseases amongst conflict-affected IDPs and villagers to national levels'.
- 4) The objective of the water component is to provide clean, safe and potable water for drinking, cooking, and personal and domestic hygiene; sufficiently close to allow use of the minimum water requirement.
- 5) The objective of the sanitation measures is to provide 2,500 adequately designed, constructed and maintained toilet arrangements, suitably located, so they can be used easily, safely and acceptably at any time of the day or night. The latrines will be arranged by household or segregated by gender.
- 6) The objective of the hygiene and public health promotion component is to provide basic public health education and materials, as a means of mobilising communities in the understanding and management of their own environment, sanitation and personal hygiene needs and to provide support for vector control for parasites.
- 7) The availability of ground water is extremely variable across West and South Darfur. The strategy to address the water issue was to have 100 drilled borehole wells of about 63m average where the water table is low, to construct and to rehabilitate shallow wells in areas where ground water is closer to the surface and tank water to camps in areas where ground water is very difficult to reach. A needs assessment for water took place in the communities of Bulbul, Bido, Damba Agi, Falanduke in South Darfur and in Jogoma. A great need for water was

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<sup>37</sup> UN consolidated appeals process report (CAP) "Remaining humanitarian requirements for Sudan until 31 December 2004"

stated for El Dhein, where the water table is very low and boreholes need to be drilled to a depth of 150m. It had been planned to prioritise communities where clinics, hospitals or other important facilities are located.

- 8) Due to logistical constraints, drilling actually started in December 2004 with a rate of 6 boreholes per month. To respond to the critical need for water across Darfur, the International Steering Committee agreed in February 2005 to buy a second rig, contributing to achieve the targeted 100 boreholes by the end of December 2005.

#### **4.2.2. The performance of the environmental health component**

- 9) While management problems, shortage of staff and delay in delivery of some hardware for the engineering work delayed the start of EH activities in 2004, the programme at the time of the mission had almost achieved its objectives for 2005.

#### **Water Supply and sanitation**

- 10) Concerning the water supply part of the programme, 80 out of 100 projected boreholes have been drilled; other targets have been met by 70%. Only the installation of new hand pumps lags behind (20% achievements). However, 150% of the set target has been reached for the rehabilitation of hand pumps.
- 11) Concerning sanitation, the latrine programme has already exceeded the objectives (130% for pit latrines and 150% for school latrines). Hand washing facilities, however, lag behind (42% achievement).

#### **Hygiene Promotion**

- 12) Training of community mobilisers and hygiene/health promotion volunteers has already exceeded 100%. The aim is to equip them with the necessary knowledge and skills for them to perform their tasks effectively. Their sensitisation and mobilisation work includes overall hygiene topics like importance of hand washing after defecating and before food preparation or consumption, the proper care of water storage containers, the use of latrines, the careful disposal of infant excreta, and the need for a clean community for promotion of health. The promotion of hygiene has been supported by the material provision of 40,000 hygiene kits designed to replace the essential items required by a household to maintain their basic levels of hygiene.<sup>38</sup>
- 13) Interviews with elders indicated that health education activities have raised the level of awareness of people related to their health and hygiene.

#### **Vector control and solid waste management**

- 14) Vector control aims at reducing the disease-carrying vectors like houseflies, mosquitoes, cockroaches, rodents which breed near habitations. The programme aims at both killing the vectors and inhibiting any further reproduction by treating the breeding places. The programme gains relevance during the rainy season when the last stage of most insects' life cycle (metamorphosis) is reached.

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<sup>38</sup> Sphere Minimum Standard for Hygiene Promotion Standard 1 – Programme Design and Implementation, p.60.

- 15) Supervisors, trained community mobilisers and volunteers (sprayers) are involved in implementing the vector control programme in households. For indoor residual spraying Deltamethrine is used against adult mosquitoes responsible for malaria transmission.
- 16) In some areas, like Garsila, Um Kher and Deleij this is done in collaboration with MSF Holland Tearfund and International Medical Corps based on a memorandum of understanding where the latter provide the insecticide and training while ACT/Caritas provides the labour.
- 17) Household members are also educated by community mobilisers and volunteers on other methods of vector control such as proper drainage of waste water channels, draining of pools of stagnant water, filling up of pot holes or pools of water, keeping vegetation around the houses short, and proper solid wastes collection and disposal.
- 18) Communities are mobilised for cleaning campaigns, which are supposed to be a routine weekly activity. Solid wastes are collected using tools provided and are subsequently disposed of in refuse pits or burnt.
- 19) In discussions in the communities, people were generally satisfied with the vector control programme, but complained that only houses but not the latrines were sprayed where a lot of insects are found.
- 20) For both vector control and solid waste management, figures given relate to individual sites. No overview is provided for overall achievement.

#### **Promotion of fuel saving stoves**

- 21) In the EH programme, the use of fuel saving stoves is promoted. This technology is known to reduce the demand for firewood and contributes to environmental conservation. It also increases the safety of women who otherwise would have to go out and gather their firewood thus placing them in danger of possible attacks.

### **4.2.3. Assessment of activities, challenges and recommendations**

#### **Coherence with national and international standards**

- 1) Like the other programmes, the EH programme is oriented along the Sphere Standards and aims to meet them as closely as possible. This is reflected in the newly developed log frame. Challenges in terms of environmental conditions, infrastructure, equipment and human resources sometimes hinder timely fulfilment of objectives.
- 2) Vector control measures follow international standards and are implemented according to the WHO guidelines.
- 3) A big challenge is the lacking integration of the EH programme into governmental structures due to low levels of interest or commitment of the MoH in EH. The partner structure WES, one of the most important co-operation partner of the EH programme at governmental level, is 100% UNICEF funded. In contrast to the EH programme the PH programme is working with MoH in many aspects.

**(26) It is recommended to use the proposed merger (see PH sector) of the PH and EH programmes as an entry point for increased cooperation of the EH programme with MoH.** Talks with the MoH should also include personnel issues (for example if the EH programme provided training, how could further support make people want to work in the EH-programme?).

## **Programme management**

- 4) The programme is in the process of formulating standards (design, shape, size and breakdown of materials) for pit latrines and hand dug wells for application in the whole programme. This constitutes an important step for consolidation of some technical activities of the programme and for the improvement of efficiency of construction work. It can also provide a basis for assigning parts of the construction work to the community in a transparent and structured way.
- 5) Difficulties exist in the field with regard to having an overview of the different options for technical equipment. Subsequently orders may not always be the most appropriate option, technically and financially. The support from NCA Logistics Department in this regard is sometimes felt to be insufficient.
- 6) Secondment of experts to the national partners' office is one of the viable approaches to build their management as well as technical capacity. The EH programme has prepared a concept of secondment of an expatriate engineer as well as a Public Health Officer to SUDO, being the key partner for EH.
- 7) Communication with the local population remains a problem for expatriate expert staff, particularly if the promotion of community ownership, responsibility and empowerment requires more complex social messages. A recommendation given in the beneficiary survey report is that expatriate staff should learn at least some basic Arabic.

## **Planning, needs assessment and targeting**

- 8) DERO and its partner organisations were not the first actors on the ground. Others, particularly MSF, had arrived before and started EH activities. Subsequently, DERO improved the water system by identifying gaps and moving to remote communities where no one else had gone. Reaching out to these communities and still being able to achieve quantitative objectives in time (looking at travelling time and road infrastructures) is a double achievement for the operation. In spite of shortage of staff, the programme has been able to introduce a research component for baseline data and the development of appropriate messages on water and sanitation practises.

## **Monitoring and evaluation**

- 9) Monitoring and evaluation is done in regular monthly and quarterly reporting with precise figures on performance in the three sub-components of the programme. The introduction of the log frame has supported follow-up of achievements.
- 10) For overall overview and planning of the programme, information on water sites (mapping) and their condition is insufficient. The last updated map available from IRC (International Rescue Committee) is from 2004. It is therefore quite difficult to obtain an overview of water provision and water needs, and co-ordinated action becomes rather difficult.

## **Human Resource management**

- 11) The staff for PH-promotion exclusively consists of DERO-employees, MoH staff is not working on the programme. It seems that from the start the EH programme did not budget for incentives to back up the salary of civil servants working in the programme. Even though there are public health officers from MoH, they are from the federal and not the regional level. Some of these are funded from the budget of the PH programme.

## Programme components

- 12) The programme combines the provision of physical infrastructure with public health/hygiene promotion. Apart from meeting targets formulated at the beginning of the operation, the EH programme has started to respond to needs that have evolved during the implementation process. The programme has (conceptually) moved from an approach of providing infrastructure and services to one that requires the active participation of the community.

### Water supply

- 13) The EH programme drills boreholes during the dry season, when there is peak demand and low level of ground water, to be sure that the borehole will be productive all year. At the beginning of the programme it seems that for a number of reasons some of the water sources were drilled /dug during the rainy season, resulting in seasonal water supply points (giving water 3-4 months per year). This practise is causing long queues at the productive water points during the dry season- this was confirmed in the beneficiary survey. In addition, the use of some water points has changed. They are no longer used for drinking water purpose any more, but for bathing and household needs. Data from the beneficiary survey shows that there are different degrees of lack of sufficient and quality water in the camps.
- 14) The water supply in schools is not systematically supported; it is not yet formulated as a policy whereas it is a DERO policy and priority to equip hospitals and clinics with water supply. However, this policy has not been followed throughout the operation and some clinics/hospital did not receive adequate water supply when starting to be operational. This may be due to the lacking inter-sectoral communication and co-operation, as the construction of hospitals and clinics is part of the PH programme, and the water component is placed in the EH component. A joint public health programme integrating the PH and EH activities could more adequately respond to the need (see also recommendations under PH programme).
- 15) The environmental health (EH) programme activities have had a tangible impact on the life of the IDPs and host communities. The quantities of water used by the communities have increased remarkably due to a greater number of water points. A direct effect of this seems to be the decrease in diarrhoeal disease. As mentioned above the EH programme has provided water supply to both IDP camps and host communities. Yet, discussions point to the fact that support to IDP camps may be disproportionately higher.

For the EH component we recommend:

- (27) To find alternative water sources and upgrade the water system. While this is a rather long-term goal, it seems that the present budget would allow starting the process (for example by replacing bladder tanks by big tanks, by adding pipes to boreholes). A wider choice of equipment facilitated through provision of information by the NCA Logistics Department (see below) would support the process.
- (28) To support water and sanitation programmes in schools and formulate a policy.**
- (29) To assess the present water supply in hospitals and, if needed, identify ways of improvement.**
- (30) To review activities and sites accordingly and try to balance support between communities. On a longer-term perspective, the EH programme may think of supporting research regarding the needs for water supplies in areas of future return.
- (31) Assess in which way an epidemiological 'early warning system' could be installed, taking into consideration all possible actors for cooperation as well as international experience** (e.g. one possible indicator is the incidence of specific diseases measured by



the number of cases identified in the health facilities).

- 16) For technical maintenance, the programme will introduce a village-based concept (VLOM – Village Level Operations and Maintenance). This means that in the future water and sanitation community technicians (with supervisors) will replace community mobilisers and volunteers. This will improve the connectedness of the programme.

#### Health promotion

- 17) This is an essential programmatic measure in achieving a more active role of the community, and the development of 'ownership'. Particularly among IDP populations the latter cannot be overestimated with regard to its relevance for sustainability and social development.
- 18) In hygiene promotion, the programme is moving from simple 'hygiene kit distribution' to an approach based on PHAST (Participatory Hygiene and Sanitation Transformation).
- 19) The successful training of community mobilisers and PH volunteers has resulted – among others – in a high demand of latrines by people who traditionally did not use latrines in the past. Qualitative data from the beneficiary survey shows that sensitisation helped people to understand the purpose of chlorinating water and thus supported the use of treated water.

#### **Community participation**

- 20) With regard to water supply there seems to be a lack of community participation. For the 72 boreholes, only 5 water committees are operational. In the beginning the programme had combined construction activities with income generation activities for the affected population (payment for collecting stones, gravel sand, simple construction work). Volunteers have also been paid for maintenance and guarding activities. Initially this has been an approach to motivate IDPs and give them hope and self esteem. Now it is prone to turn into a 'dependency syndrome'. In Mershing and Um Guzein camp the three hand pumps have not been working for a month. The explanation was that guards are on strike because they were not paid for their "services" for more than a year. It was unclear whether the payment has just been "forgotten" or whether it had been an attempt to force community participation for this task.
- 21) The challenge for the EH programme is to initiate a 'cultural change', to sensitise the community to develop ownership for water and sanitation infrastructure and a sense of communal and individual responsibility for their environment. This includes hygiene promotion activities. Good hygiene practises have to become part of people's behaviour even when they move back to their places of origin. For the empowerment of people participatory approaches as opposed to message-based approaches need to be developed for sensitisation activities. The EH programme has started to move into this direction.

Recommendations include:

- (32) To support capacity building of community resource persons to facilitate message transfer to the local population
- (33) To employ capable Sudanese staff and enforce their training in participatory methods and their abilities in the use of English language**
- (34) To develop criteria for community mobilisers and a training module as necessary further steps.**

## Hygiene Promotion

- 22) In IDP camps with a high population density the streets are quite dirty. This is also a sign for a lacking sense of responsibility and ownership. It should be considered to involve the community in taking care for the whole environment and include such cleaning activities in the hygiene promotion programme.

## **Inter-sectoral collaboration and integration of services**

- 23) For the experts in the field there is no forum to see what other sectors are doing within the DERO operation, there is no information and co-ordination mechanism. In the PH programme the epidemiological surveillance provides data on incidence of disease and enables the health delivery system to react. In the EH programme, such a systematic early warning system does not yet exist and data from the PH and nutrition programme is not fed back to the other sectors.

**(35) It is therefore recommended to initiate a platform (meetings) for inter-sectoral information exchange and co-ordination at field base.**

## **Coordination with other actors**

- 24) The NCA Logistics Department should provide its field staff with recommendations about suitable water and sanitation systems and equipment for the field work. Catalogues and other information material could facilitate best purchasing choices. It may be an option to set up a computerised system providing this information (including info where it can be ordered). The idea is to take advantage of existing institutional knowledge and have a board for technical exchange. An appropriate system can contribute to efficiency and free personnel for other tasks.
- 25) Interviews with other organisations show that DERO is respected for its comprehensive programme, however DERO is rarely represented through decision-making representatives in co-ordination forums/meetings with other agencies. DERO is an important player in the overall assistance in the region, but its experience is not fed back into the overall international aid operation. This may hamper the harmonising of activities, but also the development of a common strategy to carry on the operation in the future.

**(36) It is therefore strongly recommended to intensify the networking and collaboration with other organisations** in order to

- Ensure proper assessment of new sites and appropriate planning of activities
- Identify complementarities of own services with those of other actors and to trace possibilities of technical and financial support.

**(37) In the framework of a longer lasting complex emergency, it is recommended to jointly work on a water/sanitation database with other actors in order to improve needs assessment, water supply delivery and maintenance.**

## **Cost effectiveness**

- 26) In spite of the delayed start, the EH-Programme has achieved a lot. Probably experts were not used efficiently at the beginning, due to understaffing, and having to do a lot of travelling in the programme region. Delays in delivery of technical equipment and delayed provision of water supply seem to have contributed to reduced efficiency. Overall, efficiency also has to do with networking and cooperation, to speed up action and to possibly identify complementary activities that make a programme more efficient. The EH-programme (like other DERO programmes) may increase efficiency by considering these aspects in the future.

## 4.3. Nutrition

### 4.3.1. Introduction

- 1) Due to alarmingly high rates of malnutrition amongst children below 5 years of age<sup>39</sup>, ACT/Caritas was charged by OCHA and UNICEF to assist in Supplementary Feeding Programmes (SFP) as an addition to general food rations distributed by cooperating partners of the World Food Programme (WFP).
- 2) Since its beginning, the joint response of ACT/Caritas has been to target both IDPs and affected host communities in areas of West and South Darfur most affected by war, displacements and drought. This decision was later on backed-up through results of an ACT/Caritas nutritional survey in Zalingei in August 2005. It was demonstrated that the prevalence of wasting among children living in IDP camps (14.5%) was lower than for children living in Zalingei town (18.1%). Although this difference was not statistically significant, it has led to the assumption that meanwhile people living in IDP camps may have better access to food than the host communities.
- 3) Several nutritional surveys performed by INGOs (2004/05)<sup>40</sup> and ACT/Caritas (2005) have shown that the prevalence of Global Acute Malnutrition (GAM)<sup>41</sup> is in a range between 9.6% and 25%, which is considerably above the accepted levels of 5% to 9% of acute malnutrition (GAM)<sup>42</sup>. Meanwhile, in contrast to the persisting high levels of wasting, the under-five-mortality rate has dropped below crisis level in several regions<sup>43</sup>.
- 4) With respect to particular vulnerability, children below 2 ½ years need special attention as they suffer more from the consequences of moderate or Severe Acute Malnutrition (SAM)<sup>44</sup> when compared with children between 30 and 59 months of age. It is very likely that the higher levels of malnutrition found in this age group are linked with poor caring and weaning practices as well as an inadequate health and nutritional status of the mothers.
- 5) In addition, micronutrient deficiencies are known to increase the risk of child mortality. Apart from a very small proportion of households using iodised salt, iodine deficiency has been shown to be prevalent in the whole area of Darfur. Therefore, UNICEF has planned a campaign of iodised oil capsule distribution to take place in November 2005. As Vitamin A supplementation is already included in the National Immunization Days (NIDs), a satisfactory coverage has already been achieved.
- 6) Apart from food insecurity, the simultaneous high prevalence of infectious diseases such as diarrhoea, malaria, acute respiratory infections and measles<sup>45</sup> have to be seen as a major aggravating factor in terms of a vicious malnutrition-infection cycle.

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<sup>39</sup> The first MSF-H Nutritional survey in April 2004 reported 21.5% acute malnutrition (GAM), 3.2% severe malnutrition (SAM), and a <5 mortality rate of 5.2 per 10,000/day in Wade Sale/Mukjar. Similar high rates of malnutrition have been found by other INGOs during the following months.

<sup>40</sup> UNICEF Nyala 2005, Overview of nutritional surveys.

<sup>41</sup> GAM includes proportion of children < -2 SD of weight for height of the reference data (wasting) and oedematous forms of malnutrition.

<sup>42</sup> A prevalence of wasting (GAM) <5% is acceptable, 5-9% is poor, 10-14% is serious, ≥15% is critical according to WHO classification of severity.

<sup>43</sup> Cut-off points used for the interpretation of mortality rates: If 2/10,000 children < 5 years die per day the situation is critical, if 4/10,000 children < 5 years die per day, it is an emergency situation.

<sup>44</sup> SAM includes proportion of children < -3 SD of weight for height of the reference data (severe wasting) and oedematous forms of malnutrition.

<sup>45</sup> As shown in ACT/Caritas monthly and quarterly reports.

- 7) The objective of the ACT/Caritas nutrition component<sup>46</sup> is 'to provide sufficient supplementary food to prevent and/or treat acute malnutrition for children < 5 years and lactating and pregnant women'.
- 8) In the first ACT/Caritas appeal (June 2004) it was already mentioned that a daily supplementary food ration of 1240 kcal (50% ration) will be provided to 50,000 children under 5 years of age. However, it was not explained on which basis this calculation had been made.
- 9) Supplementary feeding programme distributions began in October 2004 in three camps, which were selected in August 2004 after discussions with UNICEF as the lead agency in nutrition. Due to delays in the arrival of essential equipment and food commodities, an earlier start was not possible. Originally, it had been envisaged that supplementary feeding would be done through clinics, but that later on other centres or even therapeutic feeding might be included. However, due to insecurity in certain areas the intermittent use of mobile centres became necessary until the end of 2004. On several occasions, emergency food rations have been distributed to newly identified groups of IDPs pending registration by WFP.
- 10) At the beginning, ACT/Caritas irregularly received food items via the UN logistic food pipeline; later on CSB was sent from Norway, whilst oil was procured in Khartoum. Sugar was supplied from Norway until recently. Problems maintaining a continuous supply of food have been encountered through air as well as sea/land transport. Despite several limitations, at the end of January 2005, the programme had already established ten feeding centres<sup>47</sup> and reached about 12,000 beneficiaries by a blanket feeding approach.
- 11) In the first revised appeal (December 2004) the targeted number of beneficiaries was calculated to be 30,000; this was based on the assumption that the proportion of children below 5 years including pregnant and lactating mothers was as high as 30%<sup>48</sup>. To set a realistic target it was then postulated that 15,000 beneficiaries should receive a supplementary food ration through 15 feeding centres<sup>49</sup>.
- 12) Already in the first appeal, two job positions (a Nutrition Programme manager and a Nutritionist to undertake nutritional monitoring and surveillance) were postulated but the second position of a highly qualified nutritionist has never been filled.
- 13) Based on an ACT/Caritas Nutrition Survey in Kubum, some major strategic changes have been recommended in March 2005:
  - Shift from blanket to target feeding
  - Introduction of a Community Therapeutic Care (CTC) Programme in Kubum including a Stabilisation Centre (SC) at Kubum hospital
- 14) Apart from one month of interruption and some delays in the procurement, supplementary food was provided and distributed on a regular basis to beneficiaries in 15 locations within 5 regions since April/May 2005. During the interruption of the NCA-ACT-Caritas pipeline in March 2005, a supply of BP5 biscuits was secured through MSF Holland. All programmes of ACT/Caritas and other INGOs in the Nutrition sector are coordinated by UNICEF as the lead agency in close collaboration with the Nutrition department of MoH.

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<sup>46</sup> ACT/Caritas, Logical Framework for Nutrition, July 2005.

<sup>47</sup> ACT/Caritas and SUDO have constructed five feeding centres each at a time and distributed food accordingly.

<sup>48</sup> According to WFP/UNHCR (1997) on average children below 5 years of age constitute about 15%, pregnant women 2.4% and lactating mothers 2.6% of the population.

<sup>49</sup> This seems to be very high even for a blanket feeding approach, which has been applied during the first nine months.

- 15) Although at Khartoum level, national guidelines for supplementary and therapeutic feeding programmes have been designed, these guidelines have not yet been released for country-wide use<sup>50</sup>.
- 16) Despite immense humanitarian efforts and the fact that since the end of 2004 WFP has more than doubled its activities in Darfur, several constraints in the distribution persist, primarily due to an increased pattern of banditry, which has targeted vehicles of humanitarian organisations, as well as bad conditions of transport especially during the rainy season.

### **4.3.2. The working of the nutrition sector**

#### *User perspective*

- 17) The objectives to prevent further deterioration of the nutritional status and reduce mortality rates of vulnerable groups have been largely achieved. The DERO funded provision of supplementary food to the set target population of about 15,000 (first appeal) to 30,000<sup>51</sup> (2<sup>nd</sup> revised appeal) beneficiaries. This undertaking is remarkable given the difficult circumstances under which food aid has to be imported into the country and transported into remote areas.
- 18) There is ample evidence from interviews with target groups that suffering from malnutrition has been significantly reduced by the programme. Moreover, cross-sectional data indicates that malnutrition-related mortality continuously declined once nutritional interventions had started. Given the short and long-term consequences of malnutrition on the health of individuals, on families and the society, the impact of these feeding programmes is high.
- 19) On the basis of the available data, the criteria of the Sphere standards have been widely achieved. For those who have geographical access to the programme, equity seems to be guaranteed in terms of ethnicity, length of displacement as well as camp and non-camp situations.
- 20) Targeting of vulnerable groups like children below 5 years, pregnant women during the last trimester, lactating mothers during the first 6 months<sup>52</sup> and other vulnerable groups (disabled, single parent mothers, etc.) has been done according to international recommendations. However, the community was not involved in the process of establishing selection criteria for specific vulnerability.

### **Overview of types of approaches in Nutrition Programmes in Darfur**

#### **General Food Ration**

Monthly distribution of cereals, legumes, oil, salt and sugar to provide IDPs with about 2,100 kcal per person per day in order to prevent malnutrition at population level.

#### **Supplementary feeding**

Fortnightly distribution of a take home ration of a premix (CSB, oil, sugar) to provide about 1,200 kcal per beneficiary per day to treat moderately malnourished children and to prevent severe forms of malnutrition. Special vulnerable groups such as pregnant or lactating women are also included in these programmes.

#### **Blanket or target feeding**

Usually at the beginning of a food crisis and in situations where the prevalence of acute malnutrition is above 15% blanket supplementary feeding is recommended. As soon as the situation improves a shift to targeted feeding is recommended.

#### **Therapeutic feeding**

Severely malnourished children usually require hospital based care. If they are detected at an earlier stage community-based therapeutic care can be applied using ready-to-use therapeutic food.

<sup>50</sup> Due to lack of national guidelines in the provinces, different I/NGOs currently apply different anthropometric cut-off points, especially with regard to mid-arm circumference (MUAC) measurements.

<sup>51</sup> The projected plan to target 30,000 children through 15 feeding centres needs to be critically reassessed.

<sup>52</sup> Pregnant women need an additional 300 kcal per day; this increases to 500 kcal daily while breastfeeding.



### *System perspective*

- 21) The contribution of the ACT/Caritas nutrition programme in terms of combating malnutrition in the project areas is highly appreciated by OCHA, MoH and UNICEF.
- 22) A system allowing for a relatively effective distribution of supplementary food has been set up: 15 feeding centres were constructed, sufficiently equipped and well staffed<sup>53</sup>. The workforce has been sufficiently motivated in order to improve the living conditions of the target groups and is involved in a wide range of activities<sup>54</sup>. Standardized monitoring of individual children and treatment protocols were introduced and are followed by the majority of staff in the feeding centres.
- 23) The recommended shift from blanket to target supplementary feeding in March 2005 has been appropriate on the basis of survey results<sup>55</sup>. However, the need of intensive training and supervising of staff during the transition period was not addressed accordingly.
- 24) The objectives of community mobilization and capacity building of mothers in hygiene behaviour, prevention of malnutrition and other illness have been achieved to some extent through efforts made by community nutrition workers (CNWs). The current high proportion of male CNWs employed by the programme is likely to be a limiting factor with respect to the variety of gender-sensitive issues, which need to be addressed (see reported traditional concepts in annex ).
- 25) Finally, the integration of an Outpatient Therapeutic Care Programme (OTP) into existing Supplementary Feeding Programmes (SFPs) in Kubum area was an important strategy in order to improve coverage, early detection and treatment of severely malnourished children. Although training<sup>56</sup> offered in this field by a consultant was relatively short, it can nevertheless be considered an important initial step.

### *Cost effectiveness*

- 26) In the Nutrition sector in total US\$ 1,800,000 has been spent in order to reach about 30,000 beneficiaries: On average, US\$ 60 has been spent for one child/beneficiary being admitted for about 2 months. The average cost per child/beneficiary per month is about US\$ 30.
- 27) According to calculations made by ECHO (2004) dry supplementary feeding (all included) costs about 9 euro and a combined SFC (20) & TFC (1) costs about 20 – 25 euro per child per month. The fact that DERO has partly used air cargo and that the food had to be brought into rather remote areas may partly explain the higher costs in comparison to similar operations.

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<sup>53</sup> Workforce of feeding centres: 1 nutrition monitor, 1 nurse, 3 measurers, 2 clerks, 1 health educator, 3 food mixing & distribution staff, 1 guard and 10 community nutrition workers (CNWs)

<sup>54</sup> SFP include awareness raising, capacity building and community mobilization, realization of treatment guidelines (provision of antihelminthic medications, ORS, iron, folic acid, vitamin A supplementation and immunisations) and distribution of high-quality dietary supplements in form of a premix of corn-soy blend, oil and sugar.

<sup>55</sup> Blanket Feeding is usually recommended when the levels of GAM are critical (>15%). The nutrition survey in Kubum showed GAM levels between 11% and 14%.

<sup>56</sup> Binns P. OTP Set-up Report – March 2005, Kubum, South Darfur, NCA/ACT/Caritas. Main part of capacity building was a 2-day training session followed by 4 days of practical training in OTP implementation (5th-12th March 2005).

### **4.3.3. Assessment of activities, challenges and recommendations**

- 28) The DERO nutrition programmes have been mainly implemented in areas assigned by UNICEF, which is the lead agency. This has resulted in good *coverage* and no duplication of services. Within the project areas, feeding centre coverage has not yet been calculated<sup>57</sup>.
- 29) The nutrition programmes of DERO are highly *relevant* with respect to the nutritional status of the population and the food security situation in Darfur. The shift from blanket to target supplementary feeding with focus on special vulnerability is appropriate and in accordance with international guidelines. The introduction of OTP is important because it can improve coverage, early detection and nutritional rehabilitation of severe malnutrition.
- 30) By providing supplementary food to a high number of vulnerable children and women the set goals “to prevent and treat moderate acute malnutrition” have been widely achieved. Interviews with target groups confirmed that the programme has significantly reduced suffering from malnutrition. However, the *impact* of SFP could be higher if the general food ration were to be distributed on a regular basis, and if mother and child health issues could be better addressed by a higher number of female staff.
- 31) The *effectiveness* of activities was hampered by a shortage of highly qualified staff, inconsistencies in implementation of activities with respect to pre-set criteria and treatment protocols, insufficient consideration of gender-issues in recruitment of national staff and lack of inter-sectoral collaboration.
- 32) The Outpatient Therapeutic Care Programme (OTP) has been *effective* in early detection and nutritional rehabilitation of severely malnourished children. However, for a considerable proportion of children therapeutic care can only have an *impact* if underlying medical complications are also treated accordingly. This is a serious limitation in the current OTP.
- 33) The exceptionally difficult set-up of the programme has to be seen as a root cause of many challenges described in this chapter including programme management and logistics, which depend on reliable transportation, security and adequate staffing.
- 34) The subjects of the following chapters are closely interlinked and many issues raised are generally relevant.

### **Compliance with national and international standards**

- 35) Nutrition strategies are in accordance with international standards. National guidelines have been developed only for “Nutrition Anthropometric surveys”, and not for other important areas such as SFPs and TFPs. Such guidelines are being designed but have not yet been released by the MoH and UNICEF at Khartoum level.
- 36) Due to the current lack of clear guidelines, the distribution of a general food ration through implementing partners of the WFP was not well understood as a precondition for the establishment of SFPs. Therefore, many beneficiaries perceived the supplementary food as a substitute for the general ration. This misconception may have contributed to the observed low weight gain of many children.

**(38) ACT/Caritas should make sure that a general food ration is distributed in their SFP project areas. This requires a closer collaboration with the WFP and its implementing partners.**

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<sup>57</sup> According to Sphere standards, coverage for feeding centres should be >50% in rural areas, >70% in urban areas, and >90% in a camp situation.

## Programme concept and management

- 37) The former nutrition programme manager has faced a wide spectrum of tasks in the field of nutrition. Such an immense workload was impossible to fulfil without having experienced nutritionists in each of the four regions and when not receiving back-up through external consultants. Considering the experience and nutrition activities of different aid agencies in Darfur, the ACT/Caritas problem of inadequate staffing under such difficult conditions has to be seen as particularly critical.
- 38) It is our impression that management of nutrition programmes faced limitations particularly in the following components and areas of activities:
  - a) Planning of short and long term activities according to needs assessment, consideration of potential scenarios, and realistic calculations of beneficiaries
  - b) Quality management, monitoring and evaluation of activities
  - c) Recruitment, deployment, retention, and capacity building of staff
  - d) Coordination of activities with other INGOs
- 39) The current strategies should be revised with respect to the following components of programme management:

## Planning and needs assessment

- 40) The current target of 30,000 beneficiaries entitled to receive supplementary feeding is still based on the target population of 500,000<sup>58</sup>. A more realistic calculation would be recommended according to the revised number of 325,000 beneficiaries, the average prevalence of wasting (about 15%) and the fact that about 20% of the population constitute of pregnant and breastfeeding mothers as well as children < 5 years. About 5,000 to 10,000 mothers and children within the existing 15 distribution centres could be targeted on this basis. The repeatedly reported high percentage of achievements in reaching a target population of 15,000 to 30,000 beneficiaries through 15 feeding centres needs to be critically reassessed.
  - 41) The low participation of stakeholders and target groups in processes of planning, monitoring and evaluation as well as decision making is challenging the *appropriateness* of programmes as well as the optimum use of intrinsic community resources. This is especially important in assessing perceived needs and priorities, satisfaction of beneficiaries with assistance, setting of criteria (e.g. for vulnerability), design and evaluation of nutrition communication methods and materials.
- (39) In a situation of continuously changing needs and priorities, information gained from the analysis of current population statistics, food security/epidemiological/nutrition surveillance data and qualitative participatory research should be the basis for future strategic planning.**
- 42) The ACT/Caritas nutrition programme seems to be lacking in certain areas of mid- and long-term strategic planning with respect to future scenarios in Darfur. This also applies to directions of consolidation/specialisation of services, human resource development, as well as integration of nutrition services and skilled manpower into the national health system.

<sup>58</sup> ACT/Caritas Revised Appeal, December 2004, p. 14

## Monitoring and evaluation

- 43) A trend in the prevalence of malnutrition is difficult to measure because complex cross sectional surveys are needed and usually only repeated once a year in the same area. However, other quality indicators like “number of malnourished children successfully treated” can be more easily assessed on a monthly basis (e.g. to prove that a child has gained sufficient weight in a certain period of time).

**(40) Monitoring should be improved by using measurable action-oriented indicators (e.g. weight gain of children, number of training sessions as well as follow-up visits performed successfully) and qualitative methods (e.g. focus group discussions). In this context, documentation, data management and reporting systems need fundamental revisions.**

**(41) Internal evaluation of nutrition activities should be attempted and recommendations be considered continuously in the ongoing planning process.**

## Human Resource Management

- 44) Human resource strategies have to be based on real manpower needs and appropriate recruitment, capacity building and retention of staff. Therefore, current strategies should be reassessed.

**(42) The problem of chronic understaffing and overwork in higher positions of the nutrition sector should be adequately addressed because it directly limits the effectiveness of the programme.**

- 45) In the recruitment of local staff, gender-related criteria were not adequately considered. This oversight limited the *effectiveness* of the entire program: The number of female home visitors is far too small in order to appropriately address mother and child health issues, which are central components of the programme. Male community nutrition workers are sometimes not allowed to enter households and/or face difficulties in assessing/counselling on Mother and Child Health issues, measuring the mid-arm circumference (MUAC) in women etc.

**(43) Particular attention needs to be put on gender-sensitive recruitment (e.g. high demand for female home visitors and female staff in feeding centres). Gradual transfer of more responsibilities to female counterparts is needed. This also means that for existing male co-workers culturally accepted modes of deployment to other posts or sectors have to be considered.**

## Expertise of staff

**(44) Professional back-up by experienced nutritionists has to be made available for managing staff at field level.**

**(45) Nutritional expertise brought in during emergency relief efforts should be made available for clinic personnel who will be staying in the country after the major emergency is over because malnutrition will continue to be a problem in the mid-term. Transfer of technical knowledge on how to treat malnourished children needs to be assured in the long term.** This should take place in a transitional phase by moving the emergency nutritional activities to the primary health facilities as soon as the acute crisis begins to taper off. This relocation of the emergency operations in its phase out stage would enable on-the-job-training of the permanent medical staff without extra cost. To integrate nutritional knowledge

into the public health system, the Integrated Management of Childhood Illness (IMCI) concept (see sub-chapter on intersectoral collaboration) should be implemented.

## Programme components

### Supplementary Feeding Programmes (SFP):

- 46) Due to a critical lack of qualified nutritionists, deficits in training and supervision of local staff became obvious. This had serious consequences on the overall performance of the SFPs in 15 locations. The staff were not sufficiently trained to follow the set criteria of the target feeding programme<sup>59</sup>.

### *Anthropometric assessments*

- 47) Anthropometric measurements have been performed with varying degrees of accuracy. Lack of understanding of the relevance of cut-off points became particularly obvious with regard to mid-arm circumference MUAC measurements (which was often performed like a “ritual” without any practical consequences). Clearly well nourished mothers (MUAC > 23cm) received supplementary rations and children (MUAC > 13.5 cm) whose nutritional status was obviously too good to meet the admission criteria have been forwarded to weight for height measurements. This has unnecessarily increased the workload of the team and the time mothers needed to wait for being served in SFP. There was evidence that especially the weight measurements did not always follow standardised procedures most probably due to cultural reasons, as some mothers were reluctant to completely undress their child. However, poorly performed weight assessments can have negative consequences particularly for children who are close to the cut-off point. Due to rather poor collaboration between the team responsible for anthropometric measurements and the staff responsible for admission of children into the SFP, necessary steps for prompt admission of some children into a feeding programme were not taken. The decision to admit children was solely based on anthropometric findings while obvious clinical signs of malnutrition (e.g. hair changes, skin lesions, distended abdomen etc.) were frequently overlooked.

**(46) Anthropometric assessment needs to be improved in the following areas:**

- Recognition of signs of malnutrition to facilitate its early detection. The staff should make sure that children with clinical signs of malnutrition are admitted into a SFP even if their WFH indices are above the cut-off point of 80% of the reference data.
- Staff should be better trained in checking for relevant signs of diseases (e.g. danger signs of dehydration, ARI, micronutrient deficiencies). Better collaboration with medical staff with respect to admission and care of “at risk” children is needed.
- Anthropometric measurement should be understood regarding its relevance for actions. The concept of blanket or targeted feeding needs to be fully understood and implemented accordingly.

<sup>59</sup> Admission criteria for target feeding: pregnant women during the last trimester and breastfeeding mothers during the first 6 months - whose MUAC is below 23 cm (cut-off point for moderate malnutrition). In addition, children aged 6 to 59 months whose weight for height indices are below 80% of reference data and special cases (based on a defined vulnerability) are also eligible to receive a supplementary ration.



- (47) Waiting times of mothers/caretakers should be utilised more efficiently by offering them health and nutrition communication messages according to a preset curricula. The dissatisfaction with the quality of the programme of nearly one third of the mothers<sup>60</sup> applies especially to the long waiting period at feeding centres before getting served.
- (48) **On-the-job training and supervision of staff in SFPs and home visitors should be intensified.**

#### Therapeutic Feeding Programmes (TFP)

- 48) While severely wasted children (WFH < 70%) are supposed to be referred by the measurement team to a therapeutic feeding programme (TFP), such critically malnourished children were sometimes kept in the SFP because the TFP was far away.
- 49) The planned Stabilisation Centre (SC)<sup>61</sup> in the new Kubum hospital could not be established, as this hospital has as yet not been opened. However, such a centre would be essential for implementing a full Community-based Therapeutic Care (CTC) programme. Up to now, the CTC has been only partially implemented in form of an Outpatient Therapeutic care Programme (OTP), which was started in March 2005 during a one-month interruption in the SFP services.
- 50) Because a full CTC programme was not set up, the period of support provided through the Valid International consultant has been considerably shorter<sup>62</sup>. When the SFP resumed its activities later on, the OTP medical protocol was applied to the entire programme (SFP plus OTP). Currently, the term “OTP” is incorrectly used instead of the term “SFP with an OTP component” with potential negative consequences in programme management.

