



Final Evaluation of the Project “Sanitation and Hygiene Promotion for Refugees and Population affected by Migration in Kassala State, Eastern Sudan”



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Abbreviations

CHAST	Children's Hygiene and Sanitation Training
CEA	Community Engagement and Accountability Approach
COR	Commissioner of Refugees
FA	First Aid
FFO	(German) Federal Foreign Office
GRC	German Red Cross
HAI	Human Appeal International
HDI	Human Development Index
HH	Household
HNS	Host National Society
HoO	Head of Office
HQ	Headquarter
MoE	Ministry of Education
MoH	Ministry of Health
NISS	National Intelligence and Security Service
OECD-DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
PNS	Partner National Society
PHAST	Participatory Hygiene & Sanitation Transformation
PWD	People with disabilities
RCRC	Red Cross Red Crescent
SDG	Sustainable Development Goals
SRCS	Sudanese Red Crescent Society
ToT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene

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1. Executive Summary

Sudan is one of the poorest countries in the world, with 41 Mio people and an annual population growth of 2,4 %¹ and is ranking 165 of 188 countries in the Human Development Index (HDI). 14,9 % of the population live below the poverty line of \$ 1.90 per day. Sudan has a young population, nearly two third of the population is younger than 24 year.

The economic development of the country was influenced by protracted social conflict, civil war and since July 2011, the loss of three-quarters of its oil production due to the secession of South Sudan. The resulting losses in foreign exchange earnings made it difficult for Sudan to stabilize the economy. The US sanctions were lifted in October 2017, but the country still faces a high inflation rate and an actual cash crisis.

Since decades Sudan has received refugees from many countries including South Sudan. In addition there are many internally displaced people who fled from conflict areas. Sudan has become a transit country for migrants heading to northern Africa and Europe.

Over 167.000 migrants and refugees were received in Kassala State alone in the last few years. Many refugees are living in camps in the third generation. Some camps finally became Sudanese settlements, but they are still facing land and water shortage as well as lack of social infrastructure, which are limiting factors for their economic development.

UNHCR is supporting refugee camps all over the country, but with decreasing available resources. According to estimates of the UNHCR, up to 80% of the newly arrived asylum seekers and refugees leave the camps and continue their flight.

Kassala State in Eastern Sudan, close to the border to Eritrea, is hosting five refugee camps and two registration centers at the border, managed by the Sudanese Commissioner of Refugees (COR) and supported by UNHCR. One important local partner of UNHCR in Kassala State is the Sudanese Red Crescent Society (SRCS), especially the SRCS Unit in Girba. The Girba Unit has successfully managed livelihood projects for refugees funded by UNHCR and has thereby gained a good reputation as implementing partner.

The project *“Sanitation and Hygiene Promotion for Refugees and Population affected by Migration in Kassala State, Eastern Sudan”* is a reaction to the enormous sanitary and hygiene needs in camps and host communities. This project, implemented in cooperation between SRCS Girba Unit and German Red Cross (GRC), funded by the German Federal Foreign Office (FFO). The project implementation period is 1.8.2016 to 30.9.2018 already including a donor agreed “no cost extension” of two months.

The intervention area covers three camps and two host communities: Shagarab II Camp, Abuda Camp and Abuda Sudaniya host community, Umgurgoor Camp and Karkura host community. In addition the project considered two locations at the border to Eritrea near to refugee reception centers in Garguf and Hamdayeb. There the project has built two first aid posts, which are actually run by SRCS trained First Aid (FA) volunteers.

¹ Source World Bank Statistic 2016

The overall objective of the project:

Contribution to improved health of refugees and population affected by migration

The operation purpose:

Hygiene and provision of First Aid is improved on household and community level among refugees and population affected by migration.

The expected results:

1. The target population has increased access to sanitary facilities and uses them.
2. The target population has improved knowledge on hygiene and is practising them.
3. Asylum seekers and indigenous population receive first aid in the Hamdayeb and Garguf reception centres.