- (49) In order to care for severely malnourished children with medical complications, full **Community based Therapeutic Care (CTC) needs to be implemented**. The confusion with respect to OTP medical protocols being used incorrectly in SFPs should be cleared up. Re-training of staff in the correct use of different treatment protocols for SFP and OTP needs to be carried out.

- 51) The acceptance of Ready-to-Use Therapeutic Food (RUTF) called “Plumpynut” was not regularly tested, which decreases its efficient use. Some poorly eating children with no weight gain did not receive adequate attention and follow-up visits. Despite the fact that severely malnourished children received Plumpynut (RUTF), the weight gain of several children – as documented in the individual charts – was extremely poor. To ensure that Plumpynut is not sold at the local market and that a child really receives therapeutic food it is recommended that carers bring back the empty RUTF bags during the weekly follow-up visits.
- 52) The recommended provision of a supplementary food ration in addition to RUTF (Plumpynut) to improve weight gain of severely malnourished children more effectively was not done on a regular basis. Again, the reasons might have been lack of understanding regarding the objectives of OTP and SFP.

- (50) It must be assured that poorly eating children with no/poor weight gain receive follow-up visits and individual counselling on the acceptance of therapeutic food and other caring aspects.

<sup>60</sup> Results of the ACT/Caritas Beneficiary Survey

<sup>61</sup> A Stabilisation Centre is part of a full CTC programme and was recommended by the author of the Kubum nutrition survey in March 2005.

<sup>62</sup> If a full CTC is to be established, support is usually provided for 3 to 4 weeks

**(51) Cooperation between OTP staff and medical personnel must be safeguarded.** Severely malnourished children with other relevant health problems need to be referred to medical institutions.

### **Counselling on nutrition and health aspects and follow up of patients**

- 53) It was observed that mothers of children suffering from malnutrition and other illness left the feeding centre without getting any individual advice<sup>63</sup>.

**(52) Mothers/carers should also get advice on the importance of exclusive breastfeeding, adequate complementary feeding (promotion of fruits and vegetables) and how to care for sick children.** This includes homemade recipes for cereal-based rehydration solutions for children with diarrhoea and understanding of how to recognize early signs of malnutrition.

- 54) Similarly, the health and nutritional status of women/carers needs more attention and areas such as nutrition during pregnancy and lactation, (gender-related) food restrictions, micronutrient deficiencies etc. have not yet been addressed appropriately.

**(53) Beside the health of children, the well-being of their mothers should not be overlooked.**

- 55) Protocols or checklists for counselling and follow-up do not exist. Furthermore, training in effective communication techniques was not provided (however, the current predominance of male staff in SFP has to be seen as a fundamental constraint regarding gender-sensitive communication on mother-and-child health issues). The overall impression in some of the feeding centres was a lack of empathy of staff members.

**(54)** In all nutritional programmes a spirit of empathy and motivation should prevail. Instead of victim blaming, staff should listen to the concerns of mothers/carers and should not forget to praise efforts made by them.

- 56) Mothers' waiting times have not been utilized for capacity building as foreseen in the programme outline. Health and nutrition-related training posters were fixed to the wall instead of being used for interactive communication.
- 57) Training and supervision of home visitors regarding relevant issues in maternal and child health were not adequately addressed.

**(55)** Advice given during home visits should be recorded on individual home visit records to enhance the learning process and increase transparency of activities.

### **Communication with the traditional sector**

- 58) With respect to the important role of local beliefs, attitudes and practices, there was evidence that certain practices<sup>64</sup> related to health and nutrition (in home-care as well as practiced by local healers) were not sufficiently considered in order to design "culturally sensitive" messages and methods of health and nutrition communication.

<sup>63</sup> The health facility survey on the quality of outpatient child health services in Sudan in April 2003 revealed that only 20-24% of carers receive age-appropriate advice on child-feeding issues.

<sup>64</sup> See reported traditional concepts in the annex.

(56) Because of their important role, **nutrition-related beliefs, attitudes and (harmful as well as beneficial) practices should be more deeply explored and incorporated into the existing nutrition/health communication methods.** At the same time health seeking behaviour with respect to nutritional disorders should be studied and modes of cooperation with local healers and traditional birth attendants envisaged.

### Documentation, data analysis and reporting

- 59) While the reports suggest that the goals for SFPs<sup>65</sup> have been widely achieved, several discrepancies in documentation and (narrative) reporting were observed and need to be changed:
- Not all “exits” (in the sense of discharged children) had “recovered” and reached the target weight for height.
  - The difference between “absence” and “default” has often not been understood and inconsistently recorded.
  - Not all children who died were included in the monthly statistics.
- 60) The practice of having to read the programme death rates and defaulter rates in nutrition co-ordination meetings can lead to feelings of personal blame of staff (who consequently may not document “sensitive” information).

(57) Documentation of children who died should not be abandoned but should be performed according to clearly defined reporting criteria (e.g. source of information about death of the child, reason of death and how it could have been prevented)

### Participatory approaches

Involvement of target groups and stakeholders seems to be particularly important in

- Assessing perceived needs and priorities, defining criteria for vulnerability
- Quality management (satisfaction of clients, evaluation of effectiveness of nutrition communication interventions) including monitoring and follow-up activities
- Reaching vulnerable community members in need of nutrition interventions (e.g. pregnant and lactating women, very young children, orphans, persons with disabilities or chronic diseases) and individuals with signs of malnutrition (including HIV/Aids patients)
- Creation of Nutrition/Health committees in the communities. Planning of community-based Therapeutic Care activities.

**(58) Community participation should be envisaged at all stages of the management cycle.**

### Inter-sectoral collaboration and integration of activities

- 61) The visits in centres revealed that inter-sectoral collaboration between health and nutrition staff is not institutionalised. Due to the lack of an interdisciplinary approach from the planning stage onward, the multifaceted nature of malnutrition and the important interrelationship between nutrition and infection has not been adequately addressed.
- 62) Early referral of children with severe signs of malnutrition to a medical institution (which sometimes was even located at the same compound) has been hampered by lack of close

<sup>65</sup> SFP goals: >75% of the beneficiaries recovered, <3% died and <15% defaulters.

collaboration between the DERO nutrition and health sector. In this context, it was observed that concurrent infectious diseases such as acute respiratory infections and diarrhoea (which are known to aggravate malnutrition) did not receive adequate medical attention.

- 63) The nutrition programme is not adequately linked with other DERO sectors and interventions of other actors. Insufficient inter-sectoral coordination and cooperation are significant constraints particularly regarding the effectiveness, efficiency and connectedness of activities. At the same time relevant cross-cutting issues such as HIV/AIDS, gender, violence, advocacy etc. can not be addressed sufficiently. Similarly, integration of important nutrition issues into the existing health, water & sanitation as well as agricultural and education sectors is widely lacking.

**(59) Inter-sectoral cooperation (especially with sectors of health, agriculture, water and sanitation, education) needs to be attempted and should begin with the planning stage.** Improved inter-sectoral dialogue and information sharing, mutual capacity building, workshops on cross cutting issues, as well as joint implementation and evaluation of activities should be institutionalised.

**(60)** Implement the Integrated Management of Childhood Illness (IMCI) concept, which is a policy of MoH and has been introduced into some regions of Darfur:

- Integrate growth monitoring of children into primary health services
- Promote nutrition counselling and exclusive breastfeeding (from birth to six months of age) during antenatal and postnatal care.
- Prevent nutrition-infection related diseases and micronutrient deficiencies
- Integrate nutrition communication into the primary health care system.

#### **Coordination/collaboration with other actors**

- 64) Due to suboptimal collaboration with WFP, the potential of getting a second source of supplementary food (CSB in kind) is not yet being utilised.

**(61) Better collaboration with WFP is recommended to receive assistance**, especially in times of food supply shortages.

**(62) Coordination of activities with UNICEF, MoH, and other INGOs needs to be intensified.** For instance, this is important with respect to coverage issues and meeting agreed guidelines.

**(63)** For planning and implementation of specific programmes like food for education (see 4.1.5), and food for work (see 4.1.4) better cooperation with WFP, MoE and UNICEF is essential.

## 4.4. Agriculture

### 4.4.1. Introduction

- 1) In Darfur, the food production has dropped sharply during the last two years due to climatic conditions and the negative impact of conflict and displacement<sup>66</sup>. After the failure of the 2004/05 harvest season the estimated cereal production only reached about 25% of the normal average yield of Darfur in 2005<sup>67</sup>. At the same time, great numbers of livestock were lost, stolen or died in the course of the conflict<sup>68</sup>. After years of neglect, semi-nomadic and nomadic pastoralists are claiming needs such as clearly demarcated migration routes with water points, health services for people and animals and access to education which are widely lacking.
- 2) Two thirds of the land in Darfur is generally suitable for sedentary or nomadic pastoralism. People grow rain-fed millet, sorghum, groundnuts and sesame but often produce only low yields due to poor soils and low-input agriculture. Food shortages often occur during the rainy months when labour requirements (particularly during the main harvest season lasting from October to December) are highest. According to the results of the beneficiary survey, about 25% of the beneficiaries have access to agricultural land with a wide range of 0% to 83% in certain areas.
 

During discussions with male community members it was stated that the size of land property households can rely upon has decreased from 10 to 20 feddans (1 feddan = 400 m<sup>2</sup>) before the war to currently 1 or 2 feddans, which is insufficient to feed a family. At the same time, access to agricultural land is hampered because most of it is private property. While land is usually only given to a close relative, 'a man has to know someone who is willing to share his land with him'. Many of these farmers have to pay a monthly rent or to hand over half of the harvest.
- 3) As food insecurity and malnutrition became dramatically prevalent in 2004, the humanitarian community was confronted by the demand of temporary food distribution and assistance to re-establish local agricultural food production in order to prevent long-term dependency from food aid. To meet the needs of IDPs and their host communities, ACT/Caritas has set itself the following objective: "To promote self-reliance in food production and nutritional status in order to reduce hunger and malnutrition in South and West Darfur" through the following main activities:
  - Assistance for IDPs and host populations in rebuilding livelihood and improving food security
  - Training of community mobilisers and establishment of seed banks maintained by Community committees
  - Establishment of seed banks maintained by Agricultural Community Committees.
- 4) The scope of agricultural support has varied greatly since the beginning of the ACT/Caritas activities in Darfur: In the first ACT/Caritas appeal (June 2004), agriculture was seen as an area of activities of "second priority" in order to support families returning to land after cessation of conflict. It should also assist displaced families not staying in camps and having some access to arable land. The provision of seeds and tools for 75,000 families was announced; however, this

<sup>66</sup> In 2004, only 60% of agricultural land was cultivated and rainfall was about 50% of that in 2003.

<sup>67</sup> www.unsudanig.org, Darfur Humanitarian Profile No. 16, 2005

<sup>68</sup> According to FAO (2004) livestock losses have reached more than 39% since the beginning of crisis. Gain stock decreased by 18%, seeds planted reduction by 40%, while overall increase in price of food reached 18%.



was subject to further detailed planning and commencement of the next planting season. In the revised appeal of December 2004, 40,000 basic seeds, citrus tree seedlings and tools packages were planned as a longer-term investment in the environment and the nutritional status of the affected people. In May 2005 (second revised appeal), the envisaged number of beneficiaries was reduced to a more realistic figure of 17,500 in order to ensure purchasing and delivering seeds and tools before the start of the rainy season in June 2005. Prior to the design and implementation of these activities, in-depth consultation of the population of targeted communities<sup>69</sup> by partner organisations was envisaged.

According to interviewed community members, limitations to reach the most vulnerable are inter alia the criterion to have access to land and modalities of distribution of seeds and tools which depend largely on decisions of sheikhs.

Several farmers have received training on how to achieve a relatively good output from small plots of land, which is often not very fertile. Agricultural committees have been formed within the camps to improve the seed and tool distribution. Some women have started to set up small vegetable gardens around their shelters. However, access to land can only fundamentally be improved when security with freedom of mobility is safeguarded.

- 5) According to WFP/FAO, the ongoing critical food security situation in Darfur is not expected to improve considerably during the coming year. At best, crop production in 2005/06 might equal the deficit production of the previous year. Continued disruptions for agriculture, livestock husbandry and trade have to be expected.
- 6) SUDO was the only partner organisation to implement activities in the agricultural sector during the set up period of the DERO, later Sudanaid and SCC became involved in delivering agricultural services

#### **4.4.2. The working of the agriculture sector**

- 7) The following activities have been pursued by the partners' agricultural programme supported by DERO:
  - A training programme based on international and local farming methods has been developed. 30 community mobilisers<sup>70</sup> were trained to improve agricultural practices.
  - Local partners in close collaboration with FAO and in consultation with Agricultural Research Corporation (ARC) have identified the most appropriate seed varieties of crops to be distributed in each location.<sup>71</sup> Seed testing for germination and purity has also been carried out in collaboration with ARC. The seeds were given in kind by FAO.
  - The three local partners have successfully implemented<sup>72</sup> the distribution of seed packages and agricultural tools<sup>73</sup> consisting of locally produced items (in order to promote local economic growth) to 17,500 households. Currently, vegetable seeds such as okra,

<sup>69</sup> Areas of operation include El Dhein, Deleg, Mershing, Um kitir, Garsilla, Bileil, Taasha area, Mukjer, Labado, Yara and Adila.

<sup>70</sup> SUDO: 14, SCC: 10, Sudanaid: 6 trained community mobilisers.

<sup>71</sup> Millet and sorghum (relatively drought resistant staple foods), sesame (oil of highest quality, although low yield), groundnuts (cash crop, good sources of macro/micronutrients, but labour intensive), peas (good sources of protein and micronutrients).

<sup>72</sup> SUDO: 10,000 households (HH), Sudanaid: 5,000 HH, SCC: 2,500 HH

<sup>73</sup> Hand tools such as rakes, hoes, boteins, machetes and ploughs.

tomatoes, watermelon, onion and *jirjir* for home gardens are distributed. Procedures including registration guidelines and distribution cards have been developed.

- Preservation of seeds through the establishment of seed banks is supported and maintained by 30 Agricultural Community Committees. These facilities are supposed to maintain a higher quality of local seeds as compared to individual seed storage (e.g. prevention of pests, mould, etc.). The programme intends to ensure that people do not eat these seeds when food insecurity occurs.
- 8) It can be assumed that agricultural support provided for many IDPs and scattered host communities has contributed in rebuilding livelihoods and improving food security:
- Fortunately, the majority of targeted farmers have been able to cultivate their land without major disturbances due to insecurity; most probably they will be able to harvest their crops because there has been sufficient rain in most areas in 2005. Interviews revealed that some farmers could already harvest the first crops from the distributed seeds. On the other hand, some farmers complained about the quality of seeds, especially with regards to groundnuts.
- 9) Based on the positive experience of the partners' staff and understanding of local agricultural practices, it was possible for two partners to extend the agricultural activities in the coming year 2006. It now includes the relevant issues of improving livestock (SCC) and water harvesting methods (Sudanaid).

#### **4.4.3. Assessment of activities, challenges and recommendations**

- 10) Given the dramatic increase in food insecurity in Darfur, DERO's agricultural programmes are highly *relevant*. In all project areas significant agricultural gaps exist (Nyala 76%, Edd al Fursan 87%, Zalingei 92%, Al Dhein 96%, Shareia 100% in January 2005).
- 11) However, criteria for planning of agricultural activities and targeting certain numbers of beneficiaries (e.g. 75,000, 40,000 or 17,500) in specific project areas have not been well explained in reports and remained unclear during discussions with managing staff.
- (64) Given the dynamics of the political set up, changing living conditions and needs of the populations, **future planning of activities should be based on proper needs' assessment, continuous monitoring of livelihood and food security data.** Flexibility in both budgetary and decision making processes will be required to take advantage of opportunities in the agricultural field in pockets of peace and stability wherever they occur.
- 12) Realisation of activities within the agricultural sector has been *effective* in providing a *timely response* to the food insecurity situation through distribution of seeds packages and tools. Due to sufficient rain it appears that the agricultural intervention is going to meet the set objectives. The commitment of DERO's local partners to reach out to IDPs and host communities in very remote areas (often UN "no-go-areas") contributes towards the international efforts in addressing the seed and tool shortage issue in South and West Darfur; *Coverage* issues have been negotiated with MoA and FAO, as the lead agencies.
- 13) The overall *impact* of seed distribution on food security is known to be high given the current prospects of achieving an adequate yield. As promoted agricultural products are of high nutritional value, their use can be considered as an effective measure in combating malnutrition.

Through DERO's agricultural support, people have produced an increased amount of millet, sorghum, cowpeas, groundnuts, and sesame in different locations.<sup>74</sup>

- 14) In response to shortage of food and scarcity of grain available to be used as seed, DERO's distribution of seed packages and tools to target populations is *appropriate*. The seeds have been well selected as they constitute important ingredients of the most common meals in Darfur. The chosen staple foods -millet and sorghum- are resistant to drought and can grow in virtually any soil in the targeted areas.
- 15) According to the feedback of farmers the quantities of distributed seeds were too small and some people complained that the seeds did not arrive in time<sup>75</sup>. While a seed management committee<sup>76</sup> has attempted to seek the participation of the communities, it was difficult to establish trust among farmers. The current beneficiary survey found that hardly any farmers were able to set seeds aside for the next planting season<sup>77</sup>.

(65) Future focus should lie on crops, which meet local food habits, require minimum fieldwork and cover potential seasonal food shortages and nutrient gaps.

(66) To protect seed stock and availability of seeds, it is necessary to collect, **multiply and safeguard indigenous seeds for future distribution or sale**. As farmers in the past were not able to set seed aside for the next planting season when they were hungry, the distribution of a "substitute" food ration during the planting season might be considered as a means for better "seed protection". However, it must be assured that this kind of food aid is given only during a transitional phase, and actions to improve self-reliant access to food are not undermined.

(67) **It must be guaranteed that seeds are of adequate quality and are distributed in time** to make use of them during the land preparation period. Given the great demand for seeds in the area, the establishment of a private seed bank company in Darfur should be explored. Furthermore, holding seed fairs in secure locations where farmers can buy or exchange seeds of their choice should be considered in the long run.

- 16) As mentioned in focus group discussions, a high proportion of agricultural tools did not arrive in time during the planting season and the quality of agricultural tools was considered inadequate.

(68) **Quality standards of distributed agricultural tools must be ensured.** Members of community organisations should be involved when these products are locally purchased.

- 17) The cost of a seed distribution intervention is significantly lower than a food aid programme. However, due to the possibility of harvest failure, seed distribution does not guarantee food supply to the beneficiaries as food aid or food for work projects do. The establishment of local seed multiplication and seed fairs could improve local purchase of seeds and could lead to increased *cost-effectiveness*.

<sup>74</sup> Targeted households received following quantities of seeds: 20 kg groundnuts, 6 kg millet, 4 kg sorghum, 2 kg cowpeas, and 1 kg sesame.

<sup>75</sup> During a post implementation survey which is planned by Sudo for Nov/Dec 2005, a more detailed evaluation of benefits of these approaches can be expected.

<sup>76</sup> This committee is supposed to administer the collection of seeds after harvest within the framework of the established FAO seed bank.

<sup>77</sup> Already in October 2004, a WFP Emergency Food Security and Nutrition Assessment showed that the proportion of resident households who were able to rely on their own sorghum seeds dropped from 55% in 2003/04 to 30% during the 2003/04 planting season.

**(69) In future strategic planning, opportunities to integrate ‘food for work’ or ‘cash for work’ activities into certain components of the partners’ agricultural programme (e.g. in the areas of environmental conservation, irrigation schemes, road rehabilitation), should be explored.** Lessons should be drawn from experiences of the WFP<sup>78</sup> and modes of collaboration with this organisation be considered.

- 18) DERO's activities in the agricultural sector are shown to be *coherent* with national/international guidelines as they are closely linked to the policies and training provided by the MoA and FAO.
- 19) Given the complexity of causes of food insecurity and livelihood destruction in Darfur, the spectrum of agricultural activities in the current programme seems not to be sufficiently diversified in terms of water resource management, animal production, reforestation and biodiversity, pasture and rangeland grazing. In our opinion, the programme does e.g. not sufficiently address the importance of fruits, vegetables and poultry raising for IDPs even though they have very limited access to land. This land, nevertheless, can still be cultivated and could increase the quality of life for the people.
- 20) Widening the scope of the currently narrowly defined agricultural sector is a crucial step towards rehabilitation and development and should be seen under a multidimensional perspective of improving livelihood and food security. This includes the following aspects:

**(70) It should be explored whether diversification could include the following activities:**

- Raising poultry or small livestock like sheep and goats
- Establishing community vegetable gardens including fruit trees within or near IDP camps
- Cultivation of fruit and nut trees

**(71)** The appropriateness of techniques to increase agricultural production (e.g. specific procedures of utilising organic manure, organic pest control, donkey restocking, planting fodder etc.) should be assessed within pilot projects.

**(72)** Setting up tree nurseries and distributing seedlings for reforestation in environmentally degraded areas such as camp surroundings should strongly be promoted.

**(73)** Programmes concerned with livestock health should be considered on a wider scale. Veterinary assistance through vaccinations and antiparasitic treatment can increase the efficiency of a given intervention.

- 21) Appropriate techniques of food storage do not seem to have been sufficiently explored. For instance, inadequate storage and drying of groundnuts often leads to contamination by aflatoxins, which constitute an additional health risk, especially for children suffering from malnutrition. Appropriate techniques of food preservation and processing are not being practised yet.

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<sup>78</sup> According to WFP representatives in Nyala, intensified food for work activities are planned in the areas of road construction, reforestation and gardening projects.

(74) In the mid-term, **appropriate food conservation techniques** such as drying of fruits (mangos, bananas) and vegetables (okra, green leafy vegetables) as well as fermentation procedures should be promoted through pilot projects and capacity building in the communities. These initiatives could contribute to the prevention of micronutrient deficiencies during times of seasonal food shortages. In the long run, this could also foster opportunities for small-scale food processing initiatives, offering sources of income for women. However, this would require assistance in terms of small-scale business management.

- 22) Due to lack of alternative sources of fuel, nearly all households depend on firewood collection. This contributes to deforestation and may be associated with violence and rape when women are attempting to gather firewood outside the camp. Apart from shortages of food, lack of fuel is a major reason why the number of meals is low and this in turn negatively impacts child health in particular<sup>79</sup>.

(75) **The production of fuel-efficient stoves (currently implemented in the protection sector) needs to be promoted.** Similarly, ways should be explored to facilitate access to alternative sources of fuel such as kerosene.

- 23) *Community orientation:* Intrinsic community resources including local knowledge and skills seem not to be optimally utilised within DERO's programmes. In addition, promoting the formation of community-based organisations is particularly important in the agricultural sector. Farmers' associations are known to facilitate empowerment, networking and advocacy on basic rights such as security, which is a precondition to reactivate development in Darfur.

(76) As community-based solutions are a prerequisite for long-term improvements, methods of participatory action oriented training (**PAOT**)<sup>80</sup> and concepts like work improvement in neighbourhood development (**WIND**)<sup>80</sup> which have successfully been implemented in the sector of agriculture and occupational health in other regions, should be considered. These concepts aim at systematisation and transfer of locally available knowledge and skills based on voluntary cooperation in the communities in order to find practical low cost solutions.

(77) DERO's partners should promote the formation of farmer organisations and facilitate capacity building in areas of specific needs.

(78) **In order to mitigate chronic conflicts between farmers and nomads, a dialogue on land use rights and livestock migration routes should be facilitated**, which also embraces traditional measures of conflict resolution.

- 24) *Human resource strategies* including capacity building, deployment and retention of staff within the partner organisations appear to be currently inadequate with respect to the big demands in the agricultural sector. As the programme needs a sufficient number of skilled staff, human resource strategies are essential.

(79) **It is recommended that human resource planning be seen as part of a comprehensive organisational development process.** Each staff member should be trained in a variety of competencies and should work in mixed teams – especially in remote areas - to assist one another. This is relevant for all staff and across all sectors and all organisations.

<sup>79</sup> The beneficiary survey revealed that the majority of people have only 2 meals per day. Especially very young children need 4 meals per day at minimum.

<sup>80</sup> Khai T.T. et al. (2002). Participatory Action Oriented Training, ILO, Bread for the World



(80) Given the currently limited number of community mobilisers, efficient strategies of interdisciplinary capacity building and knowledge transfer for multipliers (e.g. Training of Trainers and 'Farmer to Farmer' concept), should be explored. Agricultural matters need to be integrated with advice on nutrition, health and environmental issues (how to plant, protect, store, process and prepare food items, value of nutrition in health etc.). This needs inter-sectoral collaboration in the different stages of the programme management cycle.

- 25) Apart from the mentioned insufficiency of *inter sectoral collaboration*, coordination of activities with FAO and WFP seems to be inadequate. While FAO in Nyala receives regular fortnightly updates of agricultural activities of DERO's local partners, their attendance at agricultural coordination meetings has been irregular.

(81) Given the current scope of new areas of interventions considered by FAO, the DERO partner organisations should intensively seek fields of closer collaboration. **Regular attendance at WFP and FAO coordination meetings is strongly recommended.**

- 26) *Connectedness*: Training of community mobilisers, the promotion of farmer organisations and the establishment of seed banks are approaches potentially leading to improvements on the long run. However, this goal can only be reached through farsighted planning of strategies based on active community involvement with a strong development perspective.



**Women drying millet**

## 4.5. Education

### 4.5.1. Introduction

- 27) The education system in Darfur has been disrupted by the conflict in 2003/04. Such a sudden interference in education is known to be detrimental to a child's development. However, school enrolment rates in Darfur have always been the lowest in Sudan. In 2005, a total increase of 70,865 pupils has been achieved, which can largely be attributed to greater availability of classrooms and teachers. Currently, more children (including IDPs) than ever before are enrolled in schools in Darfur due to the combined efforts of INGOs, MoE and UNICEF.
- 28) Education was seen already in the first ACT/Caritas appeal from June 2004 as "a second priority activity". SCC was one of the few organisations, which stressed the special need for assistance in the area of child education in order to alleviate the effects of trauma from the beginning of the emergency phase. While rehabilitation and construction of at least 30 schools has been considered in the first appeal, insecurity especially in the Ta'asha region prevented the implementation of some planned school building/rehabilitation activities. In the revised appeal from December 2004, it was then planned to rehabilitate 40 school facilities and to construct 30 temporary school facilities in IDP affected areas. Initially, SCC (and to a lesser extent SUDO) were assigned to be main implementing partners of ACT/Caritas in the education sector.
- 29) Apart from continued insecurity in certain areas, administrative and financial problems of SCC at Khartoum level have dramatically reduced the number of constructed/rehabilitated schools<sup>81</sup>. As a consequence, 11 out of 30 temporary schools within IDP camps have been constructed and only 2 out of 40 permanent schools have been rehabilitated until the end of May 2005. Eventually, in the 2<sup>nd</sup> revised appeal from May 2005, more realistic objectives were formulated envisaging the rehabilitation of 16 school facilities in IDP affected communities (including provision of school materials and equipment, rehabilitation of school latrines, volunteer teacher training) and to construct 6 temporary school facilities/shelters inside IDP camps. From May 2005 onwards all three local partners should share responsibilities in the implementation of education activities in different regions<sup>83</sup>.

According to UN statistics from September 2005<sup>81</sup>, the total reported enrolment figure for primary schools in the GoS controlled areas was 267,603 and for non-GoS areas 48,011. The number of girls enrolled in school reached 49% in West Darfur, 48% in North Darfur, 42% in South Darfur in the GoS areas and 38% in the non GoS and previously inaccessible areas. For all schools in Darfur during 2002/03, the GER was 49.7% for boys and 33.9% for girls. The currently improved enrolment rate of girls in conflict affected areas (average 46%) as compared to their places of origin may be attributed to the separation of displaced families from their livelihoods (which usually requires more labour from girls) as well as to improved access to schools due to the combined efforts of MoE, UNICEF and INGOs. Approximately a quarter of the children enrolled in grade one are over-aged (UNICEF 2005).

To ensure that teachers have an increased knowledge of child-centred teaching methodologies MoE, UNICEF and INGOs are implementing an in-service teachers training scheme for (voluntary) teachers working in IDP camps or affected host communities.

Successful advocacy by the international community with Ministry of Education (MoE) has finally led to a ministerial decree regulating free primary school attendance for conflict affected children.

<sup>81</sup> Darfur Humanitarian Profile No. 18, September 2005

<sup>82</sup> ACT/Caritas, quarterly report, January 2005, p. 25.

<sup>83</sup> According to the 2<sup>nd</sup> revised appeal (May 2005) DERO's local partners have build and renovated schools in Mershing, Bilel, and El Dhein.

- 30) The set *objective* of these programmes has been 'to ensure that basic education for IDPs and affected host communities is available and not interrupted'

#### **4.5.2 The working of the education sector**

##### *User perspective*

- 31) Apart from constraints causing initial delays in the implementation of activities, successful restoration of school facilities, building of new permanent and temporary schools as well as provision of equipment and materials and training of teachers was achieved by the partner organisations<sup>84</sup>. In addition, school latrines utilised by IDPs sheltering in the schools during the first months of replacement were restored.
- 32) Through joint efforts of all three partner organisations, education is offered to an increasing number of IDP children who would otherwise in their places of origin not have access to school due to their roles of supporting family livelihoods. It is very likely, that education of these children leads to a great number of *benefits* for the individual and the society:
- Basic education is known to be the most effective investment for improving economic growth and creating self-reliant and healthy societies<sup>85</sup>.
  - Women's education is shown to be the main factor contributing to reduction in malnutrition in developing countries and to bring about reduced child mortality rates. Furthermore, according to UN studies, girls who attend school usually marry later, practice greater restraint in child spacing and consequently have on average 50% fewer children.
- 33) During this evaluation, interviews with beneficiaries revealed that raising education is seen as a primary concern. Moreover, education is perceived as being essential for restoring civil life and being a strong contribution to peace (e.g. keeping children in school provides protection for pupils who could otherwise be recruited as child soldiers).

##### *System perspective*

- 34) Current interventions in education are fully planned and implemented by local partners (SCC, SUDO, Sudanaid) who have proven experience in the education sector. As education services have been made available in remote areas of Darfur, DERO's partner programmes are highly appreciated by the MoE. Collaboration between DERO's partner organisations and the MoE appeared to be very good.
- 35) In addition to the existing training of (voluntary) IDP teachers by the MoE (which is funded by UNICEF) DERO's partners are involved in the training of these teachers in other relevant topics like protection, peace building, psychosocial issues, human rights, and HIV/Aids prevention.
- 36) At the onset of the education programme, coordinated activities of the education and environmental health sector took place especially with regard to latrine construction/rehabilitation at school compounds.
- 37) In general, education activities implemented by DERO's partner organisations are coherent with national guidelines as they are closely linked to the training provided by the MoE and supported by UNICEF.

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<sup>84</sup>Until September 2005, 11 permanent school buildings were restored, 7 new permanent schools, 6 tented schools established, 10 temporary school structures were equipped with local materials, including support with school materials, equipment and furniture.

<sup>85</sup>According to a World Bank study in different countries, farmers' productivity increases by up to 10% through a minimum of 4 years education.

### **4.5.3. Assessment of activities, challenges and recommendations**

- 38) Provision of support for basic education for IDPs and affected host communities is highly *relevant*, especially in regions where school enrolment rates have always been the lowest in Sudan. The regions targeted by DERO's education programmes had particularly high gaps in education - ranging from an average of 43% in the province of Edd el Fursan, 85%-91% in Nyala and Sheria to 94% in Zalingei and 100% in both El Dhein and Wadi Salih<sup>86</sup>. However, as discussed below, specific assistance has not been sufficiently based on assessment of needs perceived by the target groups.
- 39) Despite obvious limitations regarding monitoring/evaluation mechanisms, it can be assumed that the education programme's objective of improved access to basic education for school children in IDP camps and affected host communities has been achieved to a certain extent. However, the *effectiveness* of education programmes is also affected by the limitations in the *quality* of the services offered.
- 40) Only 11% of the parents interviewed during the beneficiary survey were happy with the quality of the services while about 41% found that the services provided in the education sector were "not so good".<sup>87</sup> Apart from serious limitations in availability of teachers, constraints exist in payment of salaries (which are partly covered through locally raised contributions)<sup>88</sup>. Furthermore, insufficiencies in school buildings, infrastructures, equipment and materials are major areas of need. Lack of farsighted budgeting and other financial difficulties have caused delays in purchasing important building materials. These limitations had an impact on *timely* delivery of services to schoolchildren.
- 41) Under conditions where up to 100 children of different classes are lumped together in one classroom with one teacher, the learning of individual children is largely limited. As attendance of pupils is often not recorded, tracking drop-outs is difficult. Because books, exercise books, pens etc are widely lacking, pupils are prevented from learning to read and write. Some school materials were distributed only in insufficient quantities. Although these materials are currently available in the UNICEF warehouses DERO's local partners have not yet requested them.

**(82) In order to receive specific assistance in kind (e.g. school materials such as books, pencils etc.), it is recommended signing a partnership agreement between UNICEF and DERO local partners.**

- 42) In several IDP camps, school fees are required from parents not only to top up teachers' low salaries (small incentives are paid by UNICEF to increase participation in training), but also for transportation and a mid-day meal for teachers as well as for school maintenance costs. Although a policy exists that children in conflict-affected areas should have free access to primary school education, the implementation of this policy is not supervised.

<sup>86</sup> United Nations (1/2005). Education gaps as percent of affected population 9/2003-1/2005, Darfur Humanitarian profile No.10

<sup>87</sup> It is important to note that the main criterion to include a location in the beneficiary survey was that DERO was active there in *at least two sectors*. The survey team always applied the whole questionnaire in all locations regardless of whether DERO was active in each of the sectors. This means that the beneficiaries' judgement on the education services does not refer to DERO supported schools alone.

<sup>88</sup> While MoE officially does not allow inter-state movement of teachers, those who are displaced in another state due to conflict are required to receive their payment from their original state, which is not possible for most of these teachers. In addition, teachers coming from an SLA area may face difficulties to pick up their salary at MoE.



- (83) Improvement of the educational services - both qualitatively and quantitatively – is needed. Proper assessments, planning of manpower (recruitment, capacity building and strategies for retention of volunteer teachers), sufficient schools and classrooms, materials etc. are urgently required. In this process some areas need special attention:
- (84) **DERO should advocate for more permanent school buildings especially in areas where the issue of return is not a realistic option for the majority of people within the next years.** Such buildings should gradually replace school tents and temporary schools erected in IDP camps. At the same time, these buildings could serve the dual function as community centres and meeting places.
- (85) **With respect to gender issues, security on the way to schools has to be assured (preferably schools should be close to the community they serve). Moreover, gender-sensitive infrastructures (e.g. latrines for girls) should be provided.**

- 43) The *efficiency* of the education programme is negatively affected by the mentioned constraints in coordinated provision of sufficient manpower, buildings and materials as well as utilisation of community resources and assistance offered by UN bodies. As the majority of IDPs may remain in the camps for a longer/unpredictable period, the construction of temporary school buildings may not be as *cost-effective* as more permanent buildings would be.
- 44) The current low level of knowledge of IDP pupils makes transfer to government schools difficult<sup>89</sup>. Secondary schools do not yet exist in the camps, but several pupils who have tried to attend government schools outside of the camps have not been able to meet the required standards. As confirmed by the beneficiary survey, nearly no child of the IDP respondents has currently access to secondary education, which is seen as indispensable for individuals regarding access to opportunities in terms of benefits of economic and social development<sup>90</sup>. In addition, there are insufficient strategies to ensure equitable access to education irrespective of gender, and to link education with improving the living conditions of the target population. In this context the high adult illiteracy rate<sup>91</sup> of women is an important constraint for development in Darfur (there was the impression during the evaluation that women are especially eager to learn in order to get better job opportunities).

- (86) **Apart from recruitment of teachers and provision of material resources mentioned above, improved curricula, more in-service training of teachers, and mandatory attendance by pupils, teacher supervision and refresher courses are required in order to improve the current quality of education within IDP camps.**
- (87) In the future, opportunities for secondary school education, literacy programmes for adults as well as measures for integration of children with special vulnerability (orphans, children with disabilities) should be included in the education sector.
- (88) Consolidating all current educational activities (in clinics, nutrition- and agricultural programmes, schools, protection, psychosocial services, human rights and prevention of HIV/Aids) within one education sector could make the ACT/Caritas partner operations more cost-effective.

<sup>89</sup> About 70% of the respondents stated that their children attend primary school, while no child attended secondary school.

<sup>90</sup> See reports of World Bank 2005 and the role of secondary education in Africa (SEIA, 2005)

<sup>91</sup> According to the beneficiary survey the average illiteracy rate among the respondents (primarily women) in the project areas of South and West Darfur is 76%.in the age group of 20 to 49 years.



- (89) Additionally, closer collaboration of DERO with WFP/UNICEF programmes for Nomadic Education and school feeding activities should be envisaged (however, access to water is a prerequisite for any school feeding programme)
- (90) A vocational component should focus on activities related to local needs and address the issue of environmental protection at least around school buildings.
- (91) It is known that children can be effective agents of change. **Peer approaches in relevant topics (reproductive health/prevention of STI and HIV/AIDS, violence, disability issues) should be explored and available child-to-child materials tested with respect to their socio-cultural relevance.** The work of the children can in turn be presented to their parents to foster further learning cycles. By doing so, the school centres can become centres of hope.

- 45) Up to now, a *recipient-perspective* seems to prevail among parents in the project areas, while involvement of community members in planning and decision-making is widely lacking.

- (92) **Community involvement with promotion of teachers and parents committees, participation of religious leaders etc. is needed in terms of assessment of needs, priorities as well as planning, implementation and evaluation of activities.** Participatory approaches and ownership issues are essential in order to utilise community resources. Community mobilisation stimulating voluntary contributions are particularly important in order to achieve improvements regarding:
- Promotion of school attendance (special relevance: gender issues)
  - Measures to prevent drop-outs, including follow-up activities
  - Environmental and hygienic set up of education facilities
  - Basic school equipment etc.

- 46) Reporting of implemented activities (e.g. numbers of restored or newly built schools, number of beneficiaries *reached*) was inconsistent or lacking in different reports.

- (93) **Specific capacity building is needed in data management and reporting.**

- (94) Different scenarios of migration dynamics leading to rising numbers of pupils due to new arrivals of IDPs have to be considered in strategic planning and allocation of resources.

- 47) Collaboration with other INGOs and UN organisations like WFP and UNICEF, which is crucial in terms of lobbying and assistance, is not satisfactory up to now. Representatives of DERO's partners have not regularly attended coordination meetings of the lead agencies.
- 48) Despite the fact that the objectives of the newly designed Food for Education (FFE) programme are highly valuable<sup>92</sup>, it is still a challenge for UNICEF/WFP to find enough implementing partners. This also applies for DERO's partners who have not yet signed an agreement for cooperation.

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<sup>92</sup> School feeding programmes are known to increase school retention and to improve the students' capacity to concentrate by relieving short-term hunger. In marginalized areas, provision of a school meal also contributes to increased access to basic education, especially girls. In SFP, priority will be given to schools with basic infrastructure already in place, schools in areas of relative security and schools in villages as opposed to town schools where there is less presence of the MoE, schools with a moderate (30-60%) concentration on IDP children

- (95) For the planned and budgeted new programmes in the field of Food for Education (FFE) and Nomadic Education<sup>93</sup> DERO local partners need to sign written agreements and they may require assistance with this. DERO partners should be offered help in writing proposals to different UN aid providers in Darfur too.
- (96) It is imperative that partners work closely with MoE and UNICEF to guard against any form of competitive incentives offered by NGOs, which encourage qualified teachers to leave the state school system. In the future, the MoE should be responsible for integrating schools in IDP camps into the government system.
- (97) Inter-sectoral collaboration with other DERO departments should be intensified e.g. to provide adequate water supply for school children as well as education in relevant nutrition/health and environmental issues.
- (98) While education programmes should be given priority, farsighted strategic planning, flexible implementation of activities according to changing needs and increased efforts in capacity building have to be ensured.

- 49) Insufficiencies in above mentioned areas of ownership, coordination and integration as well as suboptimal human resource development are threatening long-lasting effects of the education programme. However, the parents' views about education being a priority and the enthusiasm of children to learn are major factors contributing to long-term success.
- 50) In conclusion, DERO's education programmes are highly essential in a context of disrupted education systems and are likely to have a high impact on health (prevention of malnutrition and diseases), socio-economic conditions and peace building process.



**School with blackboard**

<sup>93</sup> This programme will be very relevant in peace building because of the past history of chronic conflicts related with tenure rights between nomads and the rest of the population. The programme requires special school construction in very remote areas, special curricula (animal health, seasonal teaching sessions) and training of teachers, preferably of the same ethnicity.

## 4.6. Protection

### 4.6.1.Introduction

- 1) Protection is felt to be the most important issue for the conflict-affected community in Darfur. IDPs interviewed stated that protection is their number one priority concern.
- 2) During the evaluation team's visit to the camps in Nyala Zalingei and Garsila, the women and men said the camps were not safe as only a few kilometres outside of the camp women and children are frequently attacked by men on horses and with guns. The women and girls said that they (Janjaweed) would assault them and take everything including their clothes. The men also reported cases of kidnapping of men whilst travelling to and from the camps. Almost all the people said that the perpetrators were the Janjaweed and in some instances the local police
- 3) DERO staff working in protection, the health clinics, and psychosocial services expressed the serious difficulties that victims of physical and sexual violence are experiencing with their injuries, trauma, anguish and humiliation. Together with the social stigma of rape, which affects the entire family, most are too afraid and reluctant to seek help. The protection and psychosocial activities of DERO have provided a "space" and "voice" for the victims to talk about their situation and to find help and support from their community.
- 4) Protection is a cross-sectoral issue. The promotion of education for children e.g. has an impact on protection – if schools are built children can stay in a safe and attended surrounding during much of the day. The same applies to the provision of water supply in a safe and secure location. The core role of protection thus involves comprehensive humanitarian programming, which does not compromise the safety and security of the beneficiaries.

#### **Rape in Darfur:**

"Almost 90% of the victims said that the rape occurred outside a populated village. The majority (82%) were raped while they were pursuing their ordinary daily activities. Only 4% of women reported that the rape occurred during the active conflict, while they were fleeing their home village. Almost a third (28%) of the victims reported that they were raped more than once, either by single or multiple assailants. In several cases, physical violence was inflicted beyond sexual violence; women were beaten with sticks, whips or axes. Further, some of the raped women were visibly pregnant at the time of the assault, sometimes up the eight months."<sup>94</sup>

### 4.6.2.The working of the protection sector

#### **Objectives**

- 5) The objective of the protection sector in the DERO programme is "to ensure that all project activities are delivered in a way that does not/will not compromise or worsen the security and protection of the target communities. Attacks on the people will be monitored, reported and pressure will have been applied to ensure that non-combatants are not targeted. Groups of women and young people will have been supported in their promotion of their own security and protection."<sup>95</sup>

<sup>94</sup> Médecins Sans Frontières: The Crushing Burden of Rape. Sexual Violence in Darfur, Amsterdam, 8 March 2005, compare e.g.: House Committee on International Relations – Sudan: Consolidating Peace While Confronting Genocide. Written Testimony for the Record by Survivors United to Save the Women of Darfur ([www.survivorsunited.com](http://www.survivorsunited.com))

<sup>95</sup> DERO Quarterly Narrative Progress Report, 01.04.-31.6.2005

## Activities implemented

- Training of staff in the fields of International Human Rights law, Code of Conduct for NGOs Humanitarian Charter, Guiding Principles of IDPs
- Community outreach / public information activities,
- IEC campaigns with IDP population in Zalingei, Garsila, Kubum,
- Sensitisation on Human Rights Law,
- Community leadership training, complaints mechanism for communities
- Awareness raising/ recreational activities on Children's Rights.

## The development of the protection activities

- 6) The Protection Programme had a shaky start in July 2004. During the first week of 2005 three key national staff were arrested in Nyala and imprisoned. Two international staff were questioned and released after several hours. The Head of Office was arrested when he returned from Christmas leave. Because of the arrest of two staff members of the Protection team, the protection programme activities were limited during the initial months of 2005. By March 2005 the protection officers had returned to the field to continue their work.
- 7) During May 2005 seven national personnel were recruited into the Protection team. Workshops have been held; assessments were made initially with a focus in Labado and including El Dhein for the first time, where training was conducted with security forces and the civilian community. From July 2005, the protection team implemented training and community sensitisation, protection activities, and an IEC campaign in Zalingei, Garsila and Kubum.
- 8) The protection programme operates in close collaboration with SUDO, Sudanaid and SCC. By August 2005 the outputs included
  - The building and strengthening of the protection capacity of DERO and selected key stakeholders;
  - The development and strengthening of the Civil-Military relationship;
  - The establishment of a peace-building and conflict resolution (PBCR) programme;
  - Establishment of civil rights information,
  - Education and communication (IEC) programme for citizens of South and West Darfur State;
  - Establishment of an Advocacy programme for citizens of South and West Darfur State.

The budget allocated for the protection programme is US\$ 593,758.

## Coverage now

- 9) Beneficiaries: The protection work is acknowledging the individual vulnerabilities of all the different parties in the conflict. Protection activities have been directed at the most vulnerable groups as well as to local authorities (e.g. sheikhs, women and children, police). Protection activities have included the formation of women's committees in IDP camps and training of women in construction of fuel-efficient stoves to reduce dependence on firewood collection. Sensitisation activities on topics such as Children's Rights are conducted in the schools in the IDP camps to raise the children's awareness of their rights. Boys and girls living in the IDP camps are an extremely vulnerable group as they are frequently attacked and raped when they travel outside the camp to fetch water and collect firewood for the family. The Protection sector



has also undertaken efforts to promote dialogue and recreational activities (e.g. football matches) between the civil and military members of the community such as government authorities, police, the AU and the different ethnic groups.

#### **4.6.3. Assessment of activities, challenges and recommendations:**

##### **Coherence with national and international standards and policies**

- 10) In protection programmes, training and awareness raising activities have been designed and implemented with strong reference to international human rights laws, international humanitarian law and NGOs Code of Conduct.

##### **Planning, needs assessment, emergency preparedness**

- 11) Organisation Security / Evacuation Plan has been developed and shared by all three NGOs (DERO, IMC and DRC) working in Zalingei. This joint initiative is a very good example of interagency collaboration, which should be used as a model for other interagency collaboration.
- 12) Protection staff participate in the regular coordination and planning meetings held by the Protection Working Group and weekly inter-agency security meetings coordinated by UNOCHA.
- 13) Protection staff are informed of concepts and methods, but have limited experience of the practical application of these approaches and assessment tools. Staff working in the other sectors are not familiar with protection concepts and approaches.

(99) The staff of national partners SCC, SUDO and Sudan Aid are a valuable resource for capacity building and training of the Protection sector as these national partners have several legally trained personnel who have good understanding of Protection concepts and approaches.

(100) It is important to use existing information and analysis on conflict indicators (Protection Working Group) to ensure that humanitarian programming is informed by conflict analysis e.g. the Do-No-Harm approach, Local Capacity for Peace, and Conflict Mapping.

##### **Human resource management**

- 14) With male and female protection field staff working together, an important precondition for gender sensitive approach is laid. Current field staff of SCC, SUDO, Sudanaid and ACT/Caritas are well trained in legal rules, community participation, conflict resolution, and peace building approaches. They are also highly motivated (Zalingei, Garsila, Kubum). They are working on increasing the understanding of the concept of protection and its integrating role within the overall programme with a rights-based approach. The notion of protection is perceived too narrowly and needs to go beyond physical safety and personal security measures.

(101) DERO personnel need to gain more understanding of the concept and role of protection to integrate this issue within all the sectors. For example, protection is not only about safety and security but also about confidence building, empowerment and peace building approaches.

(102) Programme field personnel need increased and regular supervision and management support with ongoing training in conflict analysis, peace-building, reporting procedures and advocacy techniques.

(103) Inter-sectoral collaboration and internal training for all sectors should be promoted.



## Programme management and components

### Field presence

- 15) There was a strong visible field presence of DERO in West and South Darfur with increased access to the communities and monitoring/reporting of human rights violations. Supporting the establishment of regular patrols and monitoring by police and AU were also effective. Many women said they felt more confident to collect firewood with the AU escorts and the Sheikhs reported that there had been less attacks since the start of these AU patrols.
- 16) Protection staff also trained women in the construction of fuel-efficient stoves to reduce dependence on firewood collection in areas outside of the camps.

### Security of own staff

- 17) One of the big gaps during the start-up phase of DERO was the lack of a proper security plan for the staff of the organisation.
- 18) By February 2005 the security and evacuation plan for DERO staff was operational and contains the security and evacuation compliance requirements, standard procedures for potential threats and risks in Darfur, movement and travel in vehicles, communications, medical plans and health precautions. Security briefings are held for all international NGOs, and UN organisations on weekly basis.

*"From the start of the programme to the point at which a Security Plan had been drafted it took 2.5 months. It took a further five months for the Security Plan to be further refined and implemented on a continuing basis within the programme. In total then it took some eight months for the programme to develop a functioning Security Plan and ingrain the necessary procedures and awareness into the programme. This is a shocking situation"(John Borton in his paper "The Role and Future Evolution of ISC", 14.3.05)*

### Participation/ community orientation

- 19) DERO staff use community based participatory approaches and peace-building techniques to build relations with different community groups, GoS and key stakeholders e.g. Sheikhs, local police, ethnic groups, and women committees. Activities and training on human rights generated a sense of community co-operation amongst different groups (e.g. Sheikhs, women, and local police).
- 20) Protection activities and approaches are community driven and specific to priority needs of a community e.g. formation of women committees in the IDP camps. Understanding of human rights, promoting increased confidence and a sense of dignity, and community recreational activities is highly relevant with regard to increasing the coping strategies of the community, building a sense of empowerment and self-confidence. The activities carried out are timely and appropriate given the high illiteracy rate (78.9 %) <sup>96</sup> in Darfur. <sup>97</sup>
- 21) In order to strengthen the survival skills and coping mechanisms of the IDPs

**(104)A strategic focus should continue to be put on protection activities that restore confidence and trust of communities, e.g. through sensitisation, IEC campaigns and activities to rebuild livelihoods.**

<sup>96</sup> Beneficiary Survey (Sept. 2005, RP)

<sup>97</sup> Education is indeed the second highest priority concern of the community leaders after protection.

### Advocacy

- 22) The dilemma of engaging in protection work is to be either operational or to engage in politically sensitive advocacy that may jeopardize the agency's operational presence. With significant staff shortages and high staff turnover in the field, regular field monitoring of community based activities and access to the different groups was not enough.

**(105)** Efforts could be made to be operational whilst engaging in quiet advocacy. Advocacy work (public information, media and lobbying) needs to be informed about the local context of the conflict and local knowledge including local perceptions.

**(106)** Building of relations/liaison work with key stakeholders such as the community leaders, local police, AU (CIVPOL), INGOs and national NGOs will increase "on the ground" presence, improve communication and give greater potential for advocacy.

### Reporting human rights violations

- 23) The visible presence of the Protection staff in the IDP camps facilitates access to report and complaint mechanisms for individuals and communities, and the DERO staff can react promptly to any reported violations and pursue appropriate means to address these violations. The Protection staff interviewed in Zalingei, Garsila and Kubum stated that in the course of their activities some individuals raise concerns, which are then fed into local, national and international channels. This process is not always assured as one protection staff member said "We have to first build a sense of trust with the community, the Sheikhs as well as the local police and other authorities. This takes time as people are afraid to raise their concerns."

### **Monitoring and evaluation, impact**

- 24) Increased community awareness of fundamental human rights was highlighted in community meetings and interviews with Sheikhs in IDP camps in Zalingei, Garsila and Kubum. A group of Sheikhs in the biggest IDP camp in Zalingei expressed their situation as follows: "The war is what brought us here and we must try to find a way to end the fighting" and "We know a little now about our rights as displaced people living here in the camps. We have the right to protection, education and water".
- 25) Potential unwanted negative impacts of DERO may arise in mixed communities where protection and assistance must not only be provided to IDPs but also to host communities, nomads, Arab and non-Arabs.

### **Intersectoral coordination, collaboration and integration of activities**

- 26) Protection was established from a sectoral perspective rather than as an issue that should inform all the sectors of DERO programme, e.g. through Protection Advisers or a Protection Support Unit. Protection activities should gradually merge with the other sectors.

**(107) As the most important cross-cutting issue for DERO protection should be integrated in all sectors of the DERO programme**

**(108)** As a relatively new discipline, DERO staff need to gain better understanding of the concept of protection to integrate the protection activities in the overall DERO programme.

**(109)** We recommend improving coordination and participation with regular inter-sectoral and inter-agency planning and assessment meetings/discussions, e.g. an NGO/UN Protection Working Group, and advocacy groups within the ACT/Caritas donor partner network.

## Coordination with other actors

- 27) Protection work has been effective in focusing on relationship building of all key stakeholders involved in conflict to facilitate dialogue. Coordination efforts and strong links are promoted and established with partners, other agencies, GoS Police and other GoS authorities and the African Union. For example, women are protected with regular patrols when collecting firewood outside the camp. These patrols involve the AU (CIVPOL) and local police who accompany the women outside the camp. They also monitor and patrol IDP gatherings.

(110) Promote stronger links, communications and training support with donor partners for joint advocacy work on human rights and humanitarian issues. The ACT/Caritas network of donor partners is encouraged to support the protection work on behalf of the affected community and humanitarian agencies in Darfur. For example, lobbying and diplomacy might support fast tracking of travel permits and entry visas for NGO personnel in Sudan. There is a need to develop the programme strategy for the ongoing Darfur response within the context of Sudan as a whole, i.e. in relation to other programmes in South Sudan and other regions.

## Future orientation

- 28) Protection activities and strategies are pursuing approaches based on community participation, community empowerment, conflict analysis and peace building, which enhance the connectedness of DERO. DERO programme management staff has undertaken strategic annual planning for 2006, which includes plans for emergency preparedness and a programme of proposed voluntary return of those displaced.



Teaching child rights

## 4.7 Psychosocial Assistance

### 4.7.1. Introduction

- 1) The evaluation team heard horrible stories of violence and abuse painfully recounted by the IDPs who arrived in the camps stripped of the very little they had. They said the Government and Janjaweed destroyed everything that made life possible. Food was stolen. The rest was burned. Animals were stolen and the rest were killed. Clinics and schools were burned and water pumps were smashed with bodies thrown into the wells. Mosques were torched and entire villages were destroyed. UN estimated that between 700 and 2000 villages were totally or partially destroyed. Almost everybody has lost relatives. Many IDPs still cannot verify whether their family members or relatives are dead or missing. The agony of not knowing has intensified the trauma and suffering of the survivors. Dealing with daily survival in the camps and finding food to feed their families take priority and many people continue to suffer in silence.
- 2) The Danish Refugee Council (DRC) representative in Zalingei stated that DERO's psycho-social services and protection activities showed that the ACT/Caritas network had commitment and understanding of peace building and conflict resolution methodologies and the rights-based approach to humanitarian programming. Many of the other international NGOs are implementing short-term and fast return projects (Zalingei Sept. 2005). One INGO working in the IDP camps in Zalingei explained that they had problems with the communities and GoS authorities when they tried to provide services to assist victims of gender based violence. This activity was discontinued.
 

**Keeping bad experiences to oneself**

"Once a week we were going to the suq. When you returned to your village with all the shopping, the Janjaweed could stop you and take your things. And then they take you and rape you. Since two years, a lot of rapes were happening like this. Any attractive women can't walk on her own. And when a man came to defend her, they killed the man. (...) But many don't talk about it. They only say 'I was beaten'. But in reality it was more. It is too hard to tell." (Woman, about 35 years, El Hamidiya camp, Sept. 2005).
- 3) As part of the DERO Education programme in the IDP camps, DERO national partner SCC is conducting teachers training workshops on the topic of emotional healing and trauma support to show how lay people can assist victims of trauma.

### Development of the psychosocial programme

- 4) Considering that the psychosocial services sector started later than the other sectors there have been considerable achievements within a relatively short time. First steps were made in Psychosocial Assistance with an assessment and information exchange with NGO/UN staff in September 2004. By March 2005 the second international staff member arrived. Recruitment of more staff was planned and the first "social workers" were trained and dispatched to the field to start work with the communities. The aim was to employ culturally appropriate models of support and to promote the strengthening of traditional coping strategies wherever possible. By August 2005 seven of the planned nine community centres were constructed in conjunction with the national partners and are functioning. These community centres are located in the Dereig and Mershing camps near Nyala, Deleig camp near Garsila, Garsila camp in Garsila, Hamsadagaig camp in Zalingei, Kubum camp in Kubum and Nein camp in El Dhein. With the establishment of the Psychosocial Community Centres in these key camp locations the DERO programme is now highly *visible* there. The psycho-social capacities of care-providers to communities in the fields of counselling, adult education psycho-social training workshops for national partners, teachers,

or community workers, and income-generating activities (such as weaving, mat-making tailoring, and shoe making have been built and strengthened. The counselling services are operational in the seven community centres together with the social re-integration services and the IEC Programme.<sup>98</sup>

#### **4.7.2. The working of the psychosocial sector**

##### **Programme objective**

- 5) The formulated objective of this component is to provide “assistance in dealing with the trauma associated with displacement and the impact of conflict at a personal and community level.”<sup>99</sup>

##### **Activities implemented**

- 6) The efforts to maximize the use of P/S centres as entry points for stabilization and return to routine life (e.g. IGAs with women and men, kindergarten, meeting point for counselling group, legal services group etc.) were highly *relevant* and *appropriate*. Each Centre develops at its own pace given the different community dynamics, level of compliance and cooperation operating in each camp. Psycho-social activities comprise:
  - Counselling services in 7 Community Centres including group counselling to community members, support for emotional healing with special focus on women victims of violence.
  - Social reintegration services including income generating activities and vocational skills training and adult education
  - IEC activities including public information posters in schools, hospitals, and clinics, and community training workshops on psychosocial issues with Sheikhs, teachers.
  - Training of traditional healers in counselling and coping with trauma.
- 7) The programme is based on the expertise available from the ACT/Caritas network partners along with DERO management staff seeking an exchange and a pooling of ideas to develop their interventions.

##### **Target group and access to psychosocial centres**

- 8) The psychosocial community activities target people strongly affected by the conflict and focus on the most vulnerable such as women and children who have been victims of violence.<sup>100</sup>
- 9) There are also initiatives that tap the coping strategies and survival skills of other members of the community. For example, traditional healers, teachers and midwives are traditionally more trusted and respected by the community. They have been trained by the psycho-social staff so that they can help those who are suffering from trauma.

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<sup>98</sup> (Trip Report - Darfur Emergency Programme Field Visit, 1st -10th September '04, Geoff O'Donoghue; DERO Quarterly Narrative Progress Report, 01.-31.12. 2004; DERO Quarterly Narrative Progress Report, 01.01.-31.03.2005; DERO Quarterly Narrative Progress Report, 01.04.-31.6.2005; DERO Monthly Report, 08/2005).

<sup>99</sup> DERO Quarterly Narrative Progress Report, 01.04.-31.6.2005

<sup>100</sup> It has been observed by trauma-therapists that people who are very communicative and self-confident about having control over their lives have a bigger chance of not suffering from post-traumatic stress disorders after going through traumatising events.



- 10) Being placed at central locations, the community centres are highly accessible. They are open to everybody every day. In several camps, male community members volunteered for the construction of the centres. This fostered a sense of community ownership. Regular meetings and consultation between the psychosocial staff, community mobilisers and members of the community committees, e.g. Sheikhs and women's committees, take place at the centres. Information about the services provided at the centres is widely disseminated. The centres' visible presence in the camps has attracted wide ranges of different groups.

#### **4.7.3. Assessment of activities, challenges and recommendations**

- 11) The establishment of Psychosocial Centres in the IDP camps serves as an entry point for many other community based activities and initiatives. These have proved to be successful in building links with communities and providing a place of security, safety and recovery for the most vulnerable groups. This means they are *effective* not just with regard to psychosocial services but also with regard to protection and livelihood-rehabilitation. Broad ranging activities are carried out with well-trained committed staff available to support large numbers of community participants.

#### **Coherence with national and international standards**

- 12) Psychosocial activities and strategies have followed recognised and qualified guidelines and standards for psychosocial services in complex emergencies. This can be found in the Church of Sweden's Manual/Guidelines on Psycho-Social Services in Complex Emergencies

#### **Planning, needs assessment, and targeting**

- 13) The planning and design of the psychosocial services programme was undertaken with sound professional guidance and advice through the senior programme management with specialist support from members of the ACT/Caritas network e.g. Church of Sweden and Trocaire from the start.
- 14) DERO staff are trained in research skills for design, use and analysis of assessment surveys. The psycho-social workers, staff of national partners, teachers, traditional healers interview individuals and groups, hold meetings with community leaders, make home visits, distribute posters, and pamphlets to hospitals, schools, and health centres.
- 15) Community needs assessments and survey data are followed up and analysed to enable appropriate design of counselling, social reintegration and IEC activities. The Centres play a vital role as a safe meeting point for active participation and social gatherings of different community groups, government authorities, international and national organisations. During the evaluation team's visits three centres were being used by women's groups (30-40 women in the small groups) weaving and making mats and food covers. 6 to 8 men in a group engaged in bed-making, 4-5 traditional healers provided counselling to individuals.
- 16) Centre activities in Zalingei, Garsila, Kubum and Mershing had a consistent quality of delivery, however *accessibility* to all and different groups within the community especially the vulnerable groups has not been ensured. The problem with traumatised people can be that they *tend to refrain from social contact and not seek help and advice* by themselves. This has to do with the feeling of shame and being worthless as two typical results of the traumatising event. Is there any form of "reporting" system within the staff, telling the social workers also to go and visit traumatised people in their households? Because in fact those

people who do not come are the most vulnerable! This would be an issue worth discussing within the programme.).

- 17) During the evaluation team visit, the psycho-social staff working in Zalingei Garsila and Kubum explained that they conduct individual counselling and home visits clinical supervision and referral to other agencies. In this work, they are trained to be sensitive and careful and to respect the confidentiality of the individuals.

### Human resource management

- 18) DERO staff is well-trained in community mobilisation, community participation, and processes of “developing a community”. The psychosocial teams working in Zalingei, Garsila and Kubum demonstrated active listening skills when interacting with the community.
- 19) Shortage of qualified staff in the field locations to follow-up the numerous requests for activities, training workshops, counselling from the community has created a heavy workload for the psycho-social teams. The opening of the centres has raised the level of community expectation of the centres to meet these requests

- (111) There should be more focus on programme supervision and management by HQ to all field staff. HQ should give advice, guidance and respond to needs of DERO field staff in the different locations.
- (112) It is necessary to **allocate qualified specialists for trainings/workshops**. One activity where trained professional and **experienced staff can be provided is trauma counselling / counselling on coping strategies for victims of violence. Resources within the network are available for helping laypeople to deal with trauma**. The ACT/Caritas Network (initiative of Church of Sweden/ Lutherhjälpen/ Presbyterian Disaster Assistance and Norwegian Church Aid) has compiled a guide entitled ‘Community-based Psychosocial Services in Complex Emergencies’ May 2005, which is an excellent training and reference tool for this activity. With an increasing number of requests from communities to conduct vocational skills training, efforts should be made to strengthen DERO staff capacity at middle-level management in assessments, work planning and budgeting for more informed programming decisions. Capacity building should also include coordination of P/S activities.

### Participation and community ownership<sup>101</sup>

- 20) Training of traditional healers in counselling techniques is an appropriate and effective activity taking into account the socio-cultural context and attitudes of the community.

#### Cooperation with traditional healers

An old man dressed in a white *jellabiya* is sitting on a small mat in the psychosocial centre. He is writing a Koran verse with a fine brush onto a wooden board. Proudly he presents the magic ink prepared by himself. Most of the people come to see him because of headaches, and also mental problems like being restless or unconcentrated. He washes the holy scripture of the board and gives it to the ill person to drink as medicine. In this centre he was told that such symptoms are not only due to being captured by the evil eye (‘*ayn*’) or bad spirits (*junun*), but can be a consequence of bad traumatic experiences. He is easily capable to enlarge his knowledge, as he himself had to flee from his village. (Khamzadagaig camp, Sept. 2005, RP)

- 21) For the construction of a P/S Centre in Khamsa Dagaig camp the engagement of volunteer community labour increased 'community ownership' of both the Centre and the P/S activities.
- 22) The community wide participation in social reintegration activities increase the sense of community ownership of the P/S centres, and access to common meeting points are positive achievements of the programme.

- (113) **Community participation and in-kind contribution e.g. volunteer labour should be more actively encouraged.**
- (114) DERO staff should build on their community mobilisation efforts to identify more traditional healers and teachers for training in psychosocial counselling techniques. For example, SCC is currently training teachers in emotional healing and trauma counselling as part of their education programme.
- (115) Local knowledge and traditional coping mechanisms for psychological post-traumatic stress disorders are not fully explored. This needs to be given more status as an intervention strategy.

## Supervision

- 23) Supervision of the psycho-social staff (social workers, counsellors) is in the form of monthly reports of the centre activities, counsellors' reports, workshop reports, clinical supervision meetings with the psycho-social staff and HQ Programme Management staff in Nyala. These reports and meetings provide a basis for monitoring the status of the individuals seeking assistance, and assessment tools to measure impact of the psycho-social activities.

## Monitoring and Evaluation, Impact

- 24) The relatively short duration (most centres and activities started only in June 2005) with the opening and functioning of the community centres and the activities carried out by the psycho-social staff does not allow a realistic assessment of impact.
- 25) Nevertheless, the Sheikhs of several camps who were interviewed said that they felt the income generating activities were important for them to start returning to normal living and bringing a sense of stability in their lives. Activities to rebuild their livelihoods such as tailoring, shoemaking and bed making etc. contributed to their ways of coping. One elderly woman who is a widow expressed her appreciation that she can go to the centre and talk to others. She lost all her immediate family and lives with a relative. She said her life was good before she came to the camp. She had a house with plenty of food and animals. But all of this was destroyed.

## Intersectoral collaboration/Coordination with other actors

- 26) There is a potential for inter-sectoral and interagency linkages. For example, there is a strong potential to design and combine activities using the community centres and utilising knowledge, skills and resources of staff from protection, education and health sectors.

<sup>101</sup>

DERO commented that the argument for community volunteers overlooks the fact that these volunteers are paid by the programme. It might be discussed whether this policy necessarily needs to be applied for all forms of volunteer work.

- 27) There is a case referral system for victims of rape and sexual violence. A Gender Based Violence Committee has been established with the focal point in Nyala represented by the DERO Health programme Manager and coordinated by the Ministry of Health with UN and INGO support.
- 28) There are international NGOs in Zalingei and Garsila that are currently supporting IGA's vocational training for women and youth. These activities are closely related to the social reintegration activities in the community centres. These are Intersos in Garsila, Mercy Corps and IRC, DRC in Zalingei.
- 29) As more community groups are requesting the psycho-social teams to provide training in a variety of income generating activities and vocational skills training, the need for intersectoral collaboration will be necessary. For example, women groups who are currently coming to the community centres to make *birish* mats can sell these mats to the NFI sector of DERO for use in the distribution of shelter materials.

**(116) To improve planning, assessment and coordination tasks, P/S field staff should actively participate in interagency and inter-sectoral meetings.**

### **Connectedness / future orientation**

- 30) Psychosocial activities and strategies emphasise skills and technology transfer, and community-based approaches. This is *consistent* with making a transition from emergency to medium to long-term recovery.

- (117) Future programme and funding strategies must be tailored to the medium and long-term nature of psychosocial activities.**
- (118) The gradual shift to a transition phase requires DERO to be flexible and adaptive in programming. Monitoring and assessment tooled will need to be tailored to adapt to the changing needs of the IDPs. Programme field and management staff should include these assessment and monitoring tools in their future strategy plans, operational work plans and budgets.
- (119) Changing and adapting P/S activities in this transition phase requires capacity building and training of DERO programme field staff e.g. skills training in programme management, marketing, and quality control of IGAs.**
- (120) The psychosocial services provide a dualistic approach in addressing the needs of the IDPs. The activities are planned to address the physical and mental hardship of the IDPs and more so than the other sectors try to meet both short-term and long-term needs. This should raise the important status of this sector, which is perceived by many of the staff as a “soft” sector.**

## 4.8. Non-Food Items / Shelter

### 4.8.1. Introduction

- 1) In initial discussions with UN OCHA and other agencies, the DERO Programme decided to focus its activities in South and West Darfur, working with displaced people in camps and those dispersed in the bush or within host communities. The initial target population was 500,000 beneficiaries (approximately 83,333 households) made up of IDPs in camps and with pre-existing communities affected by the current conflict and movement of IDPs. A priority was those people who are living in the bush, either in small groups or isolated households and individuals. DERO's project sites were identified and selected in collaboration with local partners, the UN, the GoS's Humanitarian Aid Commission (HAC) and other agencies. It has targeted areas where fewer and in some cases no other NGOs are operational. This has provided a major logistical challenge as the basic infrastructure needed to sustain work teams, their supplies and their own material needs in remote and inaccessible areas and must be developed in order for the staff and programme to operate safely and effectively for extended periods of time. The decision to follow this route was based on the existence of high levels of needs in these areas and on the scarcity of other resources and agencies available to meet those needs. The NFI distribution has initially been based on a strategy of blanket distribution to whole communities as all the people in South and West Darfur are vulnerable and in need.

In the case of DERO there was strong pressure from the various donors to produce visible results quickly. The NFI/Shelter sector is a relief-based activity and the focus during the start-up phase was largely on this sector. With large-scale relief-based activities, quick and informed decisions are needed. In addition detailed forward planning is also necessary to mobilise and manage human resources, technical and logistic support, procurement and facilities over a set period of time (for example, the pre-positioning of stock before onset of seasonal rains).

- 2) The objective of the shelter component is to provide family shelters (materials, construction and plastic sheeting for the roof) to vulnerable IDP households. SUDO, SCC and Sudanaid are responsible for the construction of shelters in IDP locations.<sup>102</sup> The NFI/Shelter staff have provided complete shelters including construction activities to 3,000 of the most vulnerable IDPs and plastic sheeting to another 85,000 households.
- 3) The objective of the NFI distribution is to provide adequate sleeping materials (mosquito nets, blankets, mats) and essential kitchen utensils, soap and jerry cans to ensure that the target of 65,000 households (approximately 325,000 individuals according to the revised appeal of May 2005) will be able to sleep, cook and eat.

### Development of the sector /historical timeline

- 4) In the early stage the Non-Food Items & Shelter Sector had problems because no budget was allocated to it in the SOA, so planning and prioritising expenditure was difficult. The original plan to use the UNJLC logistics pipeline did not eventuate. Alternative arrangements for logistics pipeline and supply chain management had to be developed.<sup>103</sup> By December 2004, 35% of the overall distribution target of NFIs was distributed, and by March 2005 still only 40% had been achieved. This was mainly due to delays in the arrival of commodities transported by the

<sup>102</sup> DERO Monthly Report, 08/2005.

<sup>103</sup> DERO Quarterly Narrative Progress Report, 01.11.-31.12.2004. Darfur covers an extensive geographical area one and a half times the size of Germany with remote and harsh physical terrain.



sea/land route, which proved particularly problematic. In addition, the NFI Programme has been more affected than other sectors by restrictions on access to particular areas as a result of insecurity. By June 2005 a record number of families were reached by the NFI distributions and “new” NFI packages with an increased number of items such as more plastic sheets were introduced.

- 5) Seen with hindsight, the programme was able to overcome major initial problems, such as the lack of trucks, delays with issue of travel permits for road transport, security incidents on the road network (Nyala to Zalingei) and a poorly organised registration process (Labado camp)<sup>104</sup>. By August 2005 almost 50% of the targeted 3,000 shelters were constructed and 1,700 had been constructed prior to the May Appeal.<sup>105</sup> Good coverage was achieved.

#### **4.8.2. The working of the NFI/shelter sector**

##### **Preconditions for NFI distribution:**

- 6) Needs assessment: Before NFI distribution, comprehensive needs assessments are undertaken. The NFI staff (ACT/Caritas and partners) all work through community leaders and committees to agree on the criteria by which people are identified for material provision and to establish mechanisms to achieve identification and delivery both effectively and fairly. All those identified for distribution are registered and issued with distribution cards. Throughout these processes the NFI staff work to maximise the level of community participation, openness and transparency to ensure that no significant tensions are created by decisions, which are reached. Protection staff also advises on issues of security, protection and fairness in relation to targeting, registration and delivery of supplies. Community leaders and committees are involved in the resolution of disputes and tensions that inevitably arise as part of such a process.
- 7) Procurement: Where purchase is required the NFI personnel have followed standard ACT procurement procedures including: issuing a public notice and obtaining at least four quotations for contracts greater than US\$ 5,000. Materials have been bought locally where possible (Darfur, Khartoum). Other procurement guidelines are applied where specific donors (e.g. ECHO) make these a requirement of funding.
- 8) Logistics: The sheer scale of the NFI/Shelter sector and the volume of material inputs being provided have required the establishment of three warehouse facilities in Nyala (one for medical supplies, and two for Nutrition, Water and NFIs) with smaller warehouse / storage facilities in Zalingei and Kubum. This allows materials to be stored as close to the point of delivery as possible. Initial supplies were brought in by air and this continues to be the most secure and effective way of delivering some materials (e.g. some medical supplies and other urgent items). A surface route supply chain (sea and road) has since been established and takes an average of two to three months from order to delivery in Nyala. Road transport (from Port Sudan and Khartoum to Nyala and from Nyala to Zalingei and other points) is expensive and subject to security constraints. The DERO programme currently operates four 7.5 tonne trucks to facilitate distribution, construction and material supplies for the various strands of the programme. In addition, it is necessary to hire commercial trucking to transport bulk supplies to the warehouses. To avoid jeopardising the security of people in camps and villages, materials are taken to the distribution points on the day they are to be given out. The NFI staff keep detailed records of all items distributed or used in the course of their work.

<sup>104</sup> DERO Quarterly Narrative Progress Report, 01.01.-31.03.2005.

<sup>105</sup> DERO Monthly Report, 08/2005

- 9) Except for the Kubum area, where ACT/Caritas implemented distribution, the partners SUDO and SCC have undertaken all NFI assessment and distribution to the beneficiaries from the beginning. This includes registration, consulting the camp management, meeting with sheikhs, transportation, warehousing and the actual distribution process.

### **Monitoring and evaluation**

- 10) Where possible, post-distribution evaluation is undertaken of the NFI and plastic sheet distribution to ensure that the right beneficiaries have been reached and to draw lessons for future distributions. Monitoring and evaluation is subject to uncertain security, as well as to geographical and climatic conditions.

### **Structure of staff / Human resource management**

- 11) In the NFI/Shelter sector, the majority of staff are local “volunteers” who are only employed when distribution takes place. There is a small cadre of permanent ACT/Caritas staff. The post of NFI manager was vacant from mid April to August 2005. There have been repeated staff changes during this time. A stopgap approach is not always efficient, as staff need a period for familiarisation when moving to a different job. The ACT/Caritas personnel have also been undertaking work concurrently in logistics and administration making priority setting more difficult.

### **Cost effectiveness**

- 12) While the NFI had the largest budget of all sectors (> \$5.6 m, 16.07% of the total budget), adequate funding enabled timely response to requests and wide distribution of a comprehensive NFI package.<sup>106</sup>

### **4.8.3. Assessment of activities, challenges and recommendations**

- 13) After the slow start described above, and in spite of operational constraints, the NFI distribution performed appears as a sheer “miracle” and is indeed one of the biggest and most comprehensive programmes in Darfur. The DERO NFI sector has been very *effective* in reaching large numbers of beneficiaries in a *timely* manner and with extensive geographical *coverage* of households, even in remote locations and isolated communities. In the period between August 2004 and August 2005, 82,844 households received NFIs once or multiple times. Distributing close to \$2 million worth of material supplies<sup>107</sup> with only a few problems and delays of distribution in so many different locations has been an impressive result

### **Coherence with national and international standards**

- 14) Material items distributed to the target communities were comprehensive and in accordance with the SPHERE Humanitarian Charter standards for NFIs.

(121) Pending budget constraints in year 2006 require thorough analysis to determine a reduced number of the target group of NFI assistance. It is strongly recommended that the quality and standards of material assistance should be maintained in accordance to the Sphere Standards.