The direct and indirect target group were 8.411 households (HH), corresponding to approx. 42.055 people. These HHs were supposed to be reached through campaigns for hygiene, HH visits by trained volunteers, hygiene related events and campaigns in public and in schools; latrine construction for selected most vulnerable HHs and provision of hand washing facilities for schools; construction of first aid (FA) posts and rendering of respective FA services at the border intended to target refugees and members of the host communities.

For the implementation the project had a **total budget of 840.000 €** (800.000€ from FFO and 40.000€ from GRC).

1.1 Key questions

This internal evaluation allowed the partners to learn from the implementation process for future projects and to ensure accountability of SRCS Girba Unit and GRC towards donors and stakeholders. The key objectives for the evaluation followed the standards for final evaluations respectively the assessment of the project against the following OECD – DAC criteria: Relevance, Effectiveness, Efficiency, Impact, and Sustainability. The project team added the criteria Coherence, Coordination and Equity to be looked at. (See annex2 ToR).

Table 1: Key questions (Sub-questions not included, see full report)

Criterion	Evaluation question
1) Relevance	Was the intervention appropriate according to the needs / demands of the target population and Stakeholders?
	How relevant and appropriate were the software approaches (CHAST, PHAST) in scaling up sanitation coverage in the CAMPs context?
2) Effectiveness	Assess the extent to which the project objectives have been met or are being met as outlined in the project documents (proposal, logframe, procurement plans, and budget). Were these achieved on time?
	What were the major factors influencing the achievement or non-achievement of the objectives?
	Identify good practices or lack of the same in relation to the deliverables and their implementation.

3) Efficiency	Were resources utilized and managed in efficient manner and achieved intended results?
4) Impact	What were the main impacts (positive / negative, expected / unexpected) as perceived by the different actors and beneficiaries of the project?
5) Sustainability	To what extend the major achievements (including look at CEA process) will continue after the end of the project.
	What are the major factors influencing the achievement or non-achievement of sustainability of project related achievements?
6) Coherence	To what extend has the project been consistent with, and supportive of the policy and programme framework of the COR, MoH, MoE, Sudan WASH and SRCS policies?
7) Coordination	Were project activities coordinated with other organisations acting in the same area of intervention?
	Did the project contribute to equitable participation and benefits to various groups (men, women, children and differently abled people)?

1.2 Evaluation methodology

The evaluation was planned as an internal exercise with a focus on learning but with the intention to get an independent view. In the preparation process for the exercise SRCS and GRC agreed to form a team with three sub-teams with SRCS staff from all levels. The head of the SRCS HQ PMER Unit participated as well as the WASH coordinator from the Kassala branch, three staff members from the SRCS Girba Unit and the author, GRC PMER Advisor, completed the team.

The initial scope for the evaluation were all seven locations, but because of the limited timeframe SRCS and GRC agreed to select four out of the total seven target locations, to be visited during four planned field days. Unfortunately the evaluation team was forced to a daily re-scheduling of the locations. Rainfall and COR camp management decisions resulted in reduced available time in the planned locations and finally the team was only able to visit three out of four locations. The first aid post at the border point was not visited.

The evaluation started with a kick-off meeting in the Girba Unit with the project team and the Unit management. The evaluation team prepared and agreed on the methodology used, especially for the Focus Group Discussions (FGDs). The commitometer, a tool based on a scale for individual judgment, was prepared and applied. The team did a total of 33 interviews, 11 FGDs and 22 individual interviews with different stakeholders and community members, 57 of them male and 51 female interviewees. The results were validated and discussed with the project team in Girba in a workshop at the end of the field phase and later on again presented and discussed on SRCS HQ level in Khartoum. The following chapter on key findings summarizes the answers to the major evaluation questions, for more details, including sub-questions, see full report.

1.3 Key findings

This project was the first collaboration between the implementing partner SRCS Girba Unit and GRC. The project team well managed all upcoming internal and external challenges. Several times the project faced delays due to different reasons, but came back on track.

Many aspects were new to the implementing partner: The project team applied a shortened and adapted PHAST and CHAST^{2*} approach, with the aim to better mobilize communities and volunteers