<sup>106</sup> DERO, AFSD46/SOA26/2004 (28/4/05/2005)

<sup>107</sup> *ibid.*

## Planning, needs assessment, and targeting

- 15) The needs assessment, targeting and planning of NFI/Shelter distribution involved interagency and intersectoral collaboration and coordination amongst the key players. There are ACT/Caritas (NCA Logistics Unit, Nyala/field office Logistics staff, and NFI/Shelter programme staff), SUDO, SCC and Sudanaid staff, UNJLC and HAC. The DERO personnel are experienced in logistics, and supply chain management and procedures and have the technical knowledge to undertake the necessary tasks of planning, assessment and targeting. Assessments were also undertaken with the participation and consultation of the community by working mostly with community committees of community leaders and Sheikhs.
- 16) Especially at the beginning of the emergency in Darfur distributions of Non-food items and shelter were highly *relevant* as they provided for the immediate survival needs of the IDPs (to eat, to sleep and to wash and to cook). All the IDPs were in need of these essential items and DERO programme provided these items to large numbers of the IDPs within an extensive geographical area. The beneficiaries included non-IDPs (people from host communities, nomads and Arabs) living in isolated and remote areas. The target group was therefore not only the IDPs, but the extremely vulnerable living in a conflict affected area.
- 17) As the level of funding support for this relatively large budget sector will be reduced, the focus on exit strategies, improved targeting, forward planning and “an emergency fund” within the annual budget will be a priority. Increased coordination and collaboration with agencies working in similar locations should be increased.

(122) Staff (ACT/Caritas network and national partners) should undertake joint regular and comprehensive planning and assessment of community needs/risk and vulnerability status for future work plans and budgets. Furthermore, the largely “volunteer staff” should gain knowledge in assessment/ evaluation tools to improve data collection and information management systems. There needs to be greater interconnectedness of the NFI/Shelter database (programme, procurement, supplies, and finances) with the other key sectors of DERO.

**(123) The beneficiary survey revealed that the average total number of household members is 7.24 and thus does not correspond to the figure given by the UN, which is 5 household members and has formed the basis of planning so far<sup>108</sup>. Planning of NFI /shelter packages should reconsider its planning basis accordingly**

- 18) In some camps the space between the shelters is too small to allow any privacy, to plant something or to be used as playground for children. In addition, the design of the camp is very artificial as shelters are arranged in long rows without any common area or centre.

**(124) It is recommended that shelter arrangements be planned better with consideration of the quality of living of the inhabitants and in closer cooperation with the camp management.**

## Specific aspects of the programme

### Registration

- 19) Registration seems to be a problem. People complained about not being registered as a beneficiary. Two methods have been applied so far:
- 20) First, people have to assemble outside the camp. This included some problems.

<sup>108</sup> DERO Monthly Report, 08/2005

- Persons were not counted if they were not in the camp that day.
- Because of physical weakness, not everyone could go. Therefore sometimes the most vulnerable are not registered, e.g. old women, women without husband but children, invalids.
- The registration was held only during a limited time. If people came too late, they weren't registered.
- The list was not up to date. New households form because of marriages and new arrivals (e.g. people who come from other camps to join their families).
- The replacement of cards is not easy if they are lost or broken.

21) Secondly, the sheikhs have to write lists. The problems here are:

- Either the sheikhs or someone from the organisation can manipulate the lists.
- The transcription of the names from Arabic to English causes changes, so names are mixed up and lost.

(125) Registration procedures received much criticism and complaints. Host communities and nomads have repeatedly raised their concern about being left out of the assistance provided by the NGOs. **DERO staff should strongly urge that the current registration procedure be reviewed by all responsible parties HAC, WFP, OCHA, INGOs etc.** Alternative procedures and techniques for registration of beneficiaries could be considered. An alternative method could be counting households directly with regular updates.

#### Usage, quality and choice of items

- 22) The results of the beneficiary study showed that there was a very high usage rate (over 90%) of the NFIs and that the beneficiaries felt that the quality of the items in general was fairly good. However, IDPs commented on the poor quality of mosquito nets, plastic containers and inappropriate cooking pots. Although people didn't always give the reason for their criticism, because they wanted to be polite, it can be assumed that the NFI/shelter items they received were in many cases of low quality.
- 23) A major concern for the DERO staff is what happens to these cooking pots or other inappropriate items, whether they are still used or sold in the market in order to earn money to purchase other basic food items. The relevant question would be: are there urgent needs that remain uncovered?

- (126) Therefore the specific choice of NFIs needs to be reassessed with participatory methods (e.g. action research) to meet the needs (and habits) of the beneficiaries.
- (127) More attention should be given to the quality and appropriateness of NFIs provided to the IDPs, host communities and nomads.
- (128) It is recommended that provision be made for one piece of clothing for women in the DERO NFI package in view of the modest dress custom and protection needs of the large numbers of women who are victims of gender based violence in Darfur.

#### **Community participation**

- 24) Community leaders and volunteers are directly involved in the NFI distribution process. All items distributed are recorded in terms of recipient, amount and location.

- (129) If distribution is managed by members of the community themselves this has the potential to support overcoming traumatic stress disorders because it gives the person a feeling of being part of a larger whole. Close cooperation with the psycho-social programme is therefore recommended.

### Monitoring and evaluation

- (130) It is recommended to develop a monitoring and reporting system on security (limited UN and AU presence), seasonal climatic variations, road conditions, and supply routes.
- (131) As one example of capacity building by DERO staff and national partners, it is recommended that focus be given to streamlining the logistics pipeline and programme wide supply chain management with increased and regular communication and information flows, counterpart on-the-job training amongst NFI/logistics field/HQ staff and the NFI/logistics officers of the national partners. (The logistics pipeline refers to the distribution system, quality of delivery, registration, storage, transportation, staffing etc.).

### Documentation and reporting

- 25) Except for the e-mail traffic, there is no integrated communication system between Nyala, the field office and Khartoum to give access to a range of data, statistics, situation reports and forms. This would definitely boost the programming and planning capacity of the staff. The NFI/Shelter programme prepares monthly and quarterly narrative reports, which are instructive. The data and reports compiled from the NFI/Shelter need to be interconnected with the other DERO programme sectors and support functions.

### Intersector collaboration and cooperation with other actors

- 26) The programme staff engaged the national partners in areas where they had existing operational capacity to facilitate the registration and distribution process. The NCA Logistics Support Unit in Oslo provided valuable technical and management support to the programme field staff. In the beginning, the personnel and resources of NCA Logistics Support Unit together with experienced programme staff with management capacity who knew how to work with local partners were key to success.

- (132) It is recommended that more efforts be made to increase coordination and participation (including national partners) in inter-sectoral meetings and interagency co-ordination meetings to assist with identifying those at most risk and in need of NFI assistance especially in view of recurring emergencies.
- (133) Regular inter-sectoral and interagency planning and analysis should be undertaken especially with priority setting and division of labour for the return process. This requires comprehensive assessment and planning of beneficiary needs to develop a future work plan and budget for the proposed "returnee packages" and support for rebuilding livelihoods in destroyed villages.
- (134) There should be more inter-sectoral analysis in NFI programming to maximise benefits of the NFI/ shelter package. The NFI sector should increase participation in interagency meetings and UNJLC meetings to assist with programme planning and analysis, priority-setting, division of labour etc.



### Connectedness / future orientation

- 27) The transition (acute emergency to recovery) phase and proposed return process requires greater focus on capacity building, coordination and improved communication with national partners and programme field staff. The ACT/Caritas international staff are suitably qualified to undertake the technical and management tasks, but the national staff require more training in these technical aspects of the NFI/Shelter activities. This includes information management on logistics, procurement, financial reporting and assessment/evaluation tools. Training/workshops and counterpart on-the-job-training for this technical and management skills transfer should be a priority.
- 28) The distribution of NFIs is primarily an essential part of an emergency response and not a medium to long-term activity. DERO has demonstrated the capacity to respond effectively with its NFI/Shelter distribution. This learning curve will facilitate future responses such as the proposed programme of voluntary return of the IDPs.

In the shift to a transition phase and planning for “return” process, strategic focus should be on capacity building and training of national partners in SPHERE Standards, planning, assessment, logistics, procurement, management and reporting of programme activities.



**Plastic covered shelters behind a school**

## 5. EVALUATION OF PARTNERSHIP

'Partnership reflects a desire to move from services within fragmented silos to an integrated multi-sector and multi-professional approach, which will deliver improvements in outcomes'<sup>109</sup>.

*'If you don't trust partners you cannot achieve anything'* (DERO staff member)

### 5.1. Partnership between ACT/Caritas donor organisations and DERO

#### 5.1.1. Introduction

- 1) In October 2003 initial contacts between CAFOD (Sudan PO) and the Bishop of EL Obeid were made. Two months later, NCA, SUDO and SCC undertook a joint assessment in Darfur, which led to the first ACT appeal in March 2004. The three organisations started to work with the intention of filling a gap, because at that time there were hardly other NGOs than MSF-H, Oxfam and SC-UK present in Darfur. Catholic leaders in Sudan then criticised a separate Catholic response and recommended collaboration with SCC/NCA to create an ecumenical response. After April 2004 the NCA/SCC/SUDO management started discussions with Sudanaid in order to receive further support for an expansion of the programme. In May, an ACT/CAT (Capacity Assessment Survey/Team) was conducted and it was concluded that the partners did not have the capacity to enlarge the operation to the necessary scale. Therefore, close cooperation with local partners and an additional operational unit were recommended to fill the gap between the partners' contribution and the needs that the ACT network intended to cover. At the beginning of June 2004 a first ISC meeting (teleconference) was held. Shortly later, during a meeting in Geneva, ACT International and Caritas Internationalis decided to fund a joint emergency response in Darfur. A new joint appeal was launched on 25<sup>th</sup> of June 2004.<sup>110</sup> At this time the decision was made that CAFOD should be the lead agency for the Caritas Network and NCA for the ACT Alliance. A manager and water specialist was sent to the programme. The collaboration with local partners was somehow neglected from the beginning. At the same time, there was a constant urge from UN to get expatriates in – by using the slogan "protection by presence".
- 2) Within Sudan the DERO is being implemented under the legal auspices of NCA, which carries the management responsibility of the DERO operation. Until now, the joint ACT/Caritas expert team has been placed within the NCA Sudan management structure. In the last set up, responsibility for management has been delegated from the NCA Board to the Board of DERO.
- 3) Using their local resources and experiences, SCC and SUDO were the partners closely involved in developing the first appeal together with NCA<sup>111</sup>. In the revision of the second appeal all three local partner organisations (SCC, SUDO and Sudanaid) actively participated. It has been approved in May 2005 and is currently funded by about 60 different donors worldwide.

<sup>109</sup> Cited from: Atkinson M. (2005). The Development of an Evaluation Framework for Partnership Working. [www.ejbrm.com](http://www.ejbrm.com)

<sup>110</sup> Timeline of the ACT/Caritas DERO Programme, February 2005

<sup>111</sup> ACT/Caritas DERO Programme, Updated Appeal, November 2004.

### **5.1.2. Achievements, challenges and recommendations**

#### **Shared values**

- 4) Among the shared values that donor members expressed were their Christian faith, the humanitarian imperative to alleviate suffering and poverty of people regardless of race, sex and religion, and a rights-based approach. Some donors also pointed out that the willingness to support capacity building for local partners should be a shared value.
- 5) Nevertheless, it was also mentioned that the donors have slightly different agendas and constituencies, and that different understandings and perceptions had to be brought together during the initial communication process. One donor commented that despite a core value of working together there has not always been enough openness to address critical issues. An important aspect pointed out by at least one donor was that different opinions and perspectives don't necessarily have to do with (ecumenical) differences between ACT and CARITAS.<sup>112</sup> Different characteristics of the donors are perceived both as a potential strength and, at times, as a major challenge to collaboration and partnership. History, goals and objectives of the donor organisations, size and organisational capacities, experiences in emergency programmes, public relation and fund-raising activities, and last but not least, the concepts of participation and partnership may vary greatly.

#### **Donors' estimation of strengths of the programme**

- 6) When donors were asked about their perception of the strengths of the DERO operation they referred to the issues of size of the operation, its broad funding base (with partially flexible funds) and the jointness of the ecumenical operation.
  - The operation brings together different organisations with different expertise. "The areas of strength of our organisations are the strengths of the programme". The estimation of the joint achievements of such a big consortium under such difficult circumstances as the Darfur conflict came out very clearly.
  - Referring to the multi-sector approach some voices also praised the holistic nature of the programme and the involvement of local partners in an emergency operation.
  - The jointness of the operation and mutual understanding avoided the overlaps and duplication that may arise when the same local partners receive funds through bilateral cooperation. Although a few ACT/Caritas members are funding DERO local partners directly and in parallel, the joint operation was perceived as more efficient and effective.
  - Although there is a strong history of ecumenical operation in Sudan, neither ACT nor Caritas have worked in Darfur nor have they worked jointly for the benefit of a vulnerable population that is overwhelmingly Muslim. In this sense more than one donor found that DERO is a pioneering example for ecumenical operations in other countries. "The value of an ecumenical response is not measurable in a world where religions are manifold and more in competition if not in conflict".
  - The international nature of the team on the ground was perceived as a major strength.

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<sup>112</sup> Consider, however, the following statement: "As a Caritas member we deal mainly with the Catholic Church and we feel that, at the beginning the Sudanese Catholic Church has been left out from the major decisions, like, from my point of view, the other local partners. This has improved but it has created a problem of ownership of the Programme that I think is still there."

- DERO has a large funding base for mobilisation of resources and at least some flexibility of funding (not all funds are earmarked)
- The consortium by force of numbers has a higher profile and hence may be able to exercise greater influence.
- In a large consortium it is theoretically easier to identify and recruit suitable staff.

## **Roles, functions and responsibilities of different partners**

### NCA and CAFOD as lead agencies

- 7) Internationally, NCA and CAFOD are acting as DERO's lead (liaison) agencies for the ACT Alliance and the Caritas Network respectively, with other member agencies contributing with staff and/or resources to the joint response. In Sudan the DERO is implemented under the legal auspices and management responsibility of NCA as implementing agency, working together with three local partners.
- 8) The role of CAFOD as stated in the MoU is that the CAFOD Emergencies Section, through regular discussions with the Darfur Emergency Manager (DERO Director), coordinates the recruitment of all international personnel. CAFOD's role is to ensure that the ISC and NCA Oslo are regularly kept informed of all staffing issues. Following the MoU, the NCA Resident Representative, Darfur Emergency Manager and CAFOD Emergencies Section appointed new staff. All emergency personnel fall under NCA Sudan line management, also legally responsible for all staff while in Sudan. Staff contracts are either held by the seconding ACT/Caritas agency or directly by NCA or CAFOD. The role of NCA stated in the MOU is to establish the ACT / Caritas programme and management structures, especially within the geographical areas and sectors, and to be responsible for procurement, logistics support, and funding arrangements.
- 9) Other organisational and management tasks not specifically allocated to the lead agencies were a "grey" area. There was no common understanding amongst all partners as to which tasks should or should not be the responsibility of the respective lead agencies. Speaking for a group of other colleagues, one representative of the lead agencies commented that, although it had officially been clear that CAFOD held the responsibility for recruitment and NCA the responsibility for Finance and Logistics, there had been a large number of different people making decisions at different levels. Staff was unclear about whom to contact for which decision, thus feeling helpless or contacting the people they happened to know.
- 10) CAFOD took the responsibility for the recruitment process but extended its responsibility with regard to the contracting of newly recruited staff. This blurred the lines of responsibility between CAFOD and NCA and strained the communication process. The insufficiently transparent hiring process and the high turnover of international staff has been a concern for all donors. There were major complaints that the personnel offered by partner organisations were rejected without further explanation and that criteria for recruitment were not shared with donor partners. Several opportunities to identify and combine valuable resources, capacities and areas of expertise within the network members were missed. Rosters of experienced emergency staff of donor organisations have not been sufficiently utilised.<sup>113</sup> Staff recruitment, staff care and retention of international staff have been serious weaknesses of the programme (see human resource development). Very recently, staff care has been addressed by the recruitment of a personnel

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<sup>113</sup> CAFOD objected that there are few rosters available and that they have consulted the existing ones like the NCA/CRS/LWF/RedR roster many times.

manager placed in Nyala and meanwhile several requests for extension of contracts have been made.

- 11) Although the two lead agencies (CAFOD and NCA) initially overestimated each other's competencies – they have gradually learned to see each other's competencies and needs and seem to have come to terms with each other.

#### **Initial problems of finding one's role**

*We had to do something during the initial phase of the crisis. We knew that NCA had been working in Sudan for a long time and we had never worked with the ACT network before. The process was not easy as we had to scale up and work with appropriate partners at the time. We did not have experience as an operational agency in complex emergency. We mostly work through funding project by local partners. We would have liked to work together with other partners such as CRS at the beginning because of their experience and capacity in emergency settings. (voice from CAFOD)*

*As lead agencies much of the day-to-day organisation was taken over by us. At the beginning, there was even not enough communication and understanding of roles and responsibilities between the lead agencies. We only met each other several months after we had started. There had been no personal communication before. When we finally met, there was the right mix of people coming together, who made things work better. Donors have to learn, not to overestimate each other's capacities. There was a mismatch between expectations and the operational and management capacity. Also the other donors expected too much. We thought CAFOD would be very good at recruitment. They are more the middle of Europe than us, having more access to personnel resources. CAFOD thought we would be very good at logistics since we had been in Sudan for such a long time. However, we had never done an operation of that scale. Also, we had been working there through local partners. Now we had to lead a huge international consortium of 60 other agencies. It was completely beyond the scale of what we had had before. (a voice from NCA)*

#### **The International Steering Committee ISC**

- 12) The main responsibilities according to the MoU of the ISC involve:
  - i) Being a forum for discussion and liaison between senior representatives of the ACT and Caritas organisations, and monitoring the effectiveness of the ecumenical collaboration.
  - ii) Ensuring the tracking of funding and regular reporting on raised funds and expenditures of the programme to donors.
  - iii) Ensuring good coordination, planning, implementation, and management of the programme.
  - iv) Giving inputs and advice for appeals issued within ACT and Caritas.
  - v) Coordinating the flow of information from the field situation in Darfur, and making it available to both networks. Issuing common statements, as required.
  - vi) Requesting human and other resources needed from the two networks in accordance with the needs expressed by the National Coordination Group (NCG) or the management of DERO.
  - vii) Advising the management of DERO as required and requested, and taking appropriate decisions.



- 13) The MoU contained confusing statements with respect to the management role and responsibilities between ISC, NCA and CAFOD. Even though the ISC had a meeting once a month, the donor partners did not feel that they were sufficiently informed about the decisions and strategic direction. ISC had been set up to deal with policy and to provide executive oversight and strategic direction. Nevertheless, day-to-day management and decisions were largely made by NCA and CAFOD. Some donors expressed a need for a Management Board and the ISC as an external board.
- 14) A new ISC structure<sup>114</sup> was subsequently proposed and the first meeting of the new DERO Board took place in October 2005. The recent decision to extend the board was felt to be very important because it allows more participation (13 members of different ACT/Caritas organisations) in decision-making processes and thus improves ownership.
- 15) Some donor partners do not yet have a clear understanding of the role and responsibilities of the newly extended Emergency Response Board though and would like to be better informed. Different opinions existed as to whether or not SUDO, which is not a genuine church member of the ACT/Caritas network, should become a member of the new board.

*"The ISC was not taking enough control of what was coming from the field. The ISC members were working out their role as they went along".*

**(135) As several donor members have a vague understanding of the role and responsibilities of the newly extended board, clarification and communication about the structure and process should be undertaken, for example, what decisions should be the responsibility of the new board and what decisions should be the responsibilities of the lead agencies?** Agreement should be sought within member networks whether national partners without church affiliation can be present on the Board

#### The role of donors

- 16) There is no official agreement as to the role of donors so this chapter will give an impression of different donor perspectives.
- 17) Within the lead agencies, different opinions were expressed. There was a voice saying that the smaller donors should also be represented to acknowledge their contribution. The smaller donors themselves basically expressed that it was fine to have the lead agencies as a vehicle for channelling their funds in support of the people in Darfur.
- 18) Some larger donors faced some frustration in the past: "basically we were asked to pay and to keep quiet."
- 19) Some donors presented CVs for staff and enabled people to work in DERO. Others attempted to recruit personnel in their country without success, because other emergencies had made them unavailable.
- 20) Some smaller donors also see their role in doing advocacy work for Darfur and visited the programme with regard to this purpose specifically. A member of one of the lead agencies emphasised that there is need for moral support of the small donors.

<sup>114</sup> One CAFOD member proposed that there should be a Management Board and the ISC as an external board.

(136) It is recommended that DERO analyses the wealth of experience and capacity that exist in the network and uses it more efficiently than in the past. **Even if partners are small or contribute less financially, they may have specific technical expertise relevant for the successful implementation of the programme.** For example, some donors may already have profound experiences through their support of national NGOs (like Trocaire/Caritas Ireland with its particular experience in peace and justice, development of civil society) or cooperation with academic institutions.

#### Difficulties of the start up phase

- 21) Other than the MoU that was approved in August 2004 and the financial management agreements (September 2004) there were no official agreements made between the two lead agencies.
- 22) CAFOD staff interviewed indicated that it had been difficult to develop a mutual understanding between the lead agencies. The directors of NCA and CAFOD met for the first time in September 2004 when the operation had already started.
- 23) Nominating two lead agencies for organisation and management of the DERO is a viable plan. However, network wide acceptance and agreement on the modalities have not yet been fully secured for this structure. This may have to do with the fact that compared to the magnitude of the DERO operation the degree of participation in planning was minimal.
- 24) Management and staffing were the two weak issues in the first phase of the operation in Sudan. Political commitment and strong leadership at senior management and executive levels were lacking. The ACT/Caritas networks initially faced the need to make quick decisions and therefore relied on their own internal expertise. Donor members, national partners and other stakeholders were not sufficiently involved in the preparation phase, and thus a sense of ownership of the programme could not develop from the beginning. Some donors made statements like "Initially, our opinions were totally neglected", or "there were too many headquarters, too many closed doors".
- 25) With regard to staffing, too many expatriates were recruited before the programme had actually started. This led to the practice of freelance staff developing and implementing their own decisions. A lot of recruitment has been done without securing management support. In the lower middle level field in particular there was a lack of people to lead the staff.
- 26) The lead agencies mentioned chaotic and strained relationships with different donors, their unclear role and unsatisfactory level of involvement and the overall poor communication channels. At the same time 'nobody was taking a lead'.
- 27) Initially, transparency was lacking and problems related with the programme were not openly discussed. However, it was felt that later on critical issues were more and more addressed and lessons were learnt from initial difficulties.

*At the beginning I think one looks mainly at the needs on the ground but not at the capacity (organisation, structure, personnel) of the two networks: the programme was too big with the aim to do things quickly without considering that we are a network, not an organisation on his own. So we didn't have staff already available and procedures already set up for big emergency interventions. Probably there was also pressure from the different agencies with a large amount of money available; money alone is not enough to run a programme. (donor representative)*

#### Improvement since the beginning

- 28) Since its inception, the program has gone through extensive learning experiences and the lead agencies were able to overcome their initial cleavages. Most donors interviewed felt that the

partnership had strongly improved among them, although for some of them it has been a painful process.

- 29) All donors agreed that there was a significant shift in performance and quality of the programme in the beginning of 2005 when management capacity improved. There has been a more co-ordinated effort of the staff to set clear objectives and a clear time frame for activities.
- 30) Coordination and management for Darfur had been located in Khartoum for too long. Compared to the magnitude of the DERO operations, the degree of participation of local partners in planning was minimal. Greater focus has now been laid on their involvement and capacity building.
- 31) Several donor members viewed the Learning Review process as a positive contribution particularly for programme management aspects (e.g. improving the overall DERO planning and reporting system). Specific other aspects of improvement will be dealt with in the following chapters.

### **Coordination between DERO and donors**

- 32) The involvement of 40 major donors (almost 60 donors) requires a good level of donors' liaison and reporting. NCA and CAFOD as leading agencies are in regular contact with ACT and Caritas agencies including bi-lateral discussions, teleconferences and meetings. To further ensure good coordination and communication, DERO established a Donor Liaison Team, headed by the Darfur Donor Liaison Manager based in Nyala. The team helped with the development of detailed sector budgets, has introduced financial tracking between offices in Nyala and Khartoum and monthly reporting schedules as well as preparing donor concept papers. The support functions of logistics, administration and finance collaborate closely with programmes and other stakeholders to ensure that programme sectors are assisted in a timely manner.
- 33) The challenge is to maintain strong lines of co-ordination and communication between all major participants involved in this programme to ensure that ACT and Caritas agencies are working towards a common purpose and to avoid misunderstandings. The feedback of donors interviewed with regard to the quality of co-ordination is summarised below:

#### **Co-ordination during start up of operations**

- 34) During the start-up phase of DERO, poor communication and inadequate consultation between lead agencies and other donors contributed to misunderstandings and strained relations. Regular communication as well as joint planning and assessments were widely lacking. A few donors criticised overall management of the programme especially with regard to financial administration and availability of knowledgeable personnel for timely response to 'to the point' questions.
- 35) Initially, the involvement of donor partners was minimal with little consultation and participation in decisions on DERO, except for few specific meetings at HQ or at international level. A competitive atmosphere rather than a complementary one was characteristic for the period. Decision-making was a complicated procedure, leading to unnecessary delays. This hampered especially the timely recruitment and contracting of qualified international staff for the operation. Co-operation was mainly a bilateral process of certain organisations. Although the working relationship between lead agencies and partners has gradually improved, management is still considered by some as being partly ad hoc without long-term strategic orientations. The co-ordination process between NCA and CAFOD has not been set up properly. For future management it would be advantageous to set up a management unit/group.

- 36) Smaller donors were aware of co-ordination difficulties in the early stages. However, it impacted less on them. During the first 4-5 months there was in principle a wide commitment for the operation, but in reality (e.g. the recruitment process) this was not supported by the ACT alliance. Thus the majority of recruited personnel came from the Caritas network. The active contribution of members of the network should have been clearly encouraged and appreciated. Some members wanted to support recruitment initiatives but their candidates were rejected for unknown reasons. There was not enough clarity about roles in HR recruitment and management, as well as about vacancies among member agencies. Within CAFOD the recruitment responsibility was in the emergency unit, lacking experience with contracting international staff. CAFOD does not have an emergency-standby roster/register of staff but is now looking at setting up a small roster of standby personnel (max. of 30 persons). The preparation and equipping of recruited staff for the field operation was inadequate, which led to confusion, frustration and de-motivation.
- 37) Initially the management style was hierarchical, which may be necessary during the set up of an emergency response operation. But it should be replaced by a less authoritarian style, with empowerment of middle level field management as soon as an operation is settled.

### **Feedback form DERO staff on the start up phase**

It was felt that major donors were very critical rather than supportive. Demands were made where there was no capacity to deliver. Sometimes programme staff felt “abandoned” by the leadership external to Sudan. Demands for more information were sometimes forced on the programme. Even when the programme rejected requests for visits for good reason, people arrived anyway and were angry when the programme could not properly facilitate the visit. Threats of some organisations to implement funds outside of the programme were disheartening signals to those staff that felt that they were doing their best in very difficult circumstances and their efforts were unsupported by critical donors.

It should be remembered that none of the partners was working in Darfur before the crisis. Therefore, realistic expectations should have been placed on them, especially in terms of providing “local” knowledge at the beginning of the programme.

### **Changes in 2005**

- 38) Moving the programme head office from Khartoum to Nyala was a very important step with regard to efficiency of the operation and closeness to the beneficiaries. Co-ordination and management for Darfur has been too long placed in Khartoum. A new Board organigramme was developed in July 2005 for greater clarity and transparency in co-ordination and decision-making. Content-wise, some donors regarded the new organigramme as being incomplete and still not having a clear line management structure. Process-wise there was a strong feeling that it was changed by the lead agencies without inviting the donors to discuss the modifications. Some donors complained about not having been included in the process. They stressed that it would have been understandable if their contributions and comments to the new structure had not been included for certain reasons. However, it was unacceptable for them that they were consulted.

*I found a good spirit of collaboration between all the organisations involved, of course difficulties and misunderstanding have been there but it is normal when you involve so many actors and I think they haven't created any major problem of the programme.*

Overall the following recommendations were given:

- (137) The ACT/Caritas network needs a cohesive vision shared by all members of the network in order to nurture and catalyse future collaboration and partnership. This future-oriented concept should be built on the experiences of the last 1½ years and respect the expectations of the members. A culture of trust, communication and coordination should be the basis of that collaboration.
- (138) **Co-ordination and co-operation amongst donor partners must be improved especially during the initial assessments and appeal writing.** Organisations carrying the main responsibility have to accept their lead role and in the same time build on the experiences of all partners involved.
- (139) **More efforts should be made to communicate donors' expectations of each other.** If serious communication problems exist at an individual level between staff of two donor organisations, counselling services should be offered at an early stage.

### Flow of information

- 39) One important way of ensuring the information flow between stakeholders is the regular reporting as established in early 2005. DERO provides narrative monthly reports on achievements of the programme by sector addressing the programme personnel in the two networks. More comprehensive narrative and financial reports on DERO activities address programme and financial personnel in the two networks as well as back donors. These are complemented by 'situation reports' on new developments in relation to security and displacement. They address media and communication personnel. In addition, 'stories' are provided for information and fundraising purposes (short media style pieces).
- 40) While in the past, reporting has been more general, the recently developed (July 2005) logical frameworks for the different sectors contain verifiable indicators (oriented along Sphere Standards) and serve as a basis for more detailed reporting, assessment of performance and goal achievement. DERO further reports on earmarked funds from 'back donors'. So far the back donors have been: ECHO (through Danchurchaid, DCA); the German Ministry for Foreign Affairs (through Caritas Germany and Diakonie Emergency Aid); the Austrian Ministry of Foreign Affairs (through Caritas Austria); Swedish SIDA (through the Church of Sweden); DFID (through CAFOD); the UK DEC (Disasters Emergency Committee) (through CAFOD and Christian Aid); the Irish Government (through Trócaire); the Norwegian Ministry of Foreign Affairs (through NCA); the Government of New Zealand (through Caritas New Zealand); the Government of Finland (through Finnchurchaid); the Government of Iceland (through Icelandic Church Aid); 'Nachbar in Not' (through Caritas Austria); and 'Die Glückskette' (through Caritas Switzerland and HEKS).
- 41) Compared to the start up phase of the operation the satisfaction with the reporting system and flow of information has increased greatly. In both the ACT and the Caritas network, the monthly reports on programme and financial status arrive regularly and the quality of reporting is felt to have improved since January 2005. Areas like recruitment and contracting processes as well as the presentation of sector specific results are still challenging. Statistics often remain without analysis and explanation. The future task may be to improve the quality of the collected data and to produce comprehensive and clearly understandable quarterly reports in the first place.
- 42) Another important communication channel is formal and informal direct communication between donors and the DERO director, the programme managers and the donor liaison manager in Nyala. This communication is of particular importance for donors who are supporting specific sector activities (like DCA supporting water and sanitation activities through back-donor funding by ECHO). Informal information is passed in the course of donor visits in Darfur, through



secondment of staff by certain donors (for example, secondment of an expert in psycho-social services by the Church of Sweden for a couple of months) and at donor meetings, the last one in London.

- 43) Interviews with several donors revealed that more qualitative information, interviews, stories from beneficiaries, as well as photos, would be of interest for advocacy and fundraising activities of donors. The DERO website does not really fill the gap. It was suggested to appoint a contact person for clarifications or the provision of more specific or detailed information.<sup>115</sup> This was given high priority, with regard to activities of national partners and the improvement of their overall capacity.
- 44) Further different types of information is now required. A high proportion of organisations interviewed stated that information to plan and develop a strategy for future funding was the urgent priority. They recognised that there would be much less funds available in 2006 and needed information (strategy, plans, ideas) to address the funding issue.
- 45) Regarding information other than the formal reports, it seems that ACT member organisations sometimes receive different information compared to CI members. It was expected that concerning DERO, all members of the network should obtain the same information. Some members of the networks stated that they are not aware about the established flow of information in DERO, but that they are basically satisfied with the information system. Regarding the overall participation and agreement process, it was stated that there is no official system of information flow. Overall, it seems that the small donors interviewed were more satisfied with the information obtained than larger donors. This could be the result of their rather limited financial contributions, the absence of back donors requiring very specific and timely information and general limitations of time to follow up all information (In this respect the need for executive summaries in longer reports was explicitly stressed). Even though the Church of Sweden has back donor funding (SIDA) this special fund has not to be explicitly traced down.

(140) Clear guidelines should be designed for visitors coming to see the DERO programme. To avoid straining the DERO by too many visitors, these guidelines should respond to the following questions: How many visitors can the programme accommodate? What is the need of the visit? What is the benefit of the visit (some visits are not for the direct benefit of the programme itself, but may be for the benefit of accountability to donors and constituencies)?

### Funding and fundraising

- 46) A small number of donors criticised the overall management of the programme especially with regard to financial administration and the availability of knowledgeable personnel for timely response to finance-related questions. Donors and back-donors have different needs, particularly concerning the accountability of where their funds go. DERO had a challenging time providing transparency. Meanwhile financial administration has improved considerably and the necessary information is being provided

**(141) The finance section has to respect donor rules and regulations more carefully even during the beginning of an emergency operation. Improved systems concerning the tracing of money and earmarked funds and safeguarding their use should be installed to enhance overall accountability. Financial accountability procedures and**

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<sup>115</sup> As NCA commented that this kind of information has been available to them through the ACT network, the problem seems to lie primarily in the flux of information rather than its availability.

**financial reporting need to be improved, especially in relation to funding of national partners.**

- 47) Concerning fundraising, there has been too much reliance on private donors. Hopefully more public funding sources can be secured in the near future.

**(142) Fundraising is still very much taking place within the traditional ecumenical forum. Other opportunities for enlarging the financial base have not been sufficiently explored.**

**(143) Beside long-term work plans for programme sustainability, appropriate funding strategies need to be developed. It is recommended to seek additional mechanisms for continuation of funding.** Currently, the programme is largely based on a single appeal and consequently the life of a singular component may depend on the overall appeal. Therefore, it is recommended to develop a funding strategy with a collection of independent appeals and to approach UN-organisations like UNICEF, WFP and FAO for funding of specific sector activities.

**(144)** Funding has to remain flexible and adaptive in the light of a changing environment. The operational flexibility needs to be enhanced through special budgets.

### **Representation of beneficiaries**

- 48) The leading question with regard to the beneficiaries was to what degree their points of view have been represented at donor level. One of the major concerns of the donors was the question of how beneficiaries perceive the services of the DERO operation in relation to their real situation. This related to both the strengths and weaknesses of the services and to the outstanding issue of return. Several donors said they would like to have more insight into the beneficiaries' ideas of staying in the camps or returning to their villages. Some donor representatives were also more specific on how they would like to get informed. One proposed that the beneficiaries' point of view should be an integral part of the reports instead of producing separate forms of documentation. Others would welcome reports that include case studies, stories, interviews and quotes from beneficiaries reflecting their views on the impact of the programme on their lives and their participation and involvement in it. This points to the fact that up to now systematic mechanisms have not yet been introduced to ensure that the voice of the beneficiaries is represented.

**(145) Discuss possible ways of establishing a more continuous feedback from the beneficiaries that informs planning** and allows donors to get more of a "real picture" of people's ideas of their current needs and future visions.

**(146)** For fundraising and advocacy, donors need more qualitative information in the form of case studies, stories, interviews, and photos.

### **Expectations and ideas for the future**

- 49) Most of the representatives of organisations, particularly those who have visited project areas, perceived activities as currently being implemented satisfactorily. Some commented that they observed the IDPs looking less fearful and having a sense of dignity and hope. Many representatives have expressed optimistic expectations that the positive impact of the programmes will be more evident in the near future.

### Would you support such a programme in the future?

- 50) Most people interviewed from the large as well as the smaller donor agencies said that they would support a future ACT/Caritas collaboration in joint programmes. Some donors (e.g. CAFOD and CordAid) stated that they would engage in future collaboration but set some conditions derived from lessons learnt during this first DERO consortium. A specific concern of a series of donors (especially the ones who had supplied funds from ECHO or national backdonors) was that due to its managerial and administrative set up DERO could not fulfil their reporting requirements, which caused a lot of extra work and trouble for them.
- 51) Overall, small and large donors however emphasised that positive results and benefits as well as the valuable learning experience have outweighed the difficulties and obstacles.
- 52) At least one small donor explained that internal priorities of his organisation and the series of emergencies hitting the world at present would make it difficult to raise funds for Darfur next year. His concern was that Darfur would become a “forgotten crisis”.

### What would you like to see happen in the future (vision)?

#### *Structure, management, and general approach*

- 53) The donors want to be part of a community that shares a common goal. In particular, larger donors wanted to be more directly involved in project planning. Generally, high expectations were expressed regarding the new extended board, which could enhance the feeling of ownership. It was also felt by some representatives that donor meetings should take place in Oslo (not only in London) to get a better insight into the NCA activities.
- 54) As mentioned by some donor representatives, the Learning Review process, which started at DERO, should also take place within the ACT/Caritas network to facilitate organisational development on a wider scale.
- 55) While donor representatives perceived the service delivery in Sudan as being generally satisfactory, they felt that the quality of services was rather mechanical in nature. One representative emphasized that programmes need to be more focussed on communities. Collaboration between IDPs and the host communities should be further strengthened.<sup>116</sup>
- 56) Proper situation analysis and needs assessment were seen as priority areas in order to identify key target areas. In this context, an interagency assessment was felt to be useful for facilitating decision-making.
- 57) DERO structures and management should be improved with regard to more realistic planning and more cost-effective interventions. Some donors suggested this could be achieved by reducing the number of sectors. Others made an appeal to develop more cost-recovery mechanisms for specific sectors in order to counteract an ‘aid mentality syndrome’.
- 58) Tackling long term issues like reconciliation between people, safe return to their lands, peaceful and balanced management of the local resources between the groups with different interests (farmers and pastorals), were seen as major future tasks. Moreover, it was mentioned that less funds will be likely to be available for Darfur next year threatening sustainability of activities.

**(147) In case of a comparable emergency, there should be a stand by roster of specialists** – organized jointly by the two networks - that can deal with issues the network cannot deal with appropriately. An experienced team should initially assess the situation and observe the partner capacity aspect to make sure that they are not neglected. The members of the

<sup>116</sup> DERO is already concerned with it.

team should be experienced and ecumenically based people who can assist the local capacity in judging what measures need to be put in place.

- 59) The demands for programme alignment differ significantly among the donors. Not all donor members have been in favour of the wide range of DERO's programme activities and would like to see more concentration on core-sectors in which partners have been successful. In addition, some sector policies have not yet been sufficiently agreed upon. For example, the policy of condom distribution is not a policy supported by all members of the network.
- 60) A representative of one of the leading agencies stressed that a strategic focus of DERO was necessary as DERO is spread out geographically and might be very vulnerable in the case of new emergencies. Impact assessment of the programme and joint long-term planning with each of the partner organisations would set the way forward.

**(148) Joint planning needs to be improved significantly and should be more of a long-term nature.** Simplifying and streamlining organisational structures will help in this respect (see also chapter 7).

#### *Specific expectations of lead agencies*

- 61) More active involvement of other donor agencies was one of the main expectations expressed by lead agencies. In contrast, a few donor organisations felt that their active involvement was often not appreciated and rather perceived as "interference". It seems that the expectation from lead agencies was financial involvement whereas the donor organisations thought of other forms of contributions.
- 62) Lead agencies generally seem to expect a lot from the learning consultant because they are aware of their special limitations in the field of project planning and monitoring/evaluation.

In case of similar operations, a need to start with a smaller number of sectors and to focus on capacity building of local partners was seen. Simultaneously sector-managing staff needs to have better capabilities of addressing partnership issues in a proper way. *Approach to local partners and capacity building*

- 63) It was generally felt that the principle of partnership with local partners was not met in a satisfactory manner and the feeling of ownership among these organisations hardly exists.<sup>117</sup> Main factors were seen in the initially insufficient capacities of local partners as well as the generally lacking presence of Christian Churches in Darfur. They have also not been sufficiently involved in decision-making for the DERO operation, except at specific meetings at HQ or at international level. Now there is a broad agreement that ownership of local partners needs to be fostered through capacity building and involvement in decision-making processes. The important role of the new DERO Director was emphasised in this context.
- 64) Representatives from the lead agencies pleaded for further solidarity and partner support in the form of specifically shaped capacity building and human, financial and material resources. This would allow partners to strengthen their presence in Darfur and demonstrate their implementing capacity as an agency working in a big complex emergency operation. It was also proposed by one donor representative to offer capacity building to new partners working in Darfur.
- 65) It was mentioned by several representatives that local partners should get more responsibilities. However, they should not do everything but to focus on what they are specialised. At the same

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<sup>117</sup> The suggestion made by CORDAID that there should be more close collaboration with local partners and that programme should be divided into separate sub-programmes and handled by individual partner agencies was not accepted. This has led Cordaid to start its own separate operation in El Dhein.

time, the number of expatriate staff should be reduced as much as possible and gradually be substituted by Sudanese staff within DERO

#### *Advocacy and human rights*

- 66) There were many voices from small and big donors that more efforts should be spent on joint advocacy work, protection activities and, especially in this context, stronger links with field based staff. The evaluation team can affirm that the issue of protection is indeed the main concern of the beneficiaries themselves. A donor representative deplored that there have been no joint advocacy activities since end 2004. It was also emphasised that advocacy has to be done in very joint action with the local partners and at different policy levels. At the same time it is clear that there needs to be a balance between being critical of the GoS without damaging the relationship with GoS.
- 67) Intensified co-ordinated efforts were seen essential to advocate for measures to end the ongoing violence and to safeguard protection of the civilians.
- 68) One major donor proposed to work in an integrated way for the wider Sudan and to link the Darfur Programme to other parts of the country. Another donor proposed to explore ways of involving the SPLM and the GNU in seeking resolution to the conflict.

(149) Tackling of root causes of conflict should receive more attention in future programmes.

(150) According to recommendations of several donor partners, more joint advocacy efforts are needed. This can e.g. be achieved through closer linkage of programming in protection with 'on the ground' experience of field staff.

## **5.2. Partnership between ACT/Caritas, local partners (DERO) and beneficiaries**

### **5.2.1. Introduction**

- 1) During the onset of the Emergency Operation in South and West Darfur, close collaboration between NCA and Sudanese organisations began in December 2003. Three months later two of the organisations, SUDO (Social development organisation), a human rights organisation, and SCC (Sudan Council of Churches), a faith based organisation with a humanitarian wing called ERRADA, got the permission of the Humanitarian Aid Commission (HAC) to work in South and West Darfur.<sup>118</sup> There are currently three local partner organisations with more than 300 national and international members of staff implementing the aid operation. The third one, Sudanaid, the relief and development department of the Sudanese Bishop's conference joined in December 2004.

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<sup>118</sup> After a joint needs assessment conducted by SCC, SUDO and NCA, a first joint appeal 42 was designed and funded by ACT. Based on a second joint assessment, in July 2004 the present appeal 46 (DERO) was implemented and will end on December 31, 2005.



### The national partner organizations<sup>119</sup>:

	SCC	SUDO	Sudanaid
<b>No. of staff</b>	39	177	27 (12 funded by CordAID)
<b>Premises</b>	3 offices (Nyala, Mershing, Zalingei); regional office in El Obeid	6 field bases + 3 offices (Nyala, Zalingei, El Dhein); protection office in El Geneina	3 offices (Nyala, El Dhein, Zalingei); head office in El Obeid
	SCC	SUDO	Sudanaid
<b>Activities</b>	Agriculture, education (including HIV/AIDS, psychosocial awareness), NFI/shelter	Health, education, water & sanitation, nutrition, agriculture, NFI/shelter, protection, psychosocial, camp management	NFI/shelter, agriculture, education, psychosocial, peace building
<b>Locations of activities</b>	22 locations in Nyala, Zalingei, Mershing areas	25 locations in Nyala, Zalingei, El Dhein areas	25 locations in Nyala and El Dhein areas

## 5.2.2. Achievements, challenges and recommendations for partnership in Darfur

### The development of cooperation between DERO partners

- 2) During the first six months of the DERO operation (July – December 2004) the two national partners (SUDO and SCC) have rarely been consulted by ACT/Caritas and participated only minimally in the planning, organisation and management of the programme. Being faced with the dimension of the crisis, the ACT/Caritas network was not able to integrate its partner organisations, but struggled with its own capacities trying to respond to the emergency quickly. Most attention was given to the delivery of ‘hardware’ and the achievement of technical outputs (e.g. number of bore holes, NFIs distributed, health institutions and schools constructed). ACT/Caritas felt responsible for the provision of material and resources (drugs, supplementary food etc), whereas partners should be responsible for the recruitment of local staff, for the implementation of the technical part of the program, and for the monitoring and timely reporting to ACT/Caritas HQ in Nyala.
- 3) While there was no clear strategy to establish partnership among the three national partners and the ACT/Caritas network, national partner staff felt that they were being neglected. This resulted in difficulties to feel or develop ownership for the programme. Partners felt that the head of sectors focused too much on programme achievements and did not sufficiently support issues of partnership. An assessment of human resource development needs of partners and the prioritisation of skills and knowledge transfer for more effective humanitarian programming was initially lacking. The importance of partnership was not understood at the beginning of the operation.
- 4) Insufficient attention has been paid to the different roles of partners and their activities within the countrywide context. It was not adequately addressed that national partners were simultaneously delivering a variety of other activities, which are supported/financed by other donors

#### Donors' expectations

Local partners should ...

- Represent the needs of the beneficiaries
- Be accountable to beneficiaries and the donors
- Not divert from their main goals and objectives
- Identify their own needs in terms of capacity building to implement a program of this size successfully.

<sup>119</sup> Report from Mayen Jong (Oct 2005). Strategy for partners Capacity Building July-December 2005.

including ACT/Caritas member organisations.

- 5) Cordaid, UMCOR, and CRS are carrying out their own operations in Darfur. Based on an analysis of existing gaps donors (such as USAID) put forward a request to CRS to work in West Darfur. During DERO's set up phase CRS loosely cooperated with DERO: According to the newly assigned CRS Director, CRS are currently engaged in five sectors (general food distribution, shelter, water&sanitation, education and agriculture) in West Darfur and would like to collaborate more closely with DERO in the near future – at least at national level.
- 6) During the difficult initial phase Cordaid seconded an Emergency Manager who was redeployed after less than a month in the post. Subsequently Cordaid supported Sudanaid working through the Diocese in El Obeid in Kordofan. Cordaid helped Sudanaid in setting up its new office in El Dhein and both (Cordaid and Sudanaid) jointly established a health programme in the El Dhein area that at that time was outside the areas of South Darfur covered by the DERO operation.
- 7) Trocaire has supported DERO since April 2004 and has provided direct funds for SUDO and other local partners. In contrast to Cordaid, Trocaire did not start an own operational programme. A constructive dialogue developed between Trocaire and the DERO programmes. UMCOR (from the ACT network) started an own operation in January 2005 primarily in El Dhein. Christian Aid provides funds to SUDO in support of SUDO's programmes in North Darfur from mid 2005 onwards. For the work of DERO and SUDO in South and West Darfur all of Christian Aid's funding is channelled through DERO.
- 8) Over recent months the ACT/Caritas programme has been considering ways of improving the support provided to the partners working in the El Dhein area (Sudanaid and SUDO) and a decision was recently taken to create a post of Partner Support Field Officer in El Dhein.

### **Partner Support Unit**

- 9) The collaboration between ACT/Caritas member organisations and its Sudanese partner organisations as well as the exchange with beneficiaries has not only an international partnership dimension, but also an intercultural dimension. However, the intercultural dimension of project and programme implementation is often overlooked. Interviews (see above) suggest that this has been the case during the first six months of the joint operation, which started in July 2004, after the first joint appeal of ACT/CARITAS. It seems that the Sudanese partner organisations have not been fully integrated in the planning process of the operation. From the early stages there have been many expectations on both sides, but it has apparently not been possible to develop a shared understanding of the programme and its expected results. Local partner organisations are subject to many expectations especially from donors' side. The main expectation is that they will build capacity to gradually take over the full responsibility for programmes.
- 10) In January 2005, with the arrival of a new management, these particular problems were faced. The programme set up a Partner Support Unit<sup>120</sup>, assisting the Sudanese partner organisations through workshops (e.g. financial management, assessment methodology, TOT, log frame), training courses (e.g. in leadership, computing), and the provision of materials, etc. This contributed to the introduction of shared work methods and tools, as well as to a shared language and understanding. In addition, the head of the Partner Support Unit, a Sudanese senior staff member was assigned as DERO Deputy director to acknowledge the strong national

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<sup>120</sup> The Unit is currently composed of the head of unit, one advisor, one secretary, and one volunteer expatriate.

role and competence. The Partner Support Unit further accompanied and assisted the SCC during the execution of activities, e.g. advocacy activities.

- 11) SCC had its own power struggle and lack of financial transparency, which affected the DERO operation. There was a misunderstanding between the HQ in Khartoum and the SCC office in Nyala regarding the line of commands and accountability. From the very beginning it was not clear who should report to whom, as ERRADA (the humanitarian wing of SCC) has a different line of commands compared to DERO. From April 2005 onwards the ACT/Caritas networks did not accept that further funds were channelled through the SCC HQ. Finally, the DERO director received an approval of the ISC to negotiate an arrangement, which prevented funds to be sent via SCC HQ in Khartoum to Nyala. Meanwhile DERO has signed a direct agreement with the SCC management team in Nyala.
- 12) The commitment of ACT/Caritas to work with national partner organisations in Darfur has grown considerably since then. Communication and a regular flow of information have increased confidence and trust of both sides. Since March 2005, there has also been a marked improvement in participation of national partners in overall DERO activities, which included the delegation of programme management tasks. Each of the partners has been involved in planning, implementing and monitoring specific sector activities in their “core – capacity” area (see table 6.2.1.).
- 13) Discussions suggest that today the partners share common visions and creative thoughts. These include the value of partnership, the humanitarian imperative and the common objective to not only give assistance but to work together for peace in Darfur.<sup>121</sup> The policies of the three partners have gradually become more consistent. Overall, the evaluators recognised a spirit of hope regarding the continuation and growth of partnership.
- 14) During joint planning and coordination of activities, the profound knowledge of partners about local needs, customs and traditions of different ethnic groups, community based organizations and local leadership structures as well as the political/security conditions has proven its value. It was of particular importance for the Christian faith-based organisations like SCC and Sudanaid to collaborate closely with SUDO (a human rights organisation with an Islamic background) within the predominantly Islamic society.
- 15) The decision to establish a Partner Support Unit of DERO with strong leadership and direction has enabled the three local partners to work collectively and encouraged each partner’s unique

Quotations of partner representatives:

*‘We work together like a big family’*

*‘The feeling of togetherness is now more important, a touching relationship has been established’*

*‘Partnership needs a vision, values and planning together’*

Quotations of DERO staff

*‘We are all strangers here in Darfur, but SUDO is best in understanding of the local context’*

*‘Partners are now more open, even mistakes can be discussed’*

*‘In partnership we really rely on each other’*

*‘Partners can even speak on behalf of each other’*

*‘Partners know their capacity, their weaknesses and their instability without ACT/Caritas funding’*

<sup>121</sup> As expressed by a SUDO representative, SUDO wants to contribute to ‘a strong human society’. Plans are being made to edit an own ‘government independent’ newspaper emphasizing advocacy and human rights issues. They also want to reach students at five universities by offering a human rights training programme.

strengths and capabilities through mutual support. Partners felt that this unit has considerably improved jointness in planning and sharing of relevant information. As one DERO staff member said, 'The dimension of partnership began to be understood'.

- 16) Coordination mechanisms are largely operating effectively under the direction of the Partner Support Unit. Formal and informal meetings, discussions, reports and regular consultations of the three partners with ACT/Caritas HQ and the respective network support the coordination process. There has been a good working relationship between the Head of Partner Support Unit and the DERO<sup>122</sup> Director. It facilitated regular consultation and coordination of program management of all three national partners with the ACT/Caritas HQ.
  - 17) It is recommended that the Partner Support Unit be given increased assistance in the form of human and financial resources to build individual and institutional capacity of the partners. Examples of this support include training in project management (project cycle, administration and finance), proposal writing and reporting procedures. Other important types of training are on the job training, working with counterparts/accompaniers and coaching. The Partner Support Unit should undertake a comprehensive training needs analysis together with each partner for future joint planning of the DERO program activities.
  - 18) Partners perceive that their staff members have already improved their skills considerably since the beginning of 2005 through capacity building activities (e.g. workshops, training courses, in-service training and consultations in technical fields such as logistics, administrative and financial management) offered or facilitated by ACT/Caritas.
  - 19) Results of the program activities have shown that in certain areas partners have the capacity to implement various sector activities efficiently<sup>123</sup> and they have successfully gained trust and co-operation among community members through their skilful approach, good knowledge and understanding of local contexts and needs of the targeted beneficiaries. Moreover, partners have developed abilities to gradually take over full responsibilities of different programmes and at policy level.
- Quotations of DERO staff*

*'Already now it is unique in Darfur, that local partners of ACT/Caritas are implementing a major part of the interventions by themselves'*

*'We should not underestimate the capacity of local partners, we will need to let them go and to support them from home'.*
- 20) One pilot project of co-operation among local partners has been successfully implemented in Zalingei and is referred to as a cornerstone for the whole partnership development<sup>124</sup>. It allowed the partners to gain valuable experience in planning, implementing, and monitoring a large-scale relief operation.

### **Programme identity**

- 21) Initially, most staff were unaware who they were working for. For many staff members CAFOD was the only organisation they knew as that was their contracting agency. Many problems resulted from this lack of identity at the beginning of the programme. Later on, cooperation

<sup>122</sup> The DERO Director finished her contract during the evaluation.

<sup>123</sup> According to achievements reported by the head of Partner support Unit in October 2005 it can be assumed that a relatively high proportion of funds and in-kind items were efficiently utilised by local partners.

<sup>124</sup> While initially only SCC had an office in Zalingei, other partners who came in later used the same office efficiently.

within the ACT/Caritas network for planning, implementation and monitoring of the programme activities increased the common identity. Although efforts were always made to present and identify the DERO<sup>125</sup> as a programme of the ACT/Caritas network, the long time presence, the legal status and the established record of NCA are still more familiar to the people in Sudan and Darfur. Therefore, the evaluators noticed that the DERO was usually referred to as a programme of NCA. This also has to do with the fact that NCA was the coordinating body of the ACT appeal 42 preceding DERO, which lead to the current DERO being registered as NCA with the Sudanese authorities. "Considering the complexity of working in Sudan we have to accept that the programme has various identities and means different things to different audiences: for instance in the eyes of HAC, it is an NCA project; in the eyes of the churches, it is a joint ecumenical venture; and in the field, DERO is the title, which captures the full extent of the interventions in Darfur".<sup>126</sup> If the operation should be presented as ACT/Caritas only, this would have required a separate registration with the authorities. According to the DERO Director, many efforts have been made since January 2005 to get HAC, UN and INGOs to refer to the programme as NCA/ACT/Caritas and not only NCA.

### Challenges in collaboration

- 22) Even if there are considerable improvements in partner relations, interviews suggest that the aim of achieving 'equal partnership' has not yet been reached. Interviewees addressed the fact that the main decision-making power still remains at ACT/Caritas HQ level. Moreover, there is the feeling that efforts to transfer the full responsibility for the implementation of activities to local partners are inadequate.
- 23) Despite intensive efforts made by the programme manager to improve the team building process within partner organisations, it is felt that this process has not yet been completed. One reason seems to be the limited internal co-ordination channels within the partners' own organisations, for example between the HQ Khartoum staff, the HQ staff in Nyala and the staff in the field stations. As one partner representative said, 'Internal problems continue to affect the quality of partnership'.
- 24) As it has been reflected in the Venn diagrams produced during the evaluation workshop, collaboration and networking between DERO staff and other INGOs as well as governmental organisations differ considerably between different sectors in terms of closeness and intensity of relationships. This may also be explained by the different management styles of the heads of sectors. Representatives of local partner organisations pointed out the following

#### Quotations of DERO staff:

*'The current partnership is not equal, ACT/Caritas has expatriates, more cars and a close relationship to donors'*

*'Seconded expatriate staff should be on probation for one month to see if they respect local partners'.*

*'Some expatriates have no experience in partnership concepts – they are distancing themselves.'*

*'Partners should begin to stand on their own. However, continued financial support is needed'.*

#### Quotations of partner representatives

*'In each sector there should be brain-storming about priorities for capacity building'.*

*'We have to respect the national payment scale, but we should pay higher allowances'.*

<sup>125</sup> DERO as a title for ACT/Caritas operations was only agreed upon in February 2005. Before that time several other names were used which caused confusion for staff and other actors in Darfur.

<sup>126</sup> Anthony Mahony (CAFOD), December 2005



major challenges leading to the issue of sustainability and connectedness:

- Training provided by ACT/Caritas did not always address perceived needs and priorities of local partners.
  - Transfer of existing knowledge and skills between partners has not yet sufficiently been attempted.
  - Retention of qualified staff is threatened by competition among INGOs, which pay higher salaries to get skilled national manpower.
- 25) Lack of long-term strategic planning and inter-sectoral collaboration as well as insufficient interagency co-ordination are seen as serious constraints. Sustainability of programmes after INGOs have phased out, as well as unsolved questions regarding integration of relevant services into governmental structures is a major concern. As one DERO staff member said, a strategic vision is needed that goes beyond just handing over activities to partners.
- 26) With a view to capacity building and connectedness of the programme activities the evaluation team recommends:

- (151) The ACT/Caritas network needs to increase its efforts to build trust and confidence of national partner staff and provide staff care, especially during the start up phase of a big joint operation. This is also an important factor to keep in mind when working with national partners in future emergency operations in other countries.
- (152) Lessons should be drawn from the initial difficulties in collaboration and development of partnership. This applies to lack of understanding of the partnership concept within DERO and the slow process of relationship building between each of the partners and the ACT/Caritas network. **It is recommended to establish a genuine two-way exchange in terms of intercultural dialogue, to build a mutual understanding of key issues and areas of collaboration. This includes an attempt to understand partner needs and to define roles, responsibilities, and accountabilities.**
- (153) Generally, more effort should be made to increase joint planning, implementation and monitoring of specific programme activities especially where technical skills can be transferred and management knowledge can be exchanged between the partners and the ACT/Caritas network. Partners should be encouraged and supported directly to source funding including access to new donor funding (EU, UN-organisations, etc.).
- (154) National partners should be involved in the selection of expatriate staff and be included in the development of job descriptions. A probation period of about four weeks after arrival of new expatriate staff should be established. During this time national partners can assess their collaborative spirit, their ability and willingness to learn and share their knowledge and experiences in a mutual spirit of partnership. These qualifications cannot be judged by recruitment procedures in Europe alone.
- (155) In addition to technical qualifications, expatriate staff needs to focus on capacity building, particularly of national partners.
- (156) Within the process of joint planning, **countrywide programme strategies of partners have to be sufficiently taken into consideration. One challenge for each of the national partners is to formulate their respective organizational mandate and responsibilities clearly when developing future strategies for the way forward in Darfur and in Sudan.** Key issues to be addressed in a country-wide programme strategy include dialogue between GoS, donors and stakeholders at national and regional levels; formulating sector policies, sound objectives, analysis of economic situation and coherent work plans.

- (157) Another priority is training in **developing gender sensitive strategies** to incorporate gender issues in humanitarian programming. UNHCR have developed useful training materials and assessment tools for gender based mainstreaming of programs, which should be utilized.
- (158) It is recommended to put out stronger advocacy, challenge the government, and find the balance between being critical of GoS without damaging the relationship with GoS. **The partners need support to do more advocacy.** The Government of Sudan has to integrate Darfur. The problems in Sudan will not be solved unless those in Darfur are solved. DERO should therefore try to influence the decision of enlarging the presence of AU (along with logistics and training support and enough funds to patrol).

### Collaboration with new partner organisations

- 27) It seems that all agreed upon future perspectives regarding inclusion of new partner organisations and clear criteria of admission do not yet exist. National partners are generally in favour of enlarging the base of partners and letting other NGOs join DERO.

- 28) Partners' expectations are as follows:

- It is supposed that the new local NGO should be under the guidance of the present national partners of the DERO network.
- In any case, national partners wish to be consulted by the DERO management if a new NGO enters DERO, since they can provide valuable tips and information about the credibility, philosophy and standing of a newcomer – something the DERO management may not be able to assess. National partners expressed their disappointment about the recent step taken by DERO management to consider the NGO Ayya as a possible partner to take over the responsibility of opening the Kubum hospital without consulting them beforehand.
- There is a wish for a platform outside DERO where national partners can meet regularly and discuss issues with regard to their DERO involvement. This is of particular relevance since national partners did not work together before they became involved in DERO. Work may still be necessary on identity building as a consortium and with regard to strategy development.

### Quotations of DERO staff

*'If you bring in new partners what happens? More competence? More competition? '*

*'It is too early to involve new partners, first the existing partnership should be strengthened'*

*'There are conditions we need to respect; the key to more funding is accountability'*

*'If you act like the police you cannot expect partners to open up'*

### Coordination with other humanitarian agencies operating in South and West Darfur

- 29) The regular participation in both the OCHA meetings and the sector meetings has been a challenge to DERO. At least up to 2005, not all DERO sector heads have participated regularly in coordination arrangements with UN agencies or other INGOs and in some cases it was still perceived as unsatisfactory (e.g. with Unicef's Education department).
- 30) In Kubum, DERO is coordinating mainly with local government authorities, e.g. Ministry of Health. In Garsila and El Dhein there are few international NGOs/UN to coordinate with. In El Dhein, the cooperation between DERO and Cordaid was not as close as compared to other INGOs. For instance, Cordaid has a very good collaboration with Tearfund in El Dhein but is currently not so closely linked with DERO operations. Many representatives of INGOs and UN agencies in Zalingei and Garsila remarked that DERO was not attending coordination meetings

regularly enough or that due to the high turnover in staff DERO representatives attending these interagency meetings did not have sufficient information and hence decision making power on behalf of their organisation.

- 31) Although interagency coordination has improved significantly over the last half year further efforts have to be made by all sectors of the DERO programme. This is especially crucial in this transitional phase when many agencies require interagency reports and assessments for future programme planning and funding of proposals. Some INGOs are involved in preparations to phase down or pull out from Darfur. To be able to make informed decisions, close coordination and cooperation by NGOs and UN agencies are absolutely necessary.

### **Partnership with beneficiaries**

- 32) As expressed by DERO staff, information about the effectiveness and impact of interventions as well as the satisfaction among target groups about quality of programmes are widely lacking. Participation of community members in planning and decision-making is seen to be insufficient. The same applies for the initial situation assessments, where beneficiaries have not been involved on a regular basis.

- 33) More insight is needed into the perspectives of the IDPs and host communities, their vision, how they see their own future and the role of ACT/Caritas in that future. Their appreciation of the activities, its impact on them and on the host community is important to know for future programme development. A first step in this direction was the implementation of the beneficiary survey whose results are presented in a separate paper. In future, more attention should be given to the conflict-ridden relations of farming communities with nomads. Advocacy is urgently needed for protection, safe return, local conflict resolution, and long-term peace building.

#### Quotations of DERO staff

*'Are IDPs really benefiting from our services? What do they like to see happen'?*

*'To invite communities to actively participate in programs is better than strategies making beneficiaries comply with interventions'*

*'Do we need to look more at quality versus delivery of products'?*

#### Quotations of donor members

*'Local partners generally do not facilitate contacts of donors to beneficiaries'*

*'I did not find it appropriate to pose my own questions to beneficiaries'*





**Cereals and vegetables grown in camp**



**Clinic in a tent**

## 6. OVERALL ASSESSMENT OF THE DERO OPERATION ACCORDING TO THE DAC CRITERIA

### 6.1. Relevance/Appropriateness

- 34) During the initial phase, under the ACT Appeal 42 NCA, SUDO and SCC had already begun working in certain areas (Mershing and other regions). The planning for the ACT/Caritas Appeal took these earlier areas as a fact and added additional ones. From the very beginning, ACT/Caritas was determined to work in areas that were not covered by other INGOs. Many of the latter were simply concentrating their efforts on Kalma camp near Nyala at the time. Life saving needs of IDPs included protection, food, water, healthcare, shelter and other essentials. The selected intervention areas are to some extent the result of DERO's response to donors and backdonors. Even though needs assessments were carried out before launching the joint appeal, donors guided the programme direction by pointing out sectors where funding would be available. During the initial phase of the operation the senior management staff had neither enough experience nor a sufficient oversight of the Darfur situation and context to plan and decide on the proper locations and intervention areas. If at the beginning the DERO management had been more stable, it might have been in a better position to advise donors on geographical and sector priorities. In addition, the negligence of partners' knowledge and understanding of the local context as well as the under-utilisation of Senior Sudanese staff as advisors may also have been a major factor why today vertical programmes are implemented in all different locations.
- 35) DERO has addressed the special needs of different vulnerable groups like women and children under 5 for assistance and support. The fact that the programme supports both IDPs and the host communities is particularly relevant with regard to reducing the potential conflict between the two groups.
- 36) The figures for IDPs and IDP-affected host communities increased dramatically between July 2004 and January 2005 (compare chart in chapter 3). This fact was considered in increased funding from originally 0.8 m \$ (in March 04), to approx. 5million \$ (in May 04), to finally 17 m \$ (in June 04) to provide shelter, water, basic nutrition and health facilities to targeted 500,000 people. Funding further increased in the first revised ACT/Caritas appeal to 25.6m \$ in December 2004. Much of the increase was due to the fact that NFI materials and food, which had originally been expected to be supplied through the UN pipeline had to be purchased and transported from Europe to Darfur. Based on a joint workshop including the three local partners, the demand for funding further increased to 35,2m \$ (2<sup>nd</sup> revised appeal) in May 2005 to improve the sectoral scope and to better consider the wide geographical coverage. For the first time it also included the establishment of an 'emergency/contingency' fund, which was a very important step towards facilitating quick responses to unforeseen events and emergencies.
- 37) According to the information obtained in the field, DERO local partners have in particular taken account of the wider security, political and cultural context and have moved carefully in the very difficult environment. In terms of the overall programme approach, DERO reduced tension by including host communities in its assistance from the very beginning.
- 38) While the needs for basis services like health and nutrition still exist, protection and advocacy needs are emerging as a priority and are cross-cutting issues. Safety and security is central to IDPs. They need to be aware of their rights and that these rights are not to be violated. Education is therefore directly related to protection and has to be regarded as a priority area for future assistance. To reduce dependence on food aid, more support for food security/livelihood



issues is essential. Advocacy was mentioned as a future priority in almost all discussions with the ACT/Caritas network and national partners.

- 39) DERO's activities were primarily undertaken as an emergency response to an extremely difficult crisis. Initially, the DERO intervention responded with staff dedicated to meet the immediate needs of the conflict affected population in South and West Darfur. While the longer term and interconnected problems were not sufficiently considered in the first 14 months of the operation, in early 2005, more emphasis was put on the issue of local capacity for peace. This led to more focus being given to the relationship of host communities and IDPs as well as communities with multiethnic co-existence and their coping mechanisms. This shift was reflected in the revised appeal in May 2005. Conflict prevention thus became an important initiative in the long-term planning.

## 6.2. Effectiveness

- 40) Despite the fact that NCA, SUDO and SCC had begun working in Darfur around March 2004, the ACT/CARITAS DERO operation started later than other INGOs such as MSF-H and SC-UK. This is partly due to the fact that initially ACT/CARITAS network members did not manage to start a joint operation with CRS in Darfur. However, DERO was actively involved in relief operations before many of the other INGOs currently working in South Darfur arrived. Initially, it was not possible to quickly build a strong management structure, which hindered programme effectiveness, especially when the crisis aggravated by the end of 2004. Staffing and recruitment issues have been among the most important internal factors impeding the delivery of the programme until now. High turnover of staff and lack of proper management structures to guide middle level staff (having already arrived in Darfur) made early programme implementation on a larger scale impossible. Even though management has greatly improved from the beginning of 2005, there are still a high number of staff vacancies (18 in August 2005) and a high turnover of staff. In addition, retention of qualified staff poses an ongoing challenge. Other factors responsible for considerable delays in certain sectors (e.g. environmental health, nutrition, NFI and agriculture) include late arrival of materials and food items ordered from abroad as well as from within Sudan (see respective programme chapter). Among the external factors responsible for delays include the security situation, which has led to some resistance of people to drive on certain roads. The programme is trying very hard to avoid this impacting on the overall programme performance by driving detours.
- 41) Nevertheless, the overall objectives of the DERO operation have been greatly achieved.
- 42) With regard to capacity building, especially among partners, a comprehensive training needs assessment has not been undertaken. Capacity building was more driven by donors' perspectives rather than by local partners themselves. For instance, partner representatives complained that expatriates had decided on the contents of the trainings. The DERO Partner Support Unit would be the ideal institution to carry out an assessment and plan for appropriate measures in the future.<sup>127</sup>
- 43) A model of good practice in capacity building of national partners was found in Zalingei. The ACT/Caritas Field Co-ordinator, the SUDO and the SCC Representative have had joint daily staff meetings, regular communication and information exchange as well as joint attendance of interagency meetings. These counterpart/accompanier activities will strengthen management

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NCA commented on this point that a comprehensive partner capacity building programme was implemented in the first half of 2005 and that there was a plan for partners' capacity building for the remaining of the year. This capacity training plan was, however not available to the evaluation team.

and coordination capacity of national partners. ACT/Caritas Programme Managers of each sector should develop counterpart/accompanier training activities with national partner staff in each of the field locations.

- 44) The issue of the extent to which SPHERE standards have been taken into account in setting up and planning the DERO operation is answered separately for specific sectors where it was appropriate to apply SPHERE guidelines. For instance, in the NFI/Shelter sector, DERO staff were aware of the existence of SPHERE standards, but they were merely perceived as general recommendations and not as a practical assessment tool to improve quality, performance and accountability. One of the criteria for seeking donor government funds for emergency humanitarian operations, however, requires NGOs to adhere to the SPHERE standards. A training workshop on the use of the SPHERE project handbook (Sphere Humanitarian Charter and Minimum Standards for Disaster Response) for all DERO staff should be conducted given their relatively limited experience in implementing a complex humanitarian response operation.
- 45) There are remaining challenges in sector specific areas outlined under the respective chapters of this report.

### 6.3. Efficiency

- 46) The efficiency of the programme has not been evaluated. Nevertheless some remarks should be made here. To measure efficiency key indicators and key criteria need to be defined for each sector activity. The logical frameworks drawn up for each sector should list these indicators and criteria. The selection of criteria and indicators has to ensure that they actually measure the planned achievements and do not go beyond what the sub sector is supposed to achieve. During the start-up phase, such key indicators and key criteria were not established. In addition, the numbers of targeted beneficiaries or catchment areas were not well established for each of the sectors (e.g. health, education and agriculture). Even in sectors where numbers of beneficiaries have been mentioned it often remains unclear, in which period certain numbers of beneficiaries have been reached. Thus, it would be rather difficult/inaccurate to assess cost-effectiveness/efficiency for the time being.

### 6.4. Coverage

- 47) According to identified gaps<sup>128</sup> in UN accessible areas DERO is largely working in areas with high sector needs. From the very beginning, DERO has reached out into so-called UN - “no go” areas and consequently took a higher risk in reaching beneficiaries in remote areas. Until now, DERO has no precise knowledge on the perceived needs of communities and therefore the degree of coverage is difficult to discuss. However, some results of the beneficiary survey can be used to improve coverage in certain sectors and areas neglected so far (e.g. higher education gaps in South than in West Darfur). DERO should introduce clearer targeting mechanisms for future interventions. Respective recommendations are outlined in the sector chapters.
- 48) The decision to intervene in Kubum, was not based on a particular need of the population nor was there a large IDP population. Originally, the intervention in Kubum was very much driven by one ACT/Caritas donor organisation and the GoS who wanted DERO to support that region. Ultimately it was a good decision, because the host community participated fully in the activities

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<sup>128</sup> UN, Darfur Humanitarian Profile No. 10, Jan 2005.

and contributed to a large extent to the construction of the hospital, which was also helpful politically.

- 49) Further details of coverage can be found in the background information, the sector specific findings and the separate Beneficiary Survey Report.

## 6.5. Impact

- 50) As outlined in the overall sector analysis, the monitoring of the DERO programme as it is presently done is generally not precise enough to make clear statements about impacts on age-groups, gender, ethnic groups or displaced and non-displaced communities. On the other hand, in the nutrition sector for instance, age and sex specific data are collected routinely, but have not been analysed so far. However, the ACT/Caritas nutrition survey performed in Zalingei (August 2005) indicated that the nutritional status of IDPs living in camps is slightly better when compared to the host community living in an urban setting.
- 51) In the medical sector, the prevalence of major diseases decreased according to official reports. However, if the regular medical statistics of DERO are examined, figures for common diseases mostly oscillate around the same general figures. It is thus difficult to make a general statement about the impact of these services. Improved assessment tools are needed for impact measurement. Implementers have to know what kind of vulnerability criteria they are using. For other areas like protection, measuring impact would be too early since this programme has only started a few months ago.
- 52) Creating dependence on food aid is certainly an unintended negative programme impact, which should be counteracted by giving more emphasis on food security/livelihood issues in future programmes.

## 6.6. Coherence

- 53) The DERO protection policies and strategies are adopting a rights-based approach following international human rights law, the Guiding Principles on IDPs, NGO code of Conduct and SPHERE Humanitarian Charter. This was demonstrated through the basic knowledge acquired and training activities undertaken by the DERO protection field staff in international humanitarian and human rights laws.
- 54) DERO protection staff has implemented community sensitisation activities with police, teachers, community mobilisers, as well as an information, education and communication campaign. This campaign has included peace committees and peace posters, recreational /sport activities (e.g. children's drawing classes, football match) in order to bring together members of the community, civilian, military and police. Specific workshops with Sheikhs, women leaders and teachers on protection issues e.g. leadership skills and the effects of conflict have been conducted by ACT/Caritas, SUDO, SCC and Sudanaid in Zalingei, Garsila and Kubum. These DERO protection activities are organised and coordinated in conjunction with the activities of DERO Psycho-social services, Health and Education sectors. From the evaluation team's observations, in addition to meetings and interviews with community representatives in the IDP camps in Zalingei, Garsila and Kubum, there is an increased level of community awareness about children's rights, women's rights and gender -based violence and the effects of conflict.
- 55) These training/ sensitisation /IEC activities should be continued as a priority for 2006 so that the knowledge and skills can be transferred when the IDPs return to their place of origin.
- 56) In Zalingei and Garsila, DERO protection staff is also raising concerns with individual reports of rape and sexual harassment. The (Interagency) Protection Working Group should advise on

clear mechanisms to react promptly to any reported violations by individuals. Appropriate means to address and prevent further violations should be pursued. This involves combined efforts to carry out advocacy, lobbying and training as well as engaging the key stakeholders in regular dialogue on protection issues.

(159) Staff of DERO working in sectors other than protection have not yet sufficient knowledge and understanding of international human rights, UN guiding principles for IDPs and effects of conflict despite the fact that training took place on several occasions. **The training activities for all DERO programme and management staff on these legal rules should further be undertaken as a priority.**<sup>129</sup>

## 6.7. Coordination

- 57) In view of some shortcomings of coordination during 2004 and beginning of 2005, coordination has improved significantly in recent months. In Nyala and Zalingei ACT/Caritas has participated on a regular basis in OCHA weekly meetings since January 2005. During 2004 different sector heads participated in the sector meetings coordinated by Unicef, WFP, UNJLC, and FAO in Nyala, but not yet as continuously as in 2005. Concerning El Dhein, all coordination took place in Nyala up to September 2005, when OCHA placed a representative in El Dhein. OCHA Zalingei was responsible for Zalingei and Garsila until August 2005, when a separate OCHA office was established in Garsila. For part of 2005, UNHCR requested Intersos to coordinate emergency activities in Garsila. Prior to that the NGOs working in Garsila themselves came together to share information. A DERO temporary field coordinator was deployed to Garsila in July 2005 in order to counterbalance temporary gaps of thorough coordination there. Permanent presence of DERO staff has been ensured since mid September 2005.
- 58) With regard to co-ordination, a good practice example was found in Zalingei, where three international NGOs (ACT/Caritas Network, International Mercy Corps and Danish Refugee Council) developed a joint security plan (staff evacuation, office security procedures etc.) as an emergency preparedness measure.

During the evaluation team's visit in September, DERO staff in Nyala attended preliminary interagency planning meetings on the return process under the co-ordination of OCHA. In the Way Forward document scenarios for return and DERO's role in supporting the return process are explained in detail. In addition, in Zalingei DERO representatives actively participate in the UN's Return Working Groups. In Nyala it is the NFI Sector Manager who participates and shares the minutes of the meetings taken by IOM and his own notes from the meetings with his colleagues.

- 59) Each sector within DERO should prepare work plans and budgets including objectives of activities, indicators, indications how to collaborate with partners, plans for a phased handover of implementation and management responsibilities to partners.

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<sup>129</sup> NCA commented – and the evaluator of protection agreed – that DERO has made a good start with training of staff on international human rights, UN guiding principles for IDPs, and Sphere standards in emergencies. NCA suggests that a more systematic training should be in place for all national as well as international staff and partners. The evaluator of protection underlined that as an ongoing process training should focus on how to implement a rights based approach that involves not only training in legal rules but also practical ways to take on moral responsibility (e.g. education/promotion of rights and SPHERE standards, monitoring of rights and standards and enforcement of rights and standards). Training in facilitation and communication strategies, and tools for improving assessment, participation and coordination could be given to all staff.

- 60) Co-ordination efforts between all sectors within DERO programmes as well as with other organisations need to be improved. This is a key recommendation of the evaluation team especially in this transitional phase when many agencies require interagency reports and assessments for future programme planning and funding of proposals. Some INGOs are involved in decision-making to phase down or pull out from Darfur. To be able to make informed decisions, close coordination and cooperation by INGOs and UN agencies are necessary. The evaluation team observed that the acute staff shortages faced by DERO in Zalingei and Garsila contributed to the poor co-ordination efforts.
- 61) More information is displayed in the chapters on partnership.

## 6.8. Connectedness

- 62) The issue of connectedness can be discussed in relation to human resource management and programming.
- 63) The strengthening of local counterparts by increasing the transfer of responsibilities has already been envisaged by DERO.
- 64) With regard to programming, the full potential of the connectedness of nutrition and health sectors has not been realised yet. For instance, at the final phase of acute emergency activities, co-operation with local permanent medical staff in the primary health care system should be strived for. For consolidation of these two facilities, on-the-job training for medical staff could take place in the area of nutritional rehabilitation without extra cost.
- 65) Another important programmatic aspect to be considered is that the do-no-harm approach is an important means of ensuring long-term connectedness to a more peaceful future.

**(160) Continuous conflict analysis needs to be undertaken within all sectors and cross-sectorally to ensure that unwanted negative impacts are avoided (do-no-harm).**

- 66) A good example is that until now, DERO's emergency-related activities did not take into account that in the medium and long run, larger IDP camps are likely to have negative environmental impacts on the surroundings (plastic pollution, deforestation).

**(161) Negative environmental impacts must not be neglected in the planning and programming of DERO interventions but need to be mitigated.** Deterioration of the environment undermines the basis of local livelihoods and may thus contribute additional causes of conflict.



## 7. GENERAL ASSESSMENT

### 7.1. Monitoring and Evaluation

- (162) It is recommended to **set-up a Monitoring and Evaluation (M&E) Unit** within DERO to manage a database for the purposes of programme management and increase the capacity of local partners in M&E to gradually take over the main responsibility for the M&E unit. This includes the **assistance of local partners in developing effective M&E plans including milestones and indicators (qualitative, outcome/impact oriented)**.
- (163) Improve data collection and analysis, elaborate “lessons learned” and history/recording for institutional memory and learning

### 7.2. Human Resource Management (HRM)

#### 7.2.1. Introduction

- 1) Findings and recommendations in the area of HRM within the DERO programme are derived from observations in September 2005. Principles and concepts laid out here will continue to be valid for the future DERO framework. It will be characterised by a much stronger involvement of national partners in terms of capacity building and programme responsibility (see respective recommendations under partnership).

#### 7.2.2. Achievements, challenges and recommendations

##### **Recruitment process**

- 2) Information collected from NCA indicates that recently a better understanding regarding staff recruitment and hiring processes has been reached. A lot of misunderstandings and disappointments seem to stem from differing expectations between the two lead agencies NCA and CAFOD. Meetings between the two lead agencies with dedicated key people seemed to have supported that process.
- 3) A high number of vacant positions (from April to September 2005 on average about 10) has put additional workload on the staff on top of an already heavy work schedule. Even if competent staff is found and hired, staff members sometimes leave before finishing their contract. This results in financial burden to the programme (personnel management) and necessary adjustments of workloads and social relations for remaining personnel. Very recently, 8 members of staff have requested extensions to their contract, which may be a reflection of improved staff care. One important step for the latter is the planned analysis of recruitment and staffing by a HR Consultant.

- (164) In order to improve personnel management and to decrease the risk of losing staff, it is important to **develop effective personnel management strategies and concepts including procedures for more successful recruitment of key personnel**.

##### **Staff relocation**

- 4) DERO has highly qualified and motivated staff in the field resulting in good performance.
- 5) DERO management supports a HR policy where national and international staff work at various locations and levels of programme implementation. This helps to get a better comprehension of

the magnitude and challenges at different levels and has the potential of supporting decisions that are adapted to the needs and capacities at different levels.

- 6) However, national staff members sometimes do not seem to be quite clear why staff transfer occurs. This lack of information increases the risk of them feeling indifferent or alienated.

(165) Provide sufficient clarity among national staff regarding the reasons why they are positioned where they are and why their allocation is being changed. If the relocation is of transitory nature, give a clear time limit. It may help staff to regard their relocation either as a short-term necessity for ensuring overall functioning of programme implementation or as a chance for their career development within the DERO operation as well as for other future operations.

(166) Support team-building processes, particularly with regard to new incoming staff, cases of relocation of staff and / or assignment of short-term personnel. People do not work well together just because they have the same set of tasks and work in the same building. Team-building processes are even more important if there are a lot of short-term assignments (3 to 6 months). Such processes are also particularly relevant with a view to building capacity of national partners (secondment of expert staff to national partners' offices and introducing partners to team building and leadership approaches).

### **Staff care**

- 7) Since the beginning of 2005, a lot has happened with regard to improving staff accommodation with a view to creating an environment where staff can feel at home (equipment, furniture etc.). The next step was to create more clarity about work tasks and overall programme direction, which were developed at about the same time. This greatly increased staff motivation. An "R and R mechanism" was established according to which staff get regular days off for relaxation either in Sudan (Khartoum) or - at longer intervals - in their home country. This is a good measure to prevent staff from 'burn-outs'.

(167) Policy and guidelines for rest and recreation for national staff (R&R mechanism) should be applied accordingly. Regular social meetings of staff provide a framework for communication that is not task related.

- 8) Due to the overwhelming tasks that always lie ahead in terms of programmatic, environmental, social, and political challenges as well as (donor) pressure on DERO to show results in a relatively short time, demands placed on staff are enormous. In addition, many staff members had to do more than one job, taking the additional workload of their staff colleagues who were absent for extended periods. Burnout syndromes have to be expected if double workload becomes "normal" among the staff in the HQ and on field office level. As one DERO staff member said, "What are they doing to keep us?"
- 9) Recommendations to improve personnel management and staff care and thus decrease the risk of losing individual staff members are related to different levels:

#### Administrative level:

(168) Ensure timely administrative procedures

- 10) The magnitude of the DERO programme attracts a lot of attention among DERO donors/partners and the overall public. This results in frequent visits. They caused an increased workload for staff on top of an already heavy work schedule. Due to design and position of guest accommodation facilities, staff members additionally have to attend guests after working hours.

- (169) Apart from providing guidelines on how to **handle request of visiting missions** (see rec. 141) provide separate accommodation for visitors and staff

#### Management level

- (170) **Develop effective personnel management strategies and concepts.** Establish the **position of a dedicated Personnel Officer** to support staff development and to manage the problem of high absence of staff (almost throughout the programme period there were 18 staff vacancies due to leave, illness, and recruitment delays etc.) at one point in time.
- (171) Review discussion, feed-back and decision-making processes in order to make sure that mechanisms allow for bottom-up decision-making. This review would include questions such as: What are the forums and instruments to ensure that all voices are heard and given consideration? How is timeliness of decision-making ensured?
- (172) Develop mechanisms for accountability of DERO headquarters and feedback to field staff. This relates to administrative, operational and policy support areas.
- (173) Strengthen cohesion amongst staff: It is appropriate to recognise that international staff may have special concerns that Sudanese staff do not have, which may have to be addressed with special regulations. Caution, though, needs to be exercised with regard to causing a division between national and international staff. This is said with particular consideration of the fact that most Sudanese staff in DERO work away from home. Cohesion amongst staff should be encouraged wherever possible to avoid friction and division. One example of this is housing for national staff. Even though national staff may be far away from their homes they do not live in the same compound with international staff but somewhere else under less favourable conditions with respect to housing and financial considerations. Looking deeper into this notion of 'partnership' between national and international staff may be of benefit to the DERO programme.
- (174) Instruments to support dialogue and open exchange may include external moderation of meetings as an external moderator is more likely to be neutral. This may be done by staff of other INGOs working in Darfur and DERO staff could in turn offer the same to them if desired. Strengthened networking of DERO with other actors in the field (as recommended in this report) would provide a good basis for such mutual support.

#### Level of professional development of personnel

- (175) Strengthen (professional) communication between staff (intersectoral meetings)
- (176) Promote training for staff as an incentive
- (177) Assure that personnel measures, for example reallocation of staff, fits into an overall framework of best skill application and/or career and skill development.

#### Psychosocial level

- (178) Introduce a coaching concept in support of individual staff as a regular measure. Coaching should be open to anyone who needs it.
- (179) Ensure that **at least one day each week** (Friday is a designated public holiday in Sudan) is foreseen for **DERO staff not to undertake official work duties** (even the evaluation team members could have been advised to take a rest on Fridays).

## 7.3. Organisational development and models for future operations

### 7.3.1. Organizational development of ACT/Caritas HQ and local partner organisations

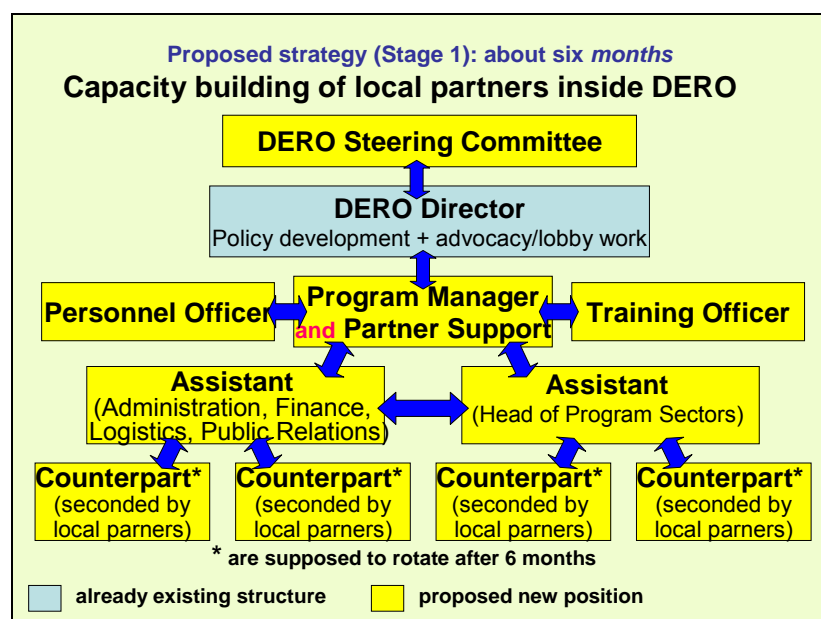
(180) A paradigm shift from an externally driven management approach to a local partner driven approach should be aimed for. The local partners should move from a position of being the vehicles for service delivery and take over “the driver’s seat” as part of an exit strategy. The opportunity of being the first organisation to work with national partners and bring them together in Darfur should not be missed. Capacity building of local partners therefore needs to be increased and prioritised in future collaboration and the partnership philosophy.

#### Proposed management structure to support counterpart training

(181) To facilitate the process of capacity building and transfer of responsibilities to local partners, **the following new positions are proposed** (see chart below):

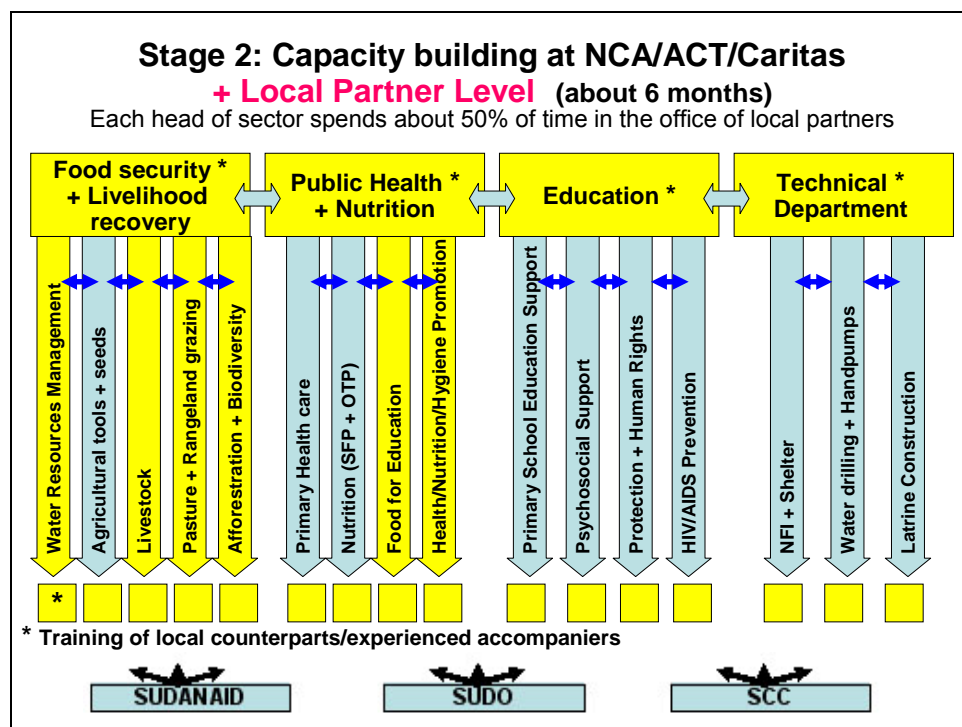
Personnel	Job position
1 Programme manager and partner support officer	Merging of 2 previous positions (head of programmes and head of partner support)
1 Personnel officer	Recruitment of personnel, staff care
1 Training officer	Head of human resource development
1 Assistant	Head of programmes
1 Assistant	Administration, finance, public relations
4 local counterparts	Seconded by local partners, according to priority areas of partners

(182) In addition, a **steering committee with the DERO director, management staff, head of sectors and local partners** should meet in intervals of about two weeks for revising and (if necessary) modifying strategic directions.



## Merging of sectors and improving cooperation

- 11) From the very beginning, the sector concept has been a vertical approach in order to be fast and deliver quick results – and therefore, capacity building of local partners was widely neglected. Heads of sectors have been working largely in isolation and the competency of the partners was often not taken into consideration due to perceived lack of time.



(183) There should be improved coordination between the programme sectors. A shift is required from a separate sector-based approach to a merged-sector approach. This needs better coordination of daily program activities. In the transition phase horizontal programming across all sectors should be aimed for. The gradual merging of sectors should be envisioned to make the program more efficient and effective. Once various sectors are merged, **staff will be exposed to more cross-cutting issues and will therefore broaden their own technical skills**. This, in turn, will facilitate a better response to real community needs. This is also seen as part of the “exit strategy” and has several advantages in view of the proposed plan of “voluntary return”. Partners should focus on merging key sectoral areas where they have been able to demonstrate attainable impact.

(184) In response to identified needs in the project areas, the following modifications regarding certain sectors (see 4.1.3 and 4.1.4) are suggested:

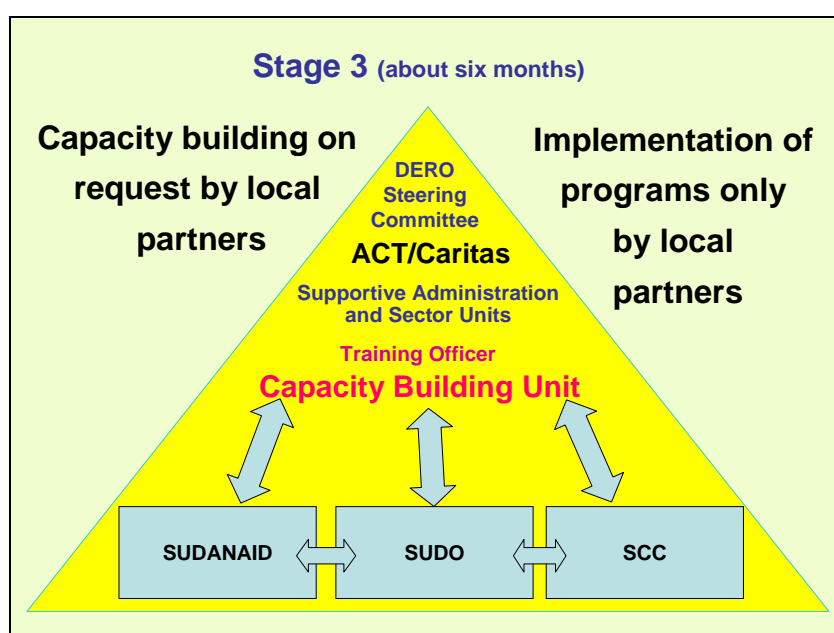
- **The previous ‘agriculture’ sector** which now focuses mainly on distribution of agricultural tools and seeds should **be transformed into a ‘food security and livelihood recovery’ sector** which embraces programmes of water resources management, livestock, pasture and rangeland grazing as well as reforestation and biodiversity.
- **The current nutrition and primary health sectors** should be merged into a ‘public health/nutrition sector’, which incorporates programmes like Food for Education and Health/Nutrition/Hygiene Promotion.



- (185) **Capacity building of local counterparts/experienced companions in the different areas of interest should be performed initially at ACT/Caritas HQ-level** for a period of about six months. In the transitional phase, the head of sectors should spend about 50% of their time in the offices of local partner organisations to train respective counterparts. Such a counterpart training can be different for each sector, lasting from a minimum period of 6 to 12 months (e.g. for protection) up to more than one year depending on the technical skills required. A phased period of up to 18 months may be realistic to complete this process successfully given the different capacities of DERO and local partner human resources.
- (186) In general, it is recommended that **DERO should move from quantity to quality as part of the “exit strategy”**. Focus should be on qualitative aspects of programme activities (training, supervision, capacity-building, resources) as has been outlined for the different programmes. This shift would need to be reflected in strategic planning as well as monitoring and evaluation plans (develop indicators at outcome and impact level which also address qualitative objectives).
- (187) There should be a shift from a **programme-driven approach to a community-based approach**. In order to better understand the diversity of the targeted communities and to enhance the community-based approach, it is recommended to **undertake comprehensive community assessments and conflict analysis work (conflict mapping, Do No Harm principle, local capacity for peace approach etc)**. **Coordination with other agencies in this context is of particular importance.**

#### Enlargement of partner organisations and reduction of ACT/Caritas activities

- (188) The number of expatriates should slowly decrease in the second and third phase and instead, there should be a **focus on the recruitment of skilled national staff**. Simultaneously, there is a need to **gradually downsize the ACT/Caritas programme** and to increase the partner activities without overstressing their capacities.

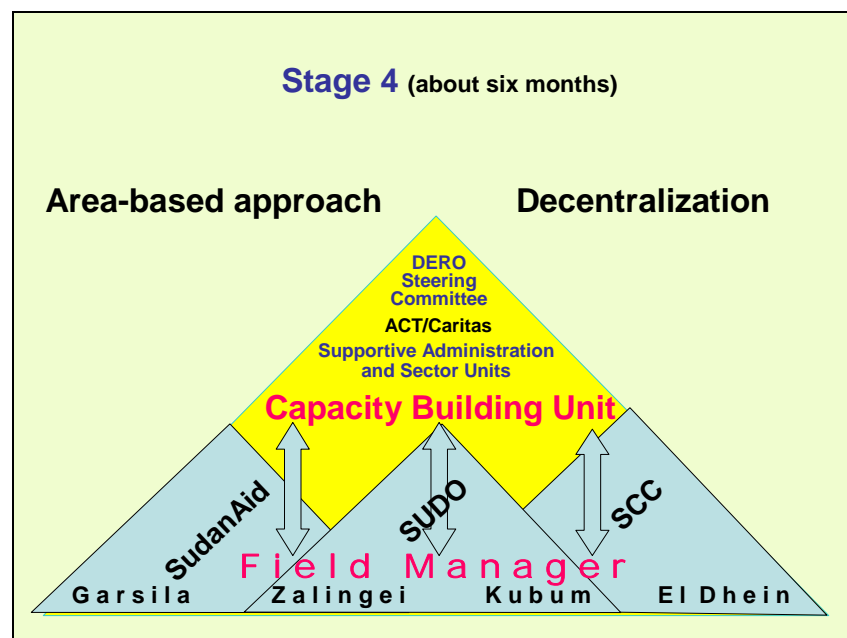


(189) On request, capacity building of local staff should be intensified within partner organisations and, if needed, their offices be appropriately extended. The remaining **ACT/Caritas office should focus merely on advisory and supportive functions, whereas a strong Capacity Building Unit with expatriate staff will be required for a longer period of time to support the training of staff in the different regions (decentralisation process).**

(190) In stage 3 all projects should be exclusively implemented by local partners.

### **7.3.2. Decentralization and development of an area-based approach**

(191) To strengthen the decentralisation process, it is recommended that **increased consultation and coordination efforts on programme management be undertaken at middle level management** e.g. between field coordinator/managers and adequately trained counterpart partners in each field office location.



(192) In the fourth stage, the process of decentralization should be accomplished:

- Extension of field offices with increased numbers of skilled national staff headed by a competent field manager should be envisaged.
- A pilot phase for decentralisation is recommended. Zalingei seems to be an appropriate region for piloting strategies to test merging of sectors and implementing an area based approach.
- There should be improved assistance from the Supportive Administration and Sector Unit to field office level especially for administrative, financial, operational and policy support.
- With respect to training needs, expatriate staff should be seconded on request to the field stations.

(193) **Focus should be on the consolidation of activities in the current areas of operation based on well-performed needs assessment and measures of quality assurance.**

(194) There is a demand for **flexible strategic planning** in order to move from emergency to development and back to emergency if needed.

### **7.3.3. Models of programme management for future operations**

#### **Alternative model of programme management**

- 12) The main question for future operations like DERO is whether the current structure and process should in general be maintained (given improvements of the partnership at the donor and DERO level) or whether there should be an alternative model.
- 13) An alternative model would restructure the current two lead agencies system to incorporate technical and administrative expertise available in the broader network. Issues of legal status would have to be resolved as needed. Such a management structure - a mix of different network organisations - may have the advantage of being a more neutral body as compared to having two lead agencies. Institutional sensitivities and vulnerabilities with regard to responsibility and performance (which may have been present in the management of DERO and may have hindered efficiency) are likely to play a lesser role in such a set-up.

(195) In considering such an alternative model a number of questions need to be considered.

How would **network members** identify with such a structure? Would they feel better represented?

Can **institutional knowledge** from different member organisations adequately flow into it? (e.g. in the case of NCA being responsible for logistics in DERO, benefits can be gained from their entire body of knowledge in this field)

How do the **different work procedures** conform to those of the member organisations represented in the structure? Do they need to be tuned or newly created?

- 14) These are questions for the donor network to decide as to whether or not such a structure would be a viable alternative. What would be the costs versus benefits and what would be needed for its implementation?

#### **Improvements of the DERO model**

- 15) Given improvements of the partnership aspect the current structure of DERO can be widely maintained. In a number of issues this model has proven efficient and adaptable. There has been enormous determination and a lot of institutional drive and pride in managing this programme. These are invaluable ingredients for carrying on even in times of extreme difficulties.
- 16) Based on information obtained during interviews and analysis of the evaluation team the following would need to be taken into consideration for improving the DERO model:

#### **7.3.4. Recommendations**

- (196) At the set-up of an emergency programme all areas of concern should be outlined and respective responsibilities be assigned to the nominated lead agencies. **Roles and responsibilities need to be clearly understood by each agency. If areas of responsibility emerge in the process that have not been considered at the start, these have to be identified, outlined and clearly presented to lead agencies.** Respective mechanisms for inter-agency reviews of lead agencies' responsibilities, existence of 'grey areas', and emergence of new responsibilities should be identified from the start of the programme and become part of the quality assurance process for overall management. (This would be complementary to the quality process for programme design and implementation).
- (197) Mutual assumptions and expectations of partners should be checked in the event of any future emergency operation. A precondition for this is improved communication and early personal meetings. External moderation may be helpful in supporting this approach.
- (198) **If there is an identified lack of experience in running very big operations, it is recommended that international support be brought in.** The establishment of a roster of experienced management experts, which remains on stand-by for eventual assistance might be a feasible alternative. While the majority of donors were clearly supportive of the present model, network-wide acceptance and agreement of the modalities should be secured for this structure to be implemented successfully in the future.
- (199) **Valuable resources, capacities and areas of (technical) expertise within the network members should be identified and combined** to enhance overall performance of the programme and to increase efficiency. While this is already happening for selected areas (for example, technical input for the psychosocial approach by the Church of Sweden and for the environmental health sector by NCA, or a communication consultant by CAFOD) this is not yet being done in a systematic manner.
- (200) If the programme includes areas of intervention for which there is no back-up expertise in the donor network (for example for 'health' in the DERO programme) **it needs to be discussed and agreed upon whether this expertise should be sought outside the network and how. The presence of technical back up for each intervention area is strongly recommended.** Cost-efficient ways should be identified. One possibility would be to hire external expertise under conditions of a 'frame contract' for 2 working months per year. This expert would have to be available for answering (e-mail) technical questions. If the need arises, it will have to be decided whether the technical back up should also include short-term consultancies in the field.
- (201) The ISC/Board is responsible for donor fundraising, accountability of these funds and developing strategies of how these funds are to be used. Expectations and demands on the ISC role and responsibilities should be reduced given that there are only a few annual meetings of these high level church functionaries. It should be reflected upon whether present ISC level tasks should be delegated to smaller task forces or working groups.
- (202) Representation on the Board: A number of donors expressed the desire to see SUDO represented on the board. **The issue of whether or not national partners, who are not affiliated with the church can be board members, must be agreed upon by the current member networks.** All network members should be informed about the decision and the reasons for the decision.

- (203) Sector policies and advocacy work: The donor partners need to ensure harmonisation of sector policies. More commitment is needed to **foster links with programme field staff and pool the powerful resources of the network** to develop common strategies for joint advocacy work.
- (204) **The future identity and representation of DERO as ACT/Caritas and the identity of local partners**, which might become less visible under the umbrella of a consortium **should be given careful consideration**. Usually donor governments and international donor agencies put emphasis on visible identity as a conditionality of aid and therefore this issue should be addressed accordingly.
- (205) Future strategy for national partners: **To guarantee ownership from the beginning, partners should be more involved in the preparatory stages**. For the 'inception phase' of any future programme, it would be advisable to have a 'team of experienced management experts with extensive knowledge of emergencies and humanitarian aid programmes' to assess and monitor the partner aspect and to ensure that they are not neglected in the process of identifying the network's own expertise. Assessment of national partners' capacity has to be carefully done in order for it not to be overstretched. The process has to go slowly and gradually to ensure sustainability. There should be a balance between local capacity and external capacity. **Local counterparts are needed for all expatriate positions**. All partners should be represented on decision-making bodies such as the proposed "DERO Steering Committee".



## **ANNEX 1: CONTRIBUTING MEMBERS OF ACT-CARITAS IN DARFUR + INSTITUTIONAL BACK-DONORS (2004-2005)**

ACT Netherlands
American Baptist Churches, USA
American Friends Service Committee, Philadelphia
Anglican Board of Mission, Australia
Anglicord Australia
Australian Lutheran World Service
CAFOD ( Caritas England & Wales) + DFID + Disasters Emergency Committee
Caritas Australia + Australian Government
Caritas Austria + „Neighbors in Need“
Caritas Belgium
Caritas Canada (Development & Peace)
Caritas Czech Republic
Caritas Finland
Caritas Germany + German Foreign Ministry
Caritas Hong Kong
Caritas Italiana
Caritas Japan
Caritas Luxembourg + Foreign Ministry
Caritas New Zealand + NZAID (Government of New Zealand)
Caritas Norway
Caritas Spain
Caritas Switzerland + „Die Glückskette“
Caritas Taiwan
Cathedral of All Souls, Colorado
Catholic Relief Services ( Caritas USA)
Christian Aid + DEC

Christian World Service, New Zealand + NZAID
Church of Sweden
Church of the Brethren, USA
Church World Service, USA
Cordaid (Caritas Netherlands)
Council of Churches of Malaysia
Danchurchaid + ECHO + DANIDA
Diakonia Sweden
Diakonie Austria
Diakonie Emergency Aid + German Foreign Ministry
Disciples of Christ: Week of Compassion, USA
Dorcas Aid International, The Netherlands
Eglise Reformée de France
Episcopal Relief and Development, USA
Evangelical Lutheran Church in America, USA
Finnchurchaid + Government of Finland
Gen. Bd of Global Ministries/ United Methodist Committee on Relief, USA
HEKS, Switzerland
Icelandic Church Aid + Government of Iceland
Kerkinactie/ Global Ministries UPCN, The Netherlands
Kevin Kim Gerald, USA
Lutheran World Relief
Joel Englander
Mark Englander, UK
Mennonite Central Committee, USA
Methodist Relief and Development Fund, UK
National Council of Churches in Australia
Norwegian Church Aid + Ministry of Foreign Affairs Norway
Presbyterian Disaster Assistance/ PCUSA
Presbyterian World Service & Development, Canada
Primate's World Relief and Development Fund, Canada
Reformed Church in America, USA

SCIAF ( Caritas Scotland)
Saint Anne Lutheran Church, UK
Secours Catholique (Caritas France)
Trocaire (Caritas Ireland) + Irish Government
Unitarian Universalist Service Committee
United Church of Canada
United Church of Christ, USA
Wider Church Ministries/United Church of Christ, USA
Ycare International, UK

## ANNEX 2: CALENDAR AND ITINERARY OF THE MISSION

Date	Activities Veronika Scherbaum	Participants/Contacts	Activities Regine Penitsch	Participants/Contacts
Aug 8	Background reading		Background reading	
Aug 9	Planning of 1. team meeting in Potsdam	Julia Ziegler	Background reading	
Aug 10	Discussion of survey planning and methodology	Dr. Emrich, Biostatistik	Background reading	
Aug 11	Further preparation for first team meeting in Potsdam		Study of EPI-Info; Design of beneficiary survey, including interviewer training; Travel to Berlin	
Aug 12	Team building, discussion of different methods and procedures used during the evaluation, distribution of duties among team members, Planning of first workshop in Nyala	Birgit Niebuhr Regine Penitsch Julia Ziegler Ali Dörlemann Michaela mantel	1 <sup>st</sup> meeting in Potsdam: Team building; Discussion of different methods and procedures used during the evaluation; Distribution of duties among team members; Planning of first workshop in Nyala	Birgit Niebuhr, Veronika Scherbaum, Julia Ziegler, Alois Dörlemann, Michaela Mantel
Aug 13	Team building, design of first version of donor questionnaire, beneficiary survey planning	Birgit Niebuhr Regine Penitsch Julia Ziegler Ali Dörlemann	1 <sup>st</sup> meeting in Potsdam: Team building; beneficiary survey planning; Design of criteria for survey-team	Birgit Niebuhr, Veronika Scherbaum, Julia Ziegler, Alois Dörlemann,
Aug 14				
Aug 15	Appointments for donor interviews, background reading	Julia Ziegler	Background reading; Travel Berlin → Cologne	
Aug 16	First donor interview in Freiburg (DCV)	Mr. Jörg Kaiser	Inquiry for survey personnel in Nyala; Background reading	Leeky Beresford
Aug 17	Interview with Diakonie Emergency Aid in Stuttgart	Michael Frischmut Frau Hensel (Director)	1st draft of beneficiary survey questionnaire	
Aug 18	Interview with Caritas Switzerland	Frau M. Huber Jakob Strässler (R+R)	1st draft of beneficiary survey questionnaire; Design of qualitative research	

Aug 19	Summary of the results of the first 3 interviews	Julia Ziegler	Planning of Survey; Study of EPI-Info	
Aug 20	Design of questions for the beneficiary survey	Julia Ziegler Regine Penitsch	Discussion of the 1st draft of beneficiary survey questionnaire	Veronika Scherbaum, Julia Ziegler
Aug 21				
Aug 22	2 <sup>nd</sup> meeting in Potsdam, John provided us with useful background information, Francois improved our understanding of geographical distribution of programme activities	John Borton Francois Large Birgit Niebuhr Patricia Garcia Regine Penitsch Julia Ziegler Ali Dörlemann	Travel Cologne → Berlin : 2 <sup>nd</sup> meeting in Potsdam: Background and overview about DERO and its activities	John Borton, Francois Large; Birgit Niebuhr; Patricia Garcia; Alois Dörlemann; Julia Ziegler
Aug 23	Discussion about first donor interview, modification of the questionnaire  Field work planning Discussion of first draft version of beneficiary survey  Telephone interview with NCA	John Borton Francois Large Birgit Niebuhr Patricia Garcia Regine Penitsch Julia Ziegler Ali Dörlemann  Kari Oyen	2 <sup>nd</sup> meeting in Potsdam: Planning of field trip to Darfur including beneficiary survey; Discussion of the 1 <sup>st</sup> draft of the questionnaire; Travel Berlin → Cologne	John Borton, Francois Large; Birgit Niebuhr; Patricia Garcia; Alois Dörlemann; Julia Ziegler
Aug 24	Donor interview with Caritas Vienna Design of 10 questions for about 40 donors who will be contacted via e-mail	Dr. Aichinger	Design of qualitative research;  Travel Cologne → Wildberg	
Aug 25	To send visa application etc. to NCA, Norway  Background reading	Julia Ziegler Leeky Beresford Francois Large	Training in EPI-Info; Travel Wildberg → Cologne	Claudia Conzelmann
Aug 26	Revising the time table Darfur And the workshop planning	Julia Ziegler John Birchenough Leeky Beresford Francois Large Regine Penitsch	Collecting comments to the 1 <sup>st</sup> draft of questionnaire; working on the 2 <sup>nd</sup> draft; Travel and survey planning	Veronika Scherbaum; Leeky Berseford; Julia Ziegler
Aug 27	Finalising the draft version of the questionnaire	Regine Penitsch Birgit Niebuhr Patricia Garcia Julia Ziegler	2nd draft version of the questionnaire	Veronika Scherbaum, Birgit Niebuhr; Patricia Garcia, Julia Ziegler



Aug 26			2nd draft version of the questionnaire	
Aug 29	Preparation of departure	Leeky Beresford Francois Large Julia Ziegler Regine Penitsch John Borton	(Preparation of departure)	Julia Ziegler; Patricia Garcia
Aug 30	Flight to Khartoum	Regine Penitsch	Travel Cologne → Khartoum	Veronika Scherbaum
Aug 31	Travel permit for Darfur Interview with DERO staff members	Liv Snesrud Vivi Gramm Bernd Hager Sylvie Ntabulenga Mr. Saad (SUDO representative)	Briefing NCA office in Khartoum (activities of Khartoum office; security...); Organisation of travel permit; Background reading	Veronika Scherbaum, Liv Snesrud, Vivi Gramm
Sep 1	Flight to Nyala Introduction to DERO activities Security briefing Survey planning Field planning	Bjorg Mide John Birchenough Leeky Beresford Regine Penitsch	Travel Khartoum → Nyala ; Introduction to DERO activities by Bjorg Mide Security briefing, Survey planning, Field trip planning, New cluster allocation for survey	Veronika Scherbaum, Bjorg Mide, Leeky Beresford, John Birchenough
Sep 2	Preparation for interviewer training Introductory meeting with representatives of local partners  Interview with DERO director	Regine Penitsch Dr. Bushra (SUDO), Mr. Joseph (SCC) Mr. Ezibon (Sudanaid) Leeky Beresford John Birchenough Björg Mide	Presentation of cluster allocation for survey and its discussion; new cluster allocation considering new population data and up-to-date informations about activities, feasibility and security situation; Preparation for interviewer training	Bjorg Mide, Jakob Straessler, John Birchenough, Veronika Scherbaum
Sep 3	Interviewer training together with Regine	Mekki Musa, Gawdansio Yank Mahmoud Suliman Elsadag Idress Saliah Haroon Ahmed Bashir Fatma Abdalla Willima William Abdalla Abakar Mohammed Abdurhaman	Interviewer training	Interviewer teams, Veronika Scherbaum

	Interview with representatives of local partners Arrival of Brian Martin	Mohammed Elmahadi Badur Elzaman Asyla Wadi Aziza Abdallah  Dr. Bushra (SUDO), Mr. Joseph (SCC)		
Sep 4	Planning of survey teams Arrival of Birgit Niebuhr, Patricia Garcia and John Borton  Interview with representative of Sudanaid Preparation for first workshop	Regine Penitsch Björg Mide Brian Martin John Birchenough  Mr. Ezibon Birgit Niebuhr Patricia Garcia	Survey planning; Training of documentalist in EPI-Info; Discussion of Arabic translation of questionnaire with Aziza Abdallah and Hassaniya yxz	Veronika Scherbaum, Mohammend Daweina Mohammed, Aziza Abdalla, Hassaniya ...
Sep 5	First workshop Workshop agenda (see attachment)	See list of participants (41)	1 <sup>st</sup> workshop: presentation and discussion of questionnaire; Modification of questionnaire due to comments of workshop participants; Discussion in evaluation team about qualitative research and distribution of tasks, teambuilding	See list of participants (41) Veronika Scherbaum, Birgit Niebuhr, Patricia Garcia
Sep 6	Interviewer training together with Regine Field test in Mershing  SCC project area Camp manager	Name of interviewer (see above)  Mr. Joseph Mr. Paul Birgit Niehuhr Patricia Garcia	Interviewer training: Field-test in Mershing	Interviewer teams, Veronika Scherbaum, Mr. Joseph (SCC representative), Mr. Paul
Sep 7	Interview with representatives of MoH together with Birgit Niebuhr and Patricia Garcia Interview with HAC representatives  Interview with DERO sector heads at SUDO office	Dr. Shariah  JamalYousaf, Shabel Ahmed  Dr. Bushra Mayen Wol Jong Anna Okiya Grace Lamunu	Interviewer training: Re-training of the teams; Modification fo EPI-Info according to the questionnaire's final version; Organisation of field trips for both survey teams; Discussion of Arabic translation of the questionnaire	Interviewer teams, Leeky Beresford; Aziza Abdalla, Hassaniya ...

	Meeting with Ayya representatives (local NGO)	Sylvie Ntabulenga Paul Ogulu  Björg Mide Brian Martin John Borton		
Sep 8	Travel to El Dhein together with Birgit Niebuhr, John Birchenough and survey team 1 Introduction to representatives of SUDANAID and SUDO  Travel to El Neim (IDP camp) to study the monitoring system of the SFP	Dut Baak (SUDANAID) Basheer Aubator (SUDO) Dr. Mohamed Hussein (SUDO) Hamid Ibrahim (Nutrition programme officer) Swaka Lako (Nutrition officer)	Travel Nyala → Zalingei; Briefing of Patrick ; Overview about activities with community mobilizers Jamal Abdallah Issa and Mahjub ; Selection of location for survey; Organisation of accommodation etc. for interviewer team	Interviewer team 2, Patricia Garcia, Brian Martin, Patrick Musimbi, Jamal Abdallah Issa, Mahjub
Sep 9	Travel to Wazazin (IDPs and host community)  First day of data collection  Observation of SFP activities Interviews with SFP staff, health assistant and midwife Discussion with men group about distributed seeds and tools	Birgit Niebuhr John Birchenough Mr. Musa and survey team 1  Hamid Ibrahim Swaka Lako (Translation)	Zalingei, Khamzadagaig (Camp): Choice of households with interviewer team; Camp-tour with Jamal Abdalla Issa (community mobilizer); with Patricia Garcia: Observation of psychosocial activities, interviews with traditional healers, with sheikhs, with agricultural committee of IDPs; visit of cultivated land; meeting with interviewer team, discussion of the 1 <sup>st</sup> day of data collection	Interviewer team 2, Patricia Garcia, SCC/Sudo representatives, Jamal Abdallah Issa, Mahjub Aziza Abdallah (translator), Thabitha (psychosocial worker), IDP representatives
Sep 10	2 <sup>nd</sup> day of data collection in El Dhein (IDPs and host community) Interview with home visitors (6 females, 4 males) Interview with 14 mothers and children (beneficiaries) Visit of nutrition stabilisation centre (SC) in El Dhein to investigate the treatment procedures for severe malnutrition Travel to KhorOmer (IDPs and host community) Interview with 12 Dinka beneficiaries (mothers and children), Interview with 10 home visitors and 3 anthropometric measurers	Mr. Musa and survey team 1  Hamid Ibrahim Swaka Lako (Translation)  Dr. Mohammed Hussein (Translator)  Swaka Lako (Translation)	Zalingei, Hassa Hissa (Camp): Choice of sub-cluster location and households with interviewer team; Semi-structured interview with an honorable member of IDPs; With Patricia Garcia: semi-structured group discussion with head of sheikhs and 10-15 sheikhs	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, IDP representative,  Patricia Garcia, sheikhs of IDPs

Sep 11	<p>3<sup>rd</sup> day of data collection again in El Dhein</p> <p>Travel to Salea (IDP camp and host community)</p> <p>Interview with 7 female home visitors (HV) and 1 male HV</p> <p>Discussion with about 40 mothers and children about nutrition and child care</p>	<p>Mr. Musa and survey team 1</p> <p>Dr. Mohammed Hussein Swaka Lako</p> <p>Hamid Ibrahim</p>	<p>With Patricia Garica: Meeting with HAC; Meeting with the Commissioner of the Province Zalingei;</p> <p>Zalingei, Hassa Hissa (Camp):</p> <p>Semi-structured interview with an honorable member of IDPs;</p> <p>Semi-structured group discussion with head of sheikhs and 10-15 sheikhs;</p> <p>With Patricia Garcia and Birgit Nieburh: Discussion of preliminary results</p>	<p>Patricia Garica, HAC representative; Commissioner; Patrick Musimbi</p> <p>Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, IDP representative, sheikhs of IDPs, Patricia Garcia, Birgit Nieburh</p>
Sep 12	<p>4<sup>th</sup> day of data collection in KhorOmer</p> <p>Travel to Tearfund CTC Project area in Abumataric</p> <p>Interview with 2 midwives in a clinic funded by Cordaid</p> <p>Travel to Rahad (Dinka camp)</p> <p>Discussion with Sheik and about 70 community members (men and women)</p> <p>Travel to El Firdous (Dinka camp) Visit of shelter construction project</p> <p>Discussion with Sheik and about 80 community members (men and women)</p> <p>Travel back to El Dhein</p> <p>Interview with Cordaid representatives in El Dhein</p>	<p>Mr Musa and survey team 1</p> <p>Catrin (Irish nutritionist)</p> <p>Rachel (Nurse from Kenia)</p> <p>Haras Hamid, Fatima Majima</p> <p>Dut Baak (Sudanaid)</p> <p>Swaka (NCA nutritionist)</p> <p>Dingakaschan (Sheik) and Community members</p> <p>Dut Baak</p> <p>Swaka Lako</p> <p>Hamus Abdullah (sheik) and community members</p> <p>Leticia and Monica</p>	<p>Zalingei, Hay Hamidiya (Host Community):</p> <p>Choice of sub-cluster location and households with interviewer team;</p> <p>Interview with Arab sheikhs and other male members of HC;</p> <p>with Birgit: interview of Jamal Abdallah Issa;</p> <p>with Birgit: interview with Fulani-sheikh of HC</p>	<p>Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, Arab sheikhs of HC; Fulani sheikh of HC;</p>
Sep 13	<p>Flight back to Nyala</p> <p>Attendance at Unicef nutrition coordination meeting</p>	<p>Barbara Perez</p> <p>Talal Mahgoub</p>	<p>Zalingei, El Hamidiya (camp):</p> <p>Choice of sub-cluster location and households with interviewer team;</p> <p>With Patricia : Interview with sheikh;</p> <p>Interview with just arrivec shieks of a recently destroyed camp;</p> <p>Interview with member of women's committee;</p> <p>Meeting with team and documentalist</p>	<p>Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, Patricia Garcia, sheikhs of IDPs, member of women's committee</p>

Sep 14	Travel to Kubum Visit of reconstructed clinics in Diri, Bido and Falunke Interview with health assistants and midwives	Halima (Translation) Ahmed, Hassan Manu, Tagob	Zalingei, El Hamidiya (camp): Choice of sub-cluster location and households with interviewer team; Interview with member of women's committee  Informal meeting with Prof. Awatif Ahmed, researcher about conflict in Darfur, Univ. of Khartoum	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, Patricia Garcia, Birgit Niehbur, member of women's committee; Patrick Musimbi, Prof. Awatif Ahmed
Sep 15	5 <sup>th</sup> day of data collection in Kubum Dagadusa Interview in Dagadusa with 2 Protection officers Discussion with a group of women (40) who attended the protection lesson Travel to Almtar (Nutrition outreach programme) Discussion with about 35 men and about 40 women in two separate groups	Mr Musa and survey team 1  Alawia Ahmed Nasran Jameia Aluma Gadrm  Translation by Mohamed Adam Buima Fred Chumba Adam (translator)	Travel Zalingei → Garsila; Briefing with Abdelghazim and Jamal Abdallah Issa; overview about activities; survey planning; Organisation of accommodation and boarding of interviewer team	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, Patricia Garcia, Birgit Niehbur, Adelghazim, Hamid, George Wanbungu,
Sep 16	6 <sup>th</sup> day of data collection in Um Labassa Umscherid Visit of Kubum hospital And water points, school, and psychosocial assistance in Kubum Camp Discussion with about 10 women at water points and in the psychosocial project	Mr Musa and survey team 1  Jakob Strässler Paul Nzengu  Translation by Emanul	Garsila, Ardeba (camp): Choice of sub-cluster location and households with interviewer team; Interview with Nr? sheikhs; Interview with Nr? women;  Meeting with interviewer team	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, sheikhs of IDPs, women of IDPs
Sep 17	7 <sup>th</sup> day of data collection in Um Labassa Camp Discussion with a nurse in Umlabassa Camp Visits of water points in Umlabassa camp and discussion with beneficiaries Discussion about the system of home visitors, anthropometric measurements and the monitoring system	Mr Musa and survey team 1  Mobak Abud Mohamed Adam Brima (Translator) Idris Ahmed Abdulla Asis Harum	Garsila, Hay Debba (HC): Choice of sub-cluster location and households with interviewer team; Interview with 1 sheikh of HC; (?) Visit of all 3 camps: psychosocial centre, water bladder, school	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, sheikhs of IDPs
Sep 18	8 <sup>th</sup> day of data collection in Um Labassa Julo Visit of a Therapeutic programme in Kubum Camp	Mr Musa and survey team 1  Fred Chumba	Garsila: Office work: revision and planning, Meeting with team and documentalist;	



	Visit of an SF-outreach programme Discussions with about 60 women in the waiting area	Mohamed (Translator) Emanuel (Translator)	Organisation of flight to Nyala	
Sep 19	9 <sup>th</sup> day of data collection in Kubum Hassabala Travel back to Nyala by car with Birgit, Patricia	Mr Musa and survey team 1	Garsila - Deleij (camp): Choice of sub-cluster location and households with interviewer team, office work	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, sheikhs of IDPs
Sep 20	10 <sup>th</sup> day of data collection in Kubum Camp Workshop preparation	Mr Musa and survey team 1  Birgit Niebuhr Patricia Garcia	Garsila - Um Kheir (village): Choice of sub-cluster location and households with interviewer team; Interview with sheikhs of IDPs	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, sheikhs of IDPs
Sep 21	11 <sup>th</sup> day of data collection in Falanduke – staying overnight in Diri Debriefing workshop Partnership interview together with Birgit and Patricia	Mr Musa and survey team 1  (see list of attendants) Josef, Ezibon, Dr. Bushra Björg, Mayen Wol Jong	Garsila - Kurdol (village): Choice of sub-cluster location and households with interviewer team; Interview with the head of the region (al-omda of the haraka)	Interviewer team 2, Jamal Abdallah Issa, Aziza Abdallah, the head of the region (al-omda)
Sep 22	12 <sup>th</sup> day of data collection in Diri – travel to Nyala in the afternoon Arrival of survey team 2 Interview with head of nutrition Interview with head of protection	Mr Musa and survey team 1  Regine Penitsch Fred Chumba Grace Lamunu	Travel Garsila → Nyala (per helicopter); Meeting for planning the last days of the survey; Briefing with Veronika about work of team 1; office work; problem: 3 interviewer and the documentalist weren't on the flight	Interviewer team 2, Aziza Abdallah, Veronika Scherbaum, John Borton, Brian Martin, Leeky Beresford
Sep 23	Interview with head of NFI	Jonathan Barden	Nyala: Team meeting; office work	Interviewer team 2, Aziza Abdallah
Sep 24	Interview with SUDO head of agriculture and Nutrition  Interview with SCC head of education Discussions with ACT/Caritas nutritionist about concepts of SFP and CTC	Omima Adam Hamid Ibrahim  Bajwan Ator  Fred Chumba	Nyala - Mershing, Um Guzein: Choice of sub-cluster location and households with interviewer team; Report for AU	Interviewer team 2, Aziza Abdallah, SCC Officer, SUDO, Officer Journalist
Sep 25	13 <sup>th</sup> day of data collection in Bilel	Mr Musa and survey team 1	Nyala - Mershing, Tumkitr: Choice of sub-cluster location and households	Interviewer team 2, Aziza Abdallah,

	Visit of a SCC school project in Bilel  Interview with the ACT/Caritas head of sectors Interview with the head of partner support	Mekka Ishag, El Hadd Suliman Nur, Ibtisam Ahmed  Brian Martin Mayen Wol Jong	with interviewer team; Interview with SCC Officer, teachers; Informal interview with Grace Lamunu (head of protection)	SCC officer Journalist, Grace Lamunu
Sep 26	14 <sup>th</sup> day of data collection in Labado could not take place Interview with Donor liason officer Interview with head of administration	Mr Musa and survey team 1  John Birchenough Philip Aurugai	Nyala: trial to go to Labado, return after a few km; Discussion with Halima Mohammed about background of locations of survey of team 1; Informal interview with Grace Lamunu; Interview with Lieutenant B. Apapa (African Union) and Grace Lamunu	Interviewer team 1 & 2, Aziza Abdallah, Grace Lamunu, Lieutenant B. Apapa
Sep 27	14 <sup>th</sup> day of data collection in Labado  Interview with representative of WHO WFP FAO MoE Unicef Education Unicef Nutrition	Mr Musa and survey team 1  Dr. Karmin Kamilo Mr. Callixte Kayitase Mr. B.C. Mandal Fodol Tamin Frtak Mrs. Fung Talal Mahgoub Barabara Perez	Nyala – Labado: Choice of sub-cluster location and households with both interviewer teams; Team meeting	Interviewer team 1 & 2; Journalist, Grace Lamunu,
Sep 28	Debriefing with the NCA director and learning support consultant Travel to Khartoum with Regine	Bjorg Mide John Borton	Debriefing with the NCA director and learning support consultant Travel Nyala → Khartoum	Bjorg Mide, John Borton, Veronika Scherbaum
Sep 29	Interview with CRS representative  Interview with SUDO representatives	Mark Snyder  Dr. Mudavi, Dr. Saad	Khartoum: Interview with SUDO representatives and SUDO Human Rights Department	Dr. Mudawi, Dr. Saad, ...
Sep 30	Travel back to Germany	Regine Penitsch	Travel Khartoum → Cologne	Veronika Scherbaum
Oct 1	Preparations for debriefing in Rome			
Oct 2	“			
Oct 3	“		Preparations for debriefing in Rome	
Oct 4	“		Preparations for debriefing in Rome	
Oct 5	“		Preparations for debriefing in Rome	

Oct 6	Flight to Rome Interview with CI representative	Jose Maria Gallardo	Travel Cologne → Rome	
Oct 7	Presentation of preliminary findings and recommendations	Francois Large John Borton Harald Happel (CE) Mike Weeda (ACT) Jose Maria Gallardo (CI) Birgit Niebuhr Patricia Garcia Regine Penitsch Michaela Mantel Julia Ziegler	Presentation of preliminary findings and recommendations	
Oct 8	Preparation of draft version for Board meeting in Khartoum	Birgit Niebuhr Patricia Garcia Michaela Mantel		
Oct 9				
Oct 10 - 16	Report writing		Report writing	
Oct 17	Meeting with newly assigned NCA – Nutritionist for Darfur in Tübingen	Ingrid Bariksmo	Report writing	
Oct 18	“	“	Report writing	
Oct 19	Finalizing the draft report	Michaela Mantel	Report writing	
Oct 20	“	“	Report writing	
Oct 21	“	“		
Oct 22	“	“		

Date	Activities Patricia Garcia	Participants/Contacts	Activities Birgit Niebuhr	Participants/Contacts
Aug 8				
Aug 9				
Aug 10				
Aug 11				
Aug 12			Team building, discussion of different methods and procedures used during the evaluation, distribution of duties among team members, Planning of first workshop in Nyala	Veronika Scherbaum, Regine Penitsch, Julia Ziegler, Alois Doerlemann, Michaela
Aug 13			Team building, design of first version of donor questionnaire, beneficiary survey planning	Veronika Scherbaum, Regine Penitsch, Julia Ziegler, Alois Doerlemann,
Aug 14				
Aug 15				
Aug 16			Preparatory reading	
Aug 17			Preparatory reading	
Aug 18	Sudan Visa application, passport work, photos and other travel preparations	Julia Ziegler, Beate Ziegler	Preparatory reading	
Aug 19	Sudan Visa application, passport work, photos and other travel preparations	Julia Ziegler, Beate Ziegler	Telephone interview with Irland	Mary Healy, Trocaire
Aug 20				
Aug 21				
Aug 22	2 <sup>nd</sup> meeting in <b>Potsdam</b> , John Borton provided us with useful background information, Francois Large improved our understanding of geographical distribution of programme activities	John Borton, Francois Large, Birgit Niebuhr, Veronica, Regine Penitsch, Julia Ziegler, Alois Doerlemann	2 <sup>nd</sup> meeting in Potsdam, John Borton provided us with useful background information Francois Large improved our understanding of geographical distribution of programme activities	John Borton, Francois Large, Patricia Garcia, Veronika Scherbaum, Regine Penitsch, Julia Ziegler, Alois Doerlemann
Aug 23	<b>Potsdam</b> - Discussion about first donor interview, modification of the questionnaire, Field work planning Discussion of first draft version of beneficiary survey  Telephone interview with NCA	John Borton, Francois Large, Birgit Niebuhr, Veronika Scherbaum, Regine Penitsch, Julia Ziegler, Alois Doerlemann  Kari Oyen	<b>Potsdam</b> -Discussion about first donor interview, modification of the questionnaire, Field work planning Discussion of first draft version of beneficiary survey  Telephone interview with NCA	John Borton, Francois Large, Patricia Garcia, Veronika Scherbaum, Regine Penitsch, Julia Ziegler, Alois Doerlemann  Kari Oyen, NCA

Aug 24	Reviewing reports and material from the field		Interviews at Danchurchaid, Copenhagen	Nils Carstensen, Erik Johnson, Relief Coordinator
Aug 25	Reviewing reports and material from the field Telephone Interview with CORDAID Netherlands	Wim Piels		
Aug 26	Reviewing reports and material from the field		Telephone Interviews with Church of Sweden, Caritas Luxemburg	Anne Bergmann, Hedwig Dingler
Aug 27			Sectoral input for questionnaire (survey)	Regine Penitsch
Aug 28				
Aug 29	Setting up telephone interviews, dates and meetings for London	Julia Ziegler, Antony Mahony, Nick Gutman Steven Martin		
Aug 30	Meetings in <b>London</b> with CAFOD and Christian Aid	CAFOD - Chris Bain, Rob Rees, Martijn Kelly, James Steel, Laura Donkin, Jennifer Hadley, Antony Mahony, Sarah Belsen Dawn Bennett Kener De Souza, Tim Aldred, Joanna Elkington, ChristianAid – Stephanie Birgden, Neill Garvie, Michael Noyes		
Aug 31	Preparation of departure Telephone Interview with SCIAF Scotland	Julia Ziegler, Beate Ziegler Steven Martin		
Sep 1	Flight from Cologne to Khartoum	Birgit Niebuhr	Travel from Berlin to Khartoum	
Sep 2	<b>Khartoum</b> Acropole Hotel – Welcome and briefing with John Borton and Brian Martin	Birgit Niebuhr John Borton, Brian Martin	Akropole Hotel Khartoum, Further preparation Meeting with	John Borton, Brian Martin
Sep 3	<b>Khartoum</b> Meeting at NCA office Briefing given by Liv Snesrud and Vivi Gramm Travel permit to Nyala	Birgit Niebuhr Liv Snesrud and Vivi Gramm	NCA Office, DERO, Khartoum Administrative Preparation for Nyala	Liv Snesrud, Vivi Gramm
Sep 4	<b>Nyala</b> – Khartoum to Nyala flight with Birgit Niebuhr John Borton, Mayen Wol Jong and Liv Snesrud, Introduction by Bjorg Mide and DERO team	Birgit Niebuhr, John Borton Liv Snesrud, Mayen Wol Jong	Travel to Nyala Meeting with DERO Management Team in Nyala office,	Regine Penitsch, Veronika Scherbaum, Patricia Garcia, Björg Mide, John Borton, Brian Martin, John Birchenough,



			Preparation of DERO staff workshop	Team
Sep 5	<b>Nyala</b> – First Workshop – All day	See list of participants (41)	First workshop	Team, Participants
Sep 6	<b>Nyala</b> - Interviewer training Field test in Mershing IDP camp SCC project area Camp manager	Camp manager, SCC team Joseph, Regine Penitsch, Birgit Niebuhr and Veronika Scherbaum	Visit to Mershing Interviews at health clinic , Psycho social center, School	Team, Brian Martin,
Sep 7	<b>Nyala</b> – Interview with representatives of MoH, HAC  Meeting with DERO sector heads at SUDO office	Birgit Niebuhr and Veronika Scherbaum, Ann Okiya JamalYousaf, Shabel hmed Dr. Bushra, Mayen Wol Jong	Interviews with MoH, WHO  HAC, Meeting with DERO sector heads, partners and DERO partner support at SUDO office for final discussion of research questions and their priorities	MoH,Director of clinical services, WHO,Coordinator for epidemiological surveillance, HAC representatives
Sep 8	<b>Zalingei</b> – travel from Nyala to Zalingei by road with Regine Penitsch and Survey team  Introductory meeting with Field Coordinator and field staff in Zalingei. Meetings with SUDO and SCC Zalingei representatives Planning programme schedule for Zalingei evaluation team visit with Camp Mobilisers	Regine Penitsch, Brian Martin, Patrick Musibi Adib Yusuf (SUDO) Deng Santino (SCC)  Regine Penitsch and survey team, Community Mobilisers Jamal and Ajoub	Travel to El Dhein  Introduction to representatives of SUDANAID and SUDO  Travel to El Neim (IDP camp) Observation of activites	Veronika Scherbaum, John Birchenough  Dut Baak (SUDANAID) Basheer Aubator (SUDO) Dr. Mohamed Hussein (SUDO)
Sep 9	<b>Zalingei</b> – Visit to Khamsa Dagaig IDP camp DERO Psycho Social Centre, interviews with Sheikhs, traditional Healers, Womens group, male vocational skills training group, visit to agricultural committee farm locations, SUDO water committee representative	Regine Penitsch, Jamal and Ajoub Aziza (translator), Psycho Social Services team, Protection staff, SCC and SUDO staff, Sheikhs,Patrick, Eunice, Petros	Travel to Wazazin And Sunta  Interviews with Sheiks, women's groups, Health clinic staff	John Borton
Sep 10	<b>Zalingei</b> - Visit to Hassa Hissa IDP camp- SCC schools /teachers interviews;	Regine Penitsch and survey team Community Mobilisers(Jamal and	Travel back to Nyala Interviews with UNFPA Interviews at DERO office	Dr. Nasir, UNFPA Anne, Health Coordinator, Primary Health (PH)

	Hygiene promotion activities; Interview with SCC Zalingei Representative Deng Santino Meeting with Patrick Musibi Field Coordination Zalingei Meeting with leading Sheikhs in camp (approx. 20 Sheikh representatives) Interviews with womens group	Ajoub) Camp teachers(MOE) Deng Santino Patrick Musibi Sheikhs and women representatives in camp.		Paul Nzengu, Head engineer, Environmental Health (EH) Paul, Public health promotion, EH Mayen Wol Jong, Partner support manager, John Borton, Learning consultant
Sep 11	<b>Zalingei -</b> Interview with HAC Representative Meeting with Commissioner of Zalingei Interview with IMC Interview with Ministry of Education Officers Interview with Programme Officers of OCHA	Birgit Niebuhr and Regine Penitsch with survey team	Travel to Zalingei Interviews with: Commissioner, MoE, HAC  DERO programme staff MSF  Field: El Hamediya camp (health facilities) Interviews with: Rural Hospital Zalingei	Commissioner, Ministry of Education, Head Department of primary education; HAC representative Eunice, EH MSF country representative  Chief Medical Doctor (MoH representative)
Sep 12	<b>Zalingei –</b> Visit to Host communities – Zalingei Agricultural activities – interviews with farmers Interview with SUDO Zalingei representative Adib Yusuf Interview with DRC representative Lone Calausen	Birgit Niebuhr and Regine Penitsch with survey team	Meeting with Zalingei staff  Interview with SCC Zalingei  Field: Khamsa Degaig Camp, PH and EH activities, Observations and interviews	SCC head
Sep 13	<b>Zalingei –</b> Visit to Hamadiya camp SCC schools /child protection activities Interview with IRC representative Meeting with UNHCR Visit SUDO health and nutrition centres in camp Meeting with AU Force Commander	Birgit Niebuhr, Regine Penitsch, Patrick, John Kulowoko Col. Anthony Mundubi SUDO field staff	MSF  WES (Water and Environment Sanitation Department) Field: Hassa Hissa camp, Observation and interviews: PH and EH activities	MSF country representative WES representative

Sep 14	<b>Zalingei –</b> Interview with DERO Psychosocial services team Interview with DERO Protection team; Interview with DERO Logistics staff Interview with Patrick Musibi Meeting with University of Zalingei Peace and Development Dept researcher.	Birgit Niebuhr and Regine Penitsch Patrick and programme field staff in Zalingei, Eunice, Petros, Matthew, Tabitha, Angela, Rashid Hashim	Interview with DERO staff  Field coordinator	Engineer for health site construction, Matthew, EH Gunvor, Health advisor Patrick
Sep 15	<b>Zalingei / Garsila</b> Travel by road from Zalingei to Garsila Meeting with Commissioner of Garsila Interview with International Medical Corps Interview with MSF Holland Interview with INTERSOS Meeting with Medical Director MOH	Birgit Niebuhr and Regine Penitsch Survey team Dr. Mohamed Idris (MOH)	Travel to Garsila Interviews with: Commissioner MSF IMC Intersource Rural Hospital	Commissioner, MSF representative, IMC representative, Intersource representative, Dr. Idris, Chief medical doctor (MoH representative)
Sep 16	<b>Garsila-</b> Visit to Garsila camp-Psychosocial Centres schools, community mobilisers with NFIs; Meeting with Protection team; Travel to Delej visit SUDO activities Schools, psychosocial centres	Birgit Niebuhr and Regine Penitsch and survey team Garsila programme field staff – George, Hatim, Adam, Ayak, Abugasim,	Interview with DERO staff  Field: Delej camp, EH and PH activities, Interviews and observations	Medical assistant (and supervisor) WEH promotion supervisor, 2 community mobilisers
Sep 17	<b>Garsila / Kubum</b> Travel by road to Kubum Introductory meeting with Jakob and DERO team in Kubum	Birgit Niebuhr and Veronika Scherbaum Jakob Catherine, Fred Christian Paul	Travel to Kubum	Patricia Garcia
Sep 18	<b>Kubum –</b> Visit to Kubum camp – psychosocial centre activities interview with teachers, women groups, Sheikhs Meeting with Protection team and visit to schools to observe sensitisation work- awareness-raising of	Psychosocial team Mohammed, Christian Protection Team – Alawiya and Mohammed Adam Hamiya,	Interviews with DERO staff  Field: Kubum camp EH and PH activities,	Simon, engineer, EH Paul, public health promotion, EH Katrin, head nurse, PH Jakob, field coordinator

	Childrens Rights in IDP camp school		Interviews and observations	
Sep 19	<b>Kubum to Nyala</b> Travel by road from Kubum to Nyala	Birgit Niebuhr and Veronika Scherbaum with Catherine, Fred and Christian	Travel to Nyala (by car, not as planned by air) Interviews scheduled for the afternoon could not take place	Veronika Scherbaum, Patricia Garcia
Sep 20	<b>Nyala</b> - 2nd Workshop preparation	Birgit Niebuhr and Veronika Scherbaum	Nyala: Preparation of debriefing workshop	Veronika Scherbaum, Patricia Garcia
Sep 21	<b>Nyala</b> - 2nd Workshop and Partnership interviews	Joseph, Ezibon, Dr. Bushra Björg, Mayen Wol Jong Birgit Niebuhr, Veronika Scherbaum	Debriefing workshop  Interviews with:	Veronika Scherbaum, Patricia Garcia, Participants SUDO head SCC head Partner Support Bjorg Mide, director
Sep 22	Flight Nyala to <b>Khartoum</b> - Meeting at NCA Khartoum office Flight back to Germany	Birgit Niebuhr, Vivi Gramm	Interview with Travel to Khartoum	Sudanaid head
Sep 23	Arriving in <b>Germany</b>	Birgit Niebuhr	Travel to Germany	
Sep 24				
Sep 25				
Sep 26	Report preparation, data collection, analysis work,			
Sep 27	Report preparation data collection, analysis work,			
Sep 28	Report preparation, data collection, analysis work,			
Sep 29	Meetings in <b>London</b> with CAFOD	Matthew Carter, Maurice McPartlan, Amelia Bookstein, Tamsin Walters, Nick Wilson	Travel to Oslo	
Sep 30			Interviews at NCA, Oslo	Rev. Atle Sommerfeldt, Secr. Gen, Knut Christiansen, Direct. of int. programmes, Odd Evjen, Head of Division: East Africa, South Asia and South East Asia Sophie Gabbe Nygaard, Head of Emergency Division,

Oct 1	Preparations for debriefing in Rome	Birgit Niebuhr and Veronika Scherbaum		
Oct 2	Preparations for debriefing in Rome	"		
Oct 3	Preparations for debriefing in Rome	"		
Oct 4	Preparations for debriefing in Rome Telephone Interview CAFOD UK	Geoff O'Donoghue CAFOD UK	Preparations for debriefing in Rome	
Oct 5	Preparations for debriefing in Rome	Birgit Niebuhr and Veronika Scherbaum	Preparations for debriefing in Rome	
Oct 6	Flight to <b>Rome</b> Debriefing preparations work	Regine Penitsch, Veronika Scherbaum, Birgit Niebuhr Julia Ziegler and Michaela	Flight to Rome, CI Meeting with Team and Michaela, Discussion of presentation next day	
Oct 7	<b>Rome</b> - Presentation of preliminary findings and recommendations	Francois Large John Borton Harald Happel Mieke Weeda Jose Maria Gallardo Birgit Niebuhr Veronica Scherbaum Regine Penitsch Michaela Mantel Julia Ziegler	<b>Rome</b> - Presentation of preliminary findings and recommendations	Francois Large John Borton Harald Happel Mike Weeda Jose Maria Gallardo Veronika Scherbaum Patricia Garcia Regine Penitsch Michaela Mantel Julia Ziegler
Oct 8	Flight Rome to Cologne		Preparation of draft version for Board meeting in Khartoum	Veronica Scherbaum Patricia Garcia Michaela Mantel
Oct 9				
Oct 10 - 16	Report writing	Veronika Scherbaum, Birgit Niebuhr and Regine Penitsch	Report writing 11.-18.10.05 14.10. 2. Telephone Interview	Muireann Kirrane, Trocaire Ireland
Oct 17	Telephone Interview with CAFOD London Finalising draft report/ checking other sections of report /editing language	Lesley-Anne Knight		
Oct 18-26	Finalising draft report/ checking other sections of report /editing language	Veronika Scherbaum, Birgit Niebuhr and Regine Penitsch	Finalising draft report	



## ANNEX 3: FUNDING OVERVIEW

Purpose	Total Budget (US \$)	% of Total Budget
Public Health Sector	3,624,077	10.26
Supplementary Food Sector	1,842,627	5.22
Darfur Agriculture Sector	811,070	2.29
Environmental Health Sector	4,847,706	13.73
Non-Food Items & Shelter Sector	5,675,105	16.07
Education, School Rehabilitation Sector	970,543	2.74
Psychosocial Assistance Sector	406,145	1.15
Protection Sector	593,758	1.68
Public Relations, Communication and Information Sector	214,445	0.60
Target Group Research and Assessment	50,000	0.14
Darfur Emergency Rapid Response Team (ERRT)	4,500,000	12.7
Darfur Partners Capacity Support	787,681	2.23
SCC Core Support	337,142	0.95
SUDO Core Support	417,671	1.18
Sudanaid Core Support	121,505	0.34
Transport, Warehousing	5,225,018	14.80
Capital Equipments	226,847	0.64
Office Cost	862,330	2.44
Personnel Salaries, Social Expenses	1,828,894	5.18
Personnel Lodging, Vehicles and travel	1,136,120	3.21
Agency Management Support	570,000	1.61
External Audit, Monitoring & Evaluation	250,000	0.70
<b>TOTAL EXPENDITURE</b>	<b>35,298,685</b>	<b>99.86</b>

Project Completion Date: 31 December 2005

Source: DERO, AFSD46/SOA26/2004 (28/4/05/2005)

## ANNEX 4: SELECTED STATISTICAL DATA OF SUDAN

(specific indicators in comparison with average data of developing countries (DC))

Demographic data and Health indicators		
Total population (Mill)	Sudan (2004) <sup>3</sup>	33.4
Population density (Inh/sqkm)	Sudan (2004) <sup>3</sup>	14
Annual population growth rate in %	Sudan (1993-2003) <sup>3</sup>	2.3
Age breakdown of population in %	Sudan (2003) <sup>3</sup>	
0-14 years		45
15-59 years		50
60+ years		5
% of population in urban areas	Sudan (2003) <sup>3</sup>	38.4
Crude birth rate (births per 1,000 pop),	Sudan (2004) <sup>3</sup>	32
Crude death rate (deaths per 1,000 pop.)	Sudan (2004) <sup>3</sup>	11.6
Life expectancy at birth (years)	Sudan (2003) <sup>1</sup> DC (2003) <sup>1</sup>	56 62
Expectation of lost healthy years at birth due to poor health (years)	Sudan (2002) <sup>2</sup>	
Males		7.8
Females		9.4
% of total life expectancy lost due to poor health	Sudan (2002) <sup>2</sup>	
Males		14.1
Females		15.9
Infant mortality rate per 1000 life birth	Sudan (2003) <sup>1</sup> DC (2003) <sup>1</sup>	63 60
Under-5 mortality rate per 1000 life birth	Sudan (2003) <sup>1</sup> DC (2003) <sup>1</sup>	93 87
Total fertility rate	Sudan (2003) <sup>1</sup> DC (2003) <sup>1</sup>	4.3 2.9
Contraceptive prevalence (%)	Sudan (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	7 60
Antenatal care coverage (%)	Sudan (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	60 70
Skilled attendant at delivery (%)	Sudan (1995-2001) <sup>1</sup> DC (1995-2003) <sup>1</sup>	73 59
Maternal mortality rate per 100,000 life birth	Sudan (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	590 440
% of infants with low birth weight (<2500g)	Sudan (1998-2003) <sup>1</sup> DC (1998-2003) <sup>1</sup>	31 17
% of children exclusively breastfed (< 6 months)	Sudan (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	16 38
% of children breastfed with complementary food (6-9 months)	Sudan (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	47 55
% of children still breastfeeding (20-23months)	Sudan (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	35 51
% of under-fives suffering from moderate & severe underweight	Sudan (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	17 27



% of under-fives suffering from severe underweight	<b>Sudan</b> (1995-2003) <sup>1</sup> DC (1995-2003) <sup>1</sup>	<b>7</b> 8
% of population using improved drinking water sources	<b>Sudan</b> (2002) <sup>1</sup> DC (2002) <sup>1</sup>	<b>69</b> 79
% of population using adequate sanitation facilities	<b>Sudan</b> (2002) <sup>1</sup> DC(2002) <sup>1</sup>	<b>34</b> 49
% of households consuming iodized salt	<b>Sudan</b> (1997-2003) <sup>1</sup> DC (1997-2003) <sup>1</sup>	<b>1</b> 67
Vitamin A supplementation coverage rate (6-59 months)	<b>Sudan</b> (2002) <sup>1</sup> DC(2002) <sup>1</sup>	<b>93</b> 59
% under-5s with diarrhoea receiving oral rehydration and continued feeding	<b>Sudan</b> (2002) <sup>1</sup> DC(2002) <sup>1</sup>	<b>32</b> 31
% under-5s with ARI	<b>Sudan</b> (1998-2003) <sup>1</sup> DC(2002) <sup>1</sup>	<b>5</b> 16
% under-5s with ARI taken to health provider	<b>Sudan</b> (1998-2003) <sup>1</sup> DC(2002) <sup>1</sup>	<b>57</b> 52
Malaria incidence (per person per year)	<b>Sudan</b> (2004) <sup>8</sup>	<b>0,15-0.35</b>
% under-5s sleeping under a bednet	<b>Sudan</b> (1999-2003) <sup>1</sup>	<b>23</b>
% under-5s sleeping under a treated bednet	<b>Sudan</b> (1999-2003) <sup>1</sup>	<b>0</b>
% under-5s with fever receiving anti-malarial drugs	<b>Sudan</b> (1999-2003) <sup>1</sup>	<b>50</b>
% of 1-year-old children immunized (2003) <sup>1</sup> DPT3 <sup>1</sup> Measles <sup>1</sup>	<b>Sudan</b> (2002) <sup>1</sup>	<b>50</b> <b>57</b>
Estimated No. of adults and children (in 000) living with HIV/AIDS Adults (15-49 years, in 000) <sup>4</sup> Adult rate (%) <sup>4</sup> Children (0-15, in 000) <sup>4</sup> Estimated No. of adults and children (in 000) who died of AIDS during 2003 <sup>4</sup>	<b>Sudan</b> (2003) <sup>4</sup>	<b>400</b> <b>380</b> <b>2.3</b> <b>21</b> <b>23</b>
Tuberculosis incidence (per 000 people)	<b>Sudan</b> (2002) <sup>7</sup>	<b>216</b>
DOTS detection rate (% of estimated cases)	<b>Sudan</b> (2003) <sup>7</sup>	<b>34</b>
<b>Education</b>		
Adult literacy rate Male	<b>Sudan</b> (2000) <sup>1</sup> DC (2000) <sup>1</sup>	<b>69</b> 81
Female <sup>2</sup>	<b>Sudan</b> (2000) <sup>1</sup> DC (2000)	<b>46</b> 66
Primary school enrolment ratio (gross/net) Male	<b>Sudan</b> (1998-2002) <sup>1</sup> DC (1998-2002) <sup>1</sup> <b>Sudan</b> (1998-2002) <sup>1</sup> DC (1998-2002) <sup>1</sup>	<b>63/50</b> 105/80 <b>54/42</b> 96/80
Female		
Net primary school attendance (%) Male	<b>Sudan</b> (1996-2003) <sup>1</sup> DC (1996-2003) <sup>1</sup>	<b>54</b> 76
Female	<b>Sudan</b> (1996-2003) <sup>1</sup> DC (1996-2003) <sup>1</sup>	<b>51</b> 72
% of primary school entrants reaching grade 5 (Survey data)	<b>Sudan</b> (1997-2003) DC (1997-2003) <sup>1</sup>	<b>73</b> 89

<b>Gross secondary school enrolment ratio</b>		
<b>Male</b>	<b>Sudan</b> (1998-2002) <sup>1</sup>	<b>34</b>
	DC (1998-2002) <sup>1</sup>	29
<b>Female</b>	<b>Sudan</b> (1998-2002) <sup>1</sup>	<b>30</b>
	DC (1998-2002) <sup>1</sup>	23
<b>Selected national accounts, Health service and Food/Agriculture indicators</b>		
<b>Per capita GDP in international dollars</b>	<b>Sudan</b> (2002) <sup>2</sup>	<b>1,171</b>
<b>Human Development Index (HDI)</b>	<b>Sudan</b> (2003) <sup>6</sup>	<b>0.503</b>
<b>HDI-rank</b> (from 173 countries)		<b>138</b>
<b>Human Poverty Index</b> (HP-1, rank) <sup>6</sup>		<b>32.2</b>
<b>Gender-related Development Index</b> (GDI, rank) <sup>6</sup>		<b>116</b>
<b>Total expenditure on health</b> (as % of GDP)	<b>Sudan</b> (2002) <sup>2</sup>	<b>4.9</b>
<b>Per capita total expenditure on health</b> (at average exchange rate in US\$)	<b>Sudan</b> (2002) <sup>2</sup>	<b>19</b>
<b>Physicians</b> (per 000 people)	<b>Sudan</b> (2002) <sup>7</sup>	<b>0.2</b>
<b>Hospital beds</b> (per 000 people)	<b>Sudan</b> (1990) <sup>7</sup>	<b>1.1</b>
<b>Per caput dietary energy supply</b> (kcal/day)	<b>Sudan</b> (1995-97) <sup>5</sup>	<b>2320</b>
	(2000-02) <sup>5</sup>	<b>2260</b>
<b>Per caput dietary protein supply</b> (g/day)	<b>Sudan</b> (2000-02) <sup>5</sup>	<b>72</b>
<b>Agricultural Labour Force/Total Labour Force</b> (%)	<b>Sudan</b> (2002) <sup>5</sup>	<b>59</b>
<b>Total Population/Arable land</b> (Inh/ha) <sup>5</sup>	<b>Sudan</b> (2002) <sup>5</sup>	<b>2</b>
<b>Deforestation</b> (average annual %)	<b>Sudan</b> (1990-2000) <sup>7</sup>	<b>1.4</b>
<b>Agricultural trade balance</b> (exports/imports in Mill. US\$)	<b>Sudan</b> (1999) <sup>5</sup>	<b>+42.9</b>
	(2002) <sup>5</sup>	<b>-108.2</b>
<b>Cereal food aid pledges</b> (in thousand tonnes) <sup>5</sup>	<b>Sudan</b> (2005) <sup>5</sup>	<b>309.7</b>
<b>% delivered</b>	(as of mid-March 2005) <sup>5</sup>	<b>87</b>

### Sources:

<sup>1</sup> UNICEF. The State of the World's Children, 2005

<sup>2</sup> WHO. The World Health Report, 2005

<sup>3</sup> UN Population Division Statistics, 2005

<sup>4</sup> WHO/UNAIDS Epidemiological Fact Sheets on HIV/AIDS, 2004

<sup>5</sup> FAO Statistics Division, 2004

<sup>6</sup> UN Development Program, 2003

<sup>7</sup> World Bank, HNP, 2002

<sup>8</sup> WHO/UNICEF World Malaria Report, 2005

## **ANNEX 5: INTERVIEW QUESTIONS FOR THE ACT/CARITAS DONOR MEMBERS**

1. How has the process been of setting up the programme in 2004?  
In your view, has the programme improved in 2005?  
If yes, to what extent?
2. How do you find being a donor organisation (the lead agency) working with such a big consortium? What are the challenges? What are the potential benefits?
3. Are there mutual understandings that you share? e.g. common shared goals and values?
4. To what degree has your agency been involved in project planning, project monitoring and project evaluation?
5. How are the coordination processes structured? Are there mechanisms/tools in place?  
In your view do they work? If not, why not? Are they actually used?
6. In your view has the collaboration been effective? If yes, how? If not, why not?
7. You are working with many different partners. When it comes to decision-making how partners are involved?
8. In your view are your expectations of the partnership being met?
9. How is the information flow amongst the partners?
10. Has the flow of information been satisfactory? If not, why not? How could it be improved?  
Are you happy with the structure and content of the reports you receive? If not, why not?
11. Are you happy with the set-up of the programme?
12. What do you think of the current services being provided? Do you have any ideas for future perspectives in terms of programmes and strategies?
13. Would it be useful to know what type of new information is required for future programme design/planning?
14. What are your primary issues with regard to the target groups? Would you like to get more direct feedback from the beneficiaries? If yes, how?
15. Overall, what do you see as positive in the DERO operation?
16. Where do its particular strengths lie?
17. Where do the challenges lie?
18. Which message you would like to convey to the international community?



## ANNEX 6: WORKSHOP NYALA: SWOT ANALYSIS

### Environmental Health

#### **Strengths:**

- Collaboration with WHO on vector control
- Good coverage by staff
- Capability to provide more EH facilities and services
- Availability of trained community resource persons
- Cordial relations with WES and other agencies
- Collaboration with Health and other departments

#### **Weaknesses:**

- Village level operation and maintenance
- Community ownership and empowerment
- Partnership
- Procurement procedures
- Database
- Water quality monitoring

#### **Opportunities:**

- Very high demand for Watsan facilities and services
- 2 drill rigs and stock
- Presence of Partners
- Decentralised structures (local authorities and institutions)
- Already identified priority hygiene practices through KAP surveys

#### **Threats:**

- Security
- Dependency syndrome
- Emerging disasters in other parts of the world
- High staff turnover
- Competition from other NGOs
- General management style

#### **Future Perspectives:**

- Upgrade and sustain facilities and services within the existing programmes
- Clear strategy for working closely with local partners and authorities
- Effective VLOM
- Develop GIs database of all water and sanitation facilities
- Capacity building for national staff and Partners
- Provide facilities to vulnerable host communities
- Promote participatory behaviour change interventions

### Non-Food Items

#### **Strengths:**

- Sufficient resources
- Good team spirit
- Good working relationship with beneficiary community
- Comprehensive NFI package: covers most needs
- Local knowledge of partner organisations
- Previous presence of Partners in region

- Multi sectored –cross cutting programme
- Multicultural composition of NCA ACT/Caritas staff

#### **Weaknesses:**

- Lack of Arabic fluency amongst expatriate staff
- Degree of cohesion between Sectors at HQ and the field could be improved
- High turnover and absence of staff overlap
- Managers having to assume responsibility for too many positions
- NFI registration procedures could be improved

#### **Opportunities:**

- Use African Union presence to increase security and build confidence amongst target communities and increase our outreach
- In the event of a return to secure areas, become more involved in shelter
- Sectors work more closely with each other in possible development phase
- Enhance capacity of local partners to be more involved (possible take on more partners)
- Enhance capacity of NCA/ACT/Caritas staff

#### **Threats:**

- Geography and conditions (road and climate) leading to delivery delays both to Darfur and to beneficiaries
- Deteriorating security is a possibility
- Impossible bureaucratic processes of GoS
- Loss of donor network interest due to complex funding/reporting mechanism
- Emergence of new emergency diverts international community interest (i.e. Tsunami)

#### **Future Perspectives:**

- More focus on villages
- Increased community participation
- Sectors to work more closely together (see opportunities)
- Eventual downsizing of number of expats in various sectors – local staff to take over
- Move to development phase instead of pulling out after relief phase

### **Protection**

#### **Strengths:**

- Existing DERO staff and Partners
- Holistic approach
- Working relations with GoS departments and other INGOs
- Partners offer new ways to be involved within the societies
- Well-designed programme including measurable indicators

#### **Weaknesses:**

- Limited understanding of Protection programme from various fronts
- Not enough staff
- Inadequate use of documentation

#### **Opportunities:**

- Improved utilisation of existing documentation in various foras
- Be less problem-focused
- Strengthen relations with GoS departments
- Implement HIV/AIDS awareness raising in Protection programme
- Strengthen peace building on all levels

#### **Threats:**

- Security
- Sensitivity of the programme

**Future:**

- Long term strategy to deal with emergency and development

**Admin/Human Ressources/Finance/Public Relations**

**Strengths:**

Admin:

- DERO coordination improved
- Overlapping in management
- Management in place since January 2005
- Logs more service minded
- DERO & SUDO move to Nyala
- Partner Support Unit established
- Improved travel/visa arrangements
- More efforts from ACT/Caritas to assist Partners in logs and transport
- Improvement in reporting

HR:

- System and induction for new staff and visitors
- More resourced local staff/knowledge
- Better management of staff & use of systems
- Restructuring & reshuffling of SUDO

PR:

- Improved coordination towards OCHA and HAC

Finance:

- Distribution of resources improved: regular supplies

**Weaknesses:**

Admin:

- Too expat dependent/institutional memory
- "Time is money"; time management
- Supervision of local procurement
- Travel delays/information is not received in time
- Little flexibility in NCA organisation

HR:

- International recruitment
- Difficult to find qualified national staff
- Difficult to find local management
- Reactive rather than proactive behaviour
- Lack of holistic approach and total understanding of organisation
- Lack of Partner orientated staff
- Time constraints for transfer of knowledge

PR:

- Understanding within organisation of coordination issues
- Lack of external knowledge of ACT/Caritas
- Lack of time to attend external functions

Finance:

- Not enough capacity building for Partners
- Budget understanding and postings

### **Opportunities: Overall: Cross-sectoral meetings with Partners**

#### Admin:

- Back-up planning
- Untraditional thinking in logs

#### HR:

- Expat/local counterparts
- Secondment of staff to Partners
- There ARE people to be recruited both international and national
- Collaboration with partners to recruit appropriate senior staff
- Partner orientated field coordinators

#### PR:

- Continue to produce and spread information
- Meeting attendance

#### Finance:

- More staff
- Joint finance systems with Partners

### **Threats: Overall: Government policy/political situation**

#### Admin:

- Unqualified and dishonest staff
- Attitude/lack of transparency

#### HR:

- Recruitment process
- Staff exhaustion

#### PR:

- One time operation

#### Finance:

- Honesty/transparency

### **Education/Psychosocial**

#### **Strengths:**

- Funds available
- Qualified personnel
- Team work (DERO & Partners)
- Plans achieved in time
- Good coordination with government committees and other NGOs
- Governed a considerable geographical area
- Good strategies for awareness raising: community approaches
- Local knowledge from Partners
- Working with DERO partnership

#### **Weaknesses:**

- Number of beneficiaries too large to ensure coverage
- Lack of experience of new field staff
- Too many expat duties per staff

- Insufficient facilitation
- Unclear understanding of Psychosocial programme by authorities
- We cannot meet all the beneficiaries needs in education

**Opportunities:**

- The communities report their needs; more areas still to be covered; e.g. Graida
- More needs to be addressed
- Good working environment in terms of conflict
- Clear recognition by GoS
- Partnership with other NGOs
- Commitment of staff, donors and local communities

**Threats:**

- Duration of conflict
- Psychosocial assistance cannot be performed where there is lack of basic needs
- Stability of trained staff
- More crises worldwide may draw attention of some donors
- Large geographical areas and the high number of IDPs
- Transport (weather problems)

**Future Perspectives:**

- Decentralisation of activities
- Partners take the lead or major role in DERO and NCA/ACT/Caritas takes a diminishing role
- Permanent training of staff

**Nutrition/Agriculture**

**Strengths:**

- Funding of programme
- Reached targets
- Successful in meeting the needs of the communities
- Committed staff
- Acceptance of the programme by communities, authorities and leaders
- Capacity to adapt the programme locally
- Link to the community
- Good coverage target of IDPs
- Ability to organise the community
- Relationship between agriculture and nutrition in Programme (Partners)
- Capacity building of national Partners and DERO national staff
- Partnership

**Weaknesses:**

- Inadequate staffing
- Logistics
- Motivation of staff
- Poor inter-sectoral collaboration
- Distribution of tools/seeds only
- Community participation
- Information about programme outside DERO

**Opportunities:**

- Development of agriculture/food security
- Integration of relevant sectors

- Community willingness
- Partners support reliability
- Coordination with other NGOs, UN and GoS

**Threats:**

- Insecurity
- Insufficient technical
- Limited resources
- Inaccessibility of roads
- Untimely receipt of supplies
- General management style

**Future Plans:**

- Adjust programme to target/include missed opportunities
- Sustainability



## ANNEX 7: TERMS OF REFERENCE FOR THE INDEPENDENT EVALUATION OF THE ACT/CARITAS DARFUR EMERGENCY RESPONSE OPERATION

### 1. Context

The ACT/Caritas Darfur Emergency Response Operation DERO<sup>130</sup> is providing assistance and protection activities to approximately 325,000 beneficiary IDPs and members of affected host communities in South and West Darfur. Launched in July 2004 the programme's assistance and services are delivered in collaboration with three national partner agencies (SCC, SUDO and Sudanaid). Norwegian Church Aid (NCA) provides the legal basis for the operation in Sudan as well as taking lead responsibility for logistics and financial management whilst CAFOD takes lead responsibility for recruitment of international personnel. ACT takes lead responsibility for pledging and fundraising within the ACT network whilst CAFOD has this responsibility within the Caritas network.

Since June 2004 DERO has been guided by a Memorandum of Understanding and an International Steering Committee comprising representatives of the ACT Coordinating Office in Geneva, Caritas Internationalis in Rome, NCA Oslo, CAFOD London and the NCA Sudan Country Office. A process is currently underway to replace the International Steering Committee with a new governance and support structure, the principal elements of which are a DERO Board and a DERO Support Group.

The programme is providing assistance in the following sectors:

- Non-Food Items (plastic sheeting, cooking sets, mosquito nets etc.) and shelter materials;
- Environmental Health (drilling and equipping boreholes, pit latrine construction, hygiene promotion etc.);
- Primary health (clinic construction/rehabilitation and operation);
- Nutrition (supplementary feeding);
- Education (primary school construction/rehabilitation and operation);
- Agriculture (seeds and tools);
- Protection (monitoring, training, fuel efficient stove construction etc.);
- Psychosocial (individual and community counseling, advocacy, rehabilitation and income generation activities); and
- Advocacy.

In all some 33 separate locations in 9 clusters/areas are serviced by DERO over a wide geographical area (see attached Table of Programme Activities). The DERO Head Office is located in Nyala whilst two Field Stations are maintained in Zalingei and Kubum and a smaller Field Base in Garsila. A second Field Base is planned for El Dhein. A support office is maintained in Khartoum adjacent to the NCA Country Office.

The operation is funded by 60 ACT and Caritas member agencies with about ten of these using 'backdonor' funding provided from bilateral and multilateral donor organisations. The first Appeal for the operation in July 2004 envisaged the use of \$17m. over the 18 month period July 2004 to December 2005. This figure has since been revised twice and the latest funding requirement until the end of 2005 is estimated at \$35m. The operation directly employs some 44 international

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<sup>130</sup> DERO encapsulates all the activities funded by ACT/Caritas in South and West Darfur. Some are undertaken directly by the ACT/Caritas programme, some directly by the partners and some jointly by the ACT/Caritas programme and the partners.

personnel and 300 national personnel plus approximately 100 staff and volunteers working for the three partner agencies.

Some elements of the programme did not develop as planned during the first 6 months due to the difficult operating environment and a high turnover of key management personnel. The start of some components was delayed and it took time to develop effective monitoring and reporting systems. Since the beginning of 2005 a strong management team has been in place and the operation has been restructured and programme activities rationalised and adapted to evolving needs. Reporting has been improved considerably and process is currently underway to strengthen the LogFrames and monitoring systems for the different sectors.

Whilst agencies from the ACT and Caritas networks have collaborated in humanitarian operations prior to DERO, this is the first time that these two large networks have collaborated in running a joint operation under a single management structure. As well as representing an important humanitarian response to the situation in Darfur, DERO therefore also constitutes an important experiment of a particular model of ecumenical cooperation. Should the model prove successful it is hoped that it will provide the framework for ecumenical responses to humanitarian crises elsewhere. In order to support learning during and from the operation DERO is pursuing a learning process throughout the operation as well as undertaking an evaluation towards the end of its initial 18 months period of operation (see below).

Because of the continuing conflict in Darfur and the likely continuation of the high levels of population displacement and hardship it is anticipated that DERO will continue throughout 2006 and possibly beyond. The evaluation planned to commence in September is therefore intended to assist in the design of the activities during 2006 as well as assessing the effectiveness and impact of the response during the initial phase.

## **2. Approaches to Learning and Evaluation in the ACT/Caritas DERO**

From the outset of the operation, the International Steering Committee has been keen to undertake a learning process that would inform mid-course adjustments and ensure that the lessons from the operation, whether in relation to appropriate governance structures or to detailed aspects of staffing or logistics, are fully captured. The learning process commenced in November 2004 with the recruitment of a Learning Support Consultant (John Borton - who also has considerable experience as an evaluator). His role has ranged widely and has so far involved: preparing a history of the origins and start-up phase of the operation (work still in progress and will be available to the evaluation team); providing advisory support to the DERO Director; assisting the ISC in a review of the governance structure for the operation; and introducing knowledge-sharing mechanisms at the field level. Over the coming months it is planned that in addition to these ongoing activities John will also oversee the capture of learning in relation to key theme areas such as recruitment and staffing, financial management, partner capacity building and set-up support.

In order to maintain a separation between the learning process and the evaluation, John will not join or form part of the evaluation team but instead will serve as a knowledge resource for the evaluation team. This will provide the appointed evaluation team with a level of support and 'accompaniment' that is not typically available during evaluations of humanitarian operations.

### 3. Focus, Primary Audiences and Key Questions

#### Focus

In addition to the evaluation a range of learning processes are underway or are planned in relation to DERO. For instance as a result of a review of DERO's governance arrangements during March and April 2005, significant alterations are currently being made to the governance structures. Learning processes are also planned in relation to the three external support functions of Recruitment, Financial Management and Logistics. Consequently the evaluation will not assess the performance of all aspects of the ACT/Caritas response in Darfur. Instead it will concentrate on

- a) programmatic aspects of the response; and
- b) the quality of the partnerships involved

#### Programmatic aspects

Here the intention is to equip the DERO management and Board with an assessment of the strengths and weaknesses of the design and implementation of the different sectoral interventions, including from the perspective of the beneficiaries themselves, and to locate them within the context of the overall response to the situation in South and West Darfur. In this way the evaluation will be of direct assistance in the design of the programme from January 2006 onwards.

#### Quality of Partnerships

Here the intention is to provide the DERO management and Board and the membership of the ACT and Caritas networks with an assessment of the quality of the partnerships:

- i) within the ACT and Caritas networks in relation to Darfur including an assessment of the relationship between the DERO and other ACT and Caritas agencies providing assistance in Darfur
- ii) between the different partner agencies (national and international) participating in DERO. This will involve an assessment of the efforts to strengthen the capacity of the national partners within DERO.

As well as providing the DERO management and Board with an indication of ways in which partnerships within the DERO might be strengthened, this component is also intended to indicate ways in which the two networks might improve coordination between the ACT/Caritas DERO and individual ACT or Caritas member agencies supporting or undertaking separate responses in Darfur.

More broadly the evaluation is intended to provide those organisations that have supported DERO with funding (including backdonors) and/or staffing inputs with an assessment of the impact and effectiveness of the operation.

#### Primary audiences

The evaluation will have three primary audiences:

- The DERO Board and the management of DERO
- The organisations providing funding ("backdonors" as well as ACT and Caritas donor agencies)
- The wider memberships within the ACT and Caritas networks.

## Criteria and Key Questions

The evaluation will assess the DERO in relation to the following widely used OECD/DAC criteria:

- Relevance/appropriateness,
- Effectiveness
- Impact
- Efficiency
- Coverage
- Coherence
- Connectedness

In line with good practice advocated by ALNAP the criteria/objective of coordination will also be assessed.

### Box 1. Definitions of the Evaluative Criteria

**Relevance/Appropriateness:** assesses whether the intervention is in line with local needs and priorities as well as the policies of the agencies concerned.

**Effectiveness:** assesses the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criteria of effectiveness is timeliness.

**Impact:** assesses the wider effects of the intervention – social, economic, technical, environmental – on individuals, gender and age-groups, communities, and institutions. Impacts can be intended and unintended, positive and negative, macro (sector) and micro (household).

**Efficiency:** assesses the qualitative and quantitative outputs achieved in relation to the inputs and compares alternative approaches to see whether the most efficient approaches were used.

**Coverage:** assesses whether the interventions reached the major population groups facing life-threatening risk wherever they are.

**Coherence:** assesses whether there is consistency between the different types of intervention pursued (direct humanitarian response, advocacy, protection, etc.) and that all policies took into account humanitarian and human rights considerations.

**Connectedness:** assesses whether activities of a short-term emergency nature were carried out in a context that takes longer term and interconnected problems into account.

Source: Modified from ALNAP Evaluation of Humanitarian Action Guide (draft dated March 2005)

In relation to these criteria the evaluation will seek to address the following questions:

### Relevance/Appropriateness:

- What was the humanitarian, security, political and cultural context in which the intervention was designed and undertaken over its first 14 months?
- What were the assistance and protection needs at the start of the operation and how have they evolved since July 2004?
- To what extent has DERO addressed the needs for assistance and protection of the different groups within the affected population?
- To what extent has DERO taken account of the wider security, political and cultural context?
- To what extent has DERO conformed to the policies of the ACT and Caritas networks and the two lead agencies?

- What other activities have been funded or undertaken by ACT and Caritas member agencies in Darfur separately from the DERO? What has been the nature of the relationship between DERO and these other activities?
- What has been the nature of the partnership between the different international and national agencies within DERO?
- How appropriate were the strategies pursued for building the capacity of national partners and staff?
- To what extent has the DERO conformed to the 1998 UN Guiding Principles on Internal Displacement?
- How might relevance and appropriateness be improved?

#### **Effectiveness:**

- To what extent have the different sectors achieved their objectives and DERO achieved its overall objectives?
- What factors (external and internal) have served to delay or impede delivery of the programme? Which have been the most significant?
- To what extent have the Sphere standards been attained in those sectors where they apply? What factors have been responsible for under or over-attainment in relation to the standards?
- To what extent has the achievement of objectives varied between implementing partners?
- How have the benefits of the resources provided differed within and across the target populations?
- How effective have the mechanisms for beneficiary selection operated?
- How timely was the response?
- How effective have been the strategies for developing the capacity of national partners?
- How might effectiveness be improved?

#### **Impact:**

- Who has benefited from DERO's activities? What patterns emerge in the different geographical areas and sectors?
- What have been the principal impacts (intended and unintended, positive and negative) of DERO in relation to: gender, age-groups, ethnic groups, displaced and non-displaced communities and institutions?
- How have these impacts varied between the different sectors?
- What impacts are discernible Where has DERO had unintended can be intended and unintended, positive and negative, macro (sector) and micro (household).
- How might DERO's impact be enhanced?

#### **Efficiency:**

- How have unit costs and costs per beneficiary varied across the sectors?
- To what extent could DERO become more cost-effective through a geographical or sectoral consolidation of its activities? (Assuming that other organisations were prepared to take over sectors/areas that DERO wished to withdraw from.)
- In what ways could the efficiency and cost-effectiveness of DERO's activities be improved?

#### **Coverage:**

- To what extent has DERO been successful in its strategy of covering needs and areas that were not being met by other humanitarian agencies working in South and West Darfur?

- Is there any evidence that populations in need did not receive adequate assistance in areas that were close to areas already covered by DERO? What would have been required for DERO to have detected and incorporated such needy groups into its programme?
- In what ways could DERO's current coverage of the populations in need in South and West Darfur be improved?
- How does DERO's area of operations in Darfur relate to those funded or undertaken by other ACT and Caritas agencies?

#### **Coherence:**

- To what extent has there been consistency between the different types of intervention pursued (direct humanitarian response, advocacy, protection, peace-building, etc.)
- Have the policies and strategies pursued been in accordance with the Red Cross/NGO Code of Conduct, the Sphere Humanitarian Charter and other widely recognised humanitarian guides and standards?
- How might the coherence of DERO and ACT/Caritas activities in relation to Darfur be enhanced?

#### **Connectedness:**

- To what extent have DERO's activities been undertaken in ways that have taken account of longer term and interconnected problems?
- How is DERO placed to respond effectively to an improved security situation and a programme of voluntary return of those displaced?
- How might the connectedness of DERO's activities be enhanced?

#### **Coordination:**

- What have been the coordination arrangements for humanitarian agencies working in South and West Darfur? How effective have they been?
- To what extent has DERO participated in such coordination arrangements?
- In what other ways has DERO coordinated its activities with those of other humanitarian agencies operating in South and West Darfur?
- How have DERO's activities been coordinated with those funded or undertaken by other ACT and Caritas member agencies in South and West Darfur?
- How have such activities been coordinated with DERO and how might such coordination be improved in the future?

### **4. Management of the Evaluation Process**

The evaluation process will be overseen by a four member 'DERO Evaluation Panel'. The Panel will comprise:

- Caritas Internationalis - as the organisation responsible for contracting the evaluation team and managing the process and as a member of the ISC/Board
- ACT Coordinating Office – as a member of the ISC/Board and as an organisation with experience of commissioning large independent evaluations of emergency operations
- the DERO Director
- a representative of SUDO - one of the national partner agencies

The Panel will be responsible for reviewing the bids and selecting the team to undertake the work and supporting the Evaluation Manager within Caritas Internationalis throughout the evaluation process.



The Panel will be able to utilise the services of the Learning Support Consultant in an advisory role.

Caritas Internationalis will be responsible for preparing the contract and arranging visas and the travel schedule for the evaluation team. Orientation of the team and providing them with background reading and key documentation and files will be the responsibility of the Evaluation Manager and the Learning Support Consultant.

The Draft Report will be submitted to the Panel for circulation to stakeholders/reviewers.

The Panel will be responsible for accepting the Final Report and authorising the final payment to the team.

## **5. Evaluation Methodology**

The evaluation will involve the following principal elements:

- review of documentation
- interviews with DERO staff and key stakeholders in GoS and other international agencies working in Darfur
- detailed assessments of the DERO activities in five selected locations. The locations will be selected by the team on the basis of their initial analysis of the programme areas and activities. It is anticipated that two of the selected locations will be in West Darfur and three will be in South Darfur. The locations and activities will be selected to be representative of the overall programme. They will therefore involve some host community/affected community beneficiaries as well as IDPs.
- A survey of a sample of DERO beneficiaries and non-beneficiaries in the five selected locations. The purpose of including non-beneficiaries in the sample will be to gain insight into the targeting and beneficiary selection procedures used by DERO. The beneficiary survey may be led by one of the team members with specialist skills in conducting such surveys. It is assumed that the team member will recruit and supervise a team of local enumerators.
- Preliminary analysis in the field and feedback to the team of the preliminary findings prior to departure from Sudan.
- The preparation and circulation of a draft report for comment and correction
- The preparation of a final report

It is anticipated that the evaluation team will comprise 3-4 individuals and will include the following skills and specialist areas of knowledge:

- Team Leader with experience of leading at least 3 previous humanitarian evaluations and excellent communication and writing skills in English
- Health/Nutrition/Epidemiological skills
- Protection/Human Rights skills
- Psychosocial skills
- Experience in undertaking beneficiary surveys
- Experience in undertaking cost-effectiveness analysis
- At least one member of the team should be fluent in Arabic

Whilst the precise approach and methods to be used by the evaluation team may be negotiated with the Panel, it is anticipated that the evaluation methodology will comprise the following principal elements.

<b>Principal Activity</b>	<b>Estimated input required (person days)</b>
Background reading and preparation	15
Interviews with current DERO management and staff and key former members of staff	15
Interviews with representatives of other ACT and Caritas agencies undertaking programmes in West and South Darfur	10
Interviews with representatives of relevant UN agencies, other NGOs and GoS officials	12
Detailed assessment of programmes in at least five selected locations (3 in South Darfur and 2 in West Darfur). The selection of these areas will be made by the evaluation team following initial review of the programme.	50
Preparation and undertaking of beneficiary survey in the same 5 locations. Target sample size to comprise 5% of the beneficiaries of the ACT/Caritas programme in these locations. This may be led by one member of the team	30
Preliminary Analysis in the field	20
Presentation of preliminary findings to the DERO management and staff in Nyala and Khartoum	8
Detailed Analysis and preparation of draft report	40
Presentation of draft report to the ISC/Board and the proposed DERO Support Group (15 days to be allowed for commenting)	4
Incorporation of comments received and preparation of the Final Report	12
Allowance for travel time	20
<b>Total estimated time input</b>	<b>236 days</b>

## 6. Support and Documentation

The evaluation team will have full access to all documentation and financial records held by DERO and the two lead agencies. It will receive the full cooperation of the DERO management and staff in Sudan and will be provided with required transport and accommodation. The DERO management and staff are keen to learn about ways in which the activities and processes could be improved and are looking forward to working with the evaluation team.

Confidential personnel records will not be made available to the evaluation team. If the evaluation team feels this is required in particular cases a request will need to be made to the DERO Evaluation Panel who will only allow access under strict guidance and rules for the use of such information.

The Learning Support Consultant will serve as a resource person for the team throughout their work. He will be responsible for providing the team with required documentation and background reading prior to the fieldwork. He will/may visit the programme whilst the evaluation

is underway to provide advice and ensure that the team is able to work effectively. He will serve as a reviewer/commenter on the draft report.

## **7. The Report**

The evaluation report should consist of:

- Executive Summary and Recommendations (not more than five pages)
- Commentary and analysis addressing the issues raised in the TOR
- Conclusions and Recommendation with a section dedicated to drawing out specific lessons with suggestions for taking forward lessons learned, (not more than 50 pages in all)
- Evidence from the beneficiary study
- Appendices, to include evaluation terms of reference, maps, sample framework, beneficiary research and bibliography. (All material collected in the undertaking of the evaluation process should be lodged with the contracting organisation prior to termination of the contract)
- The report and all background documentation will be the property of Caritas Internationalis (as the contracting organization) and will be disseminated and publicized as appropriate by the contracting organisation in consultation with the ISC/Board.

## **8. Timeframe**

It is planned that the evaluation will commence during August and that fieldwork commence during the third week of August (week 34). The draft report should be submitted in the first week of October (week 40). Stakeholders and reviewers will be allowed two weeks to comment on the report and the final report will be submitted by 31st October.

## **9. Tenders and Evaluation Management**

Tender proposals should be submitted to

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Caritas Internationalis  
Darfur Programme Officer  
International Cooperation Department  
Palazzo San Calisto  
V-00120 Vatican City  
[icd2@caritas.va](mailto:icd2@caritas.va)  
Tel (wk): 00 39 06 698 797 33  
Mobile: 00 49 175 730 91 64

Copies of all correspondence should be sent to John Borton  
[johnborton@ntlworld.com](mailto:johnborton@ntlworld.com)  
Tel (wk): 00 1442 872015  
Mobile: 00 7967 588892

# SUMMARY TABLE OF PROGRAMME ACTIVITIES - NCA ACT/CARITAS AND PARTNERS (April 2005)

Location	Type	Number of IDPs	NFI+ Shelter	Env't Health	Nutrition	Primary Health	Educa tion	Psycho Social	Agricult ure	Protec tion
<b>AREA COVERED BY NYALA OFFICE</b>										
<b>Nyala Province (Malam – Al and Balil Districts)</b>										
Mershing	Camp/H C	19,200	◆	◆	◆	◆	◆		◆	
Bilel	Camp	14,000	■◆		◆		◆		◆	■
Dereig	Camp	16,000					◆	◆		
<b>Shearia Province (Yasin District)</b>										
Labado	HC	10,200	■◆							■
Taisha area	Camp/H C	654	■◆	■	■					■
<b>El Dhein Province (Dayin – Al District)</b>										
Khor Omer	Camp	28,000	◆		◆		◆	■		
Sunta	Camp	3,000	◆	◆	◆	◆		■		
Wazazeen	Camp	3,500	◆	◆	◆	◆				
Girayda	Camp	NA	◆				◆			
Al Neim	Camp	10,620	◆				◆			
El Fardous	Camp/H C	2,046	◆	■	■	■				
<b>Edd Al Fursan Province (Kubum, Um Labassa and Edd Al Fursan Districts)</b>										
Kubum Town	HC	NA		■	■	■				■
Kubum	Camp	17670	■	■	■	■		■		■
Damba Agi	HC	NA				■				
Dagadousa	Camp	22,812	■	■	■	■		■		■
Um Labassa Town	HC	NA		■	■	■				
Um Labassa	Camp	2,934	■	■	■	■		■		■
Bulbul	HC	6,000				■				
Diri	HC	4,500				■				
Bido	HC	3,000				■				
Falanduke	HC	3,000				■				
Habuba						■				
<b>Total Nyala Office</b>		<b>151,116</b>								

AREA COVERED BY ZALINGEI SUB-OFFICE										
Zalingei Province (Zalingei Rural District)										
Zalingei	HC	29,000		■	■	■	◆			
Hassa Hissa	Camp	32,464	■◆	■◆	■	■	◆	■	◆	■
Hamadiya	Camp	28,596	■◆	■	■	◆	◆	■		■
Shabab	Camp	11,820	■◆				◆			
Hamsadagaig	Camp	11,490	■◆	■◆	■	■				
Wadi Salih Province (Garseila, Um Kher, Bundis, Mukjar and Um Dukhun Districts)										
Garsila	Camp /HC	36,000	■◆	■		■		■		
Deleij	HC	21,000	■◆	■◆				■	■	■
Um Kher	Camp	13,200	■◆	■						
Kurdo	HC	7,000				■				
Bindizi	Camp	18,000	■◆							
Juguma	HC	8,000				■				
Mukjar	Camp	21,000	■◆							
Um Dukhan	Camp	21,000	■◆		■					
Jebel Marra Province (Nertiti, Galado, Golo and Rokoro Districts)										
Nertiti	Camp	34,500								
Guldo	Camp	10,500								
Golo	Camp	51,00								
Rokoro	Camp	72,00								
<b>Total Zalingei Office</b>		<b>315,870</b>								
<b>Grand Total</b>		<b>467,006</b>								
<b>Key:</b> IDP Population approx estimates are derived from WFP Delivery Figures or from ACT/Caritas NFI distributions Type: HC = Host Community; Camp = IDP camp ■ = Activity undertaken by ACT/Caritas directly ■◆ = Activity undertaken in collaboration with local partners (SCC, SUDO, SudanaidSudanaid) ◆ = Activity undertaken by local partner that is funded through the ACT/Caritas programme										

## **ANNEX 8: THE HISTORY OF THE ENVIRONMENTAL PROGRAMME**

The following text, summarised by a DERO staff member of the environmental health programme, describes the enormous difficulties of the initial phase of the environmental health programme very clearly: It has therefore been included in its full length here.

In the first 5 months of the EH programme starting from August 2004 to December 2004, 17 expatriate experts joined the programme. Within the same period, 9 expatriates left the programme. In the same span of time, there were at least 6 different Environmental Health managers most of whom were acting for periods between weeks and months, during which period the present acting programme manager acted for 2 weeks. Out of the nine expatriates who left at this time only one had stayed for 6 months including the holidays. Many of them were around for a month, 2 months and maximum 3 months. Some found it impossible to work in Darfur and left almost as soon as they came, others stayed in the office the whole time they were in the programme and others were asked to leave because they were incompatible with the Darfur setting.

With the coming and going of the staff and with the dynamic nature of Programme management, with every new manager trying to do things his own way, the better part of 2004 was spent either planning or thinking about what should be done. In fact I remember when I arrived in Khartoum on 9th Nov in my orientation when I mentioned my name and profession, everyone would say "we have been waiting for you" The kind of report I got was there had been nothing done in EH since the beginning of the problem. At this time there were 3 engineers 2 of which were in West Darfur and were doing a tremendous job in latrine construction. However, there were problematic issues with the choice of the technology used in some of these infrastructures but at least something was happening. When the present acting programme manager arrived there was one engineer in Nyala, who had just arrived 2 weeks earlier. There was an acting EH manager who left 2 weeks after and never come back. After she left, the then acting Director offered the two of us engineers to act alternately but I offered to go to the field and deliver some results because I was ashamed of the many blanks in the monthly reports. My colleague stayed in Nyala acting and I started the drilling programme and the Kabum EH programme... Later in the month a public health promotion officer joined and went to Kabum....

The point is by January 2005, there were only 2 engineers because 1 had left and the other had been promoted to Manager. Two engineers had to do the drilling, hand dug wells, latrines, tankering, bladders installation and other engineering work.

It then became apparent we would target quantity and worry about quality at a later date. Some of the earlier emphasis was on the numbers produced in latrines, HDWs, boreholes, bladders installed etc, at the expense of quality.

It was the priority IDPs first and then host community when time and money allows. We had a target of 100 boreholes for instance and by end of Nov nothing had been started. With one rig and with 3 months of rains, it was expected we deliver 10 boreholes every month for 10 months to meet this target by end of 2005. Because of this drive, we worked like crazy and quantity was the question. I questioned most of the approaches we used especially owing to my previous work where quality was the centre of the programme but it was not emergency like Darfur.

The staffing issue did not improve until August 2005 when we have had 3 engineers but lost 2 public health officers. This has been the most dynamic programme in DERO and may be in the entire Darfur but amid all this, there is a lot that has been achieved. I am particularly very proud to see what we have achieved from the 13.11.2004 to today.



It does not take a genius to appreciate these kind of results gained against the background of such history. Just for your records, this far the Environmental Health Programme has been served by at 22 expatriates even though at this moment only six are in the programme. Out the six, only 2 have been here for more than 6 months. I lack any more words to add to this but I believe that this gives the basic crucial history, which is needed to conclude the evaluation report.

Finally, we had a workshop for (EH Expats) in August in which we looked back at what had gone well and what needed development. Out of this we developed a strategy to achieve a desirable future and a key component of our way forward is putting quality at the center of the programme and capacity building of the Sudanese staff. We came up with an idea of each one of us having a counterpart in the name of Program Assistant who is a National staff among many other strategies

## ANNEX 9: ORIGINAL VOICES FROM DARFUR

.... to complement the chapters on protection and psychosocial assistance

*I come from Sido, a village very far east from here. One day early 2003 we saw 2 airplanes dropping bombs over the village while we were running into the bush. We had heard in the morning that people of the government will come to destroy the village. So we ran away. When the planes had left, we saw cars of the military men and Janjaweed on horses entering the village and spreading out the people. Then all left and only the Janjaweed came back. They found people still alive, among them the old and weak people who couldn't run away. They took all alive people and burnt them. Alive. They burnt them without killing them before. We saw and heard this from outside while we were hiding in the bush, which are surrounding closely the village. We stayed 2 months in the bush near the village, then we went to Mukjar. If you could bring something with you, an animal or only a pot, all was taken from you during the days in the bush. If you had 2 dresses, they took one. They said you don't have any right to have anything. Once, while we were on the road to Mukjar, we were stopped by military men. They separated men and women and brought the men to one place in Mukjar. When this place was crowded, they carried the men in cars into the bush and killed them. 2060 men altogether. They killed all of them in one small riverbed. When they had finished, they put some of them together and poured kerosene onto them and burnt them. They repeated this until no body was left. A small boy had to walk around to watch if someone comes." Women, approx. 35 years old, Ardeba camp, Garsila, Sept. 2005*

*"Our life was better before. We had cattle and were farming. Our children were safe. Then they started to collect the best men, the strong and healthy and the powerful. They took them into the bush and killed them. They had uniforms. After that they started to attack the villages and robbed everything. They came at once with 300 cars and surrounded the whole area and then they entered on horses and camels all villages. They had a lot of weapons. All that happened during one day. We went back to burn and bury the dead. The next morning they came back and attacked again. But also in the bush they attacked the people. Planes and helicopters were flying first high, then came suddenly near the ground, dropped bombs and retook its height. That is the way how many people were killed at once. After all was destroyed, Arabs came and took the animals and food, the police took the beds and furniture and the people of the Tamar tribe took all the small utensils. Although we had digged holes to hide our things when we had heard that they were coming. But they discovered all. Then we spent 3 months in the bush before arriving to Garsila. Even if my village is only 10 minutes by car from here. A lot of people died because we had no water and nothing to eat but leaves." Woman, approx. 40 years, Ardeba camp, Garsila, Sept. 2005*

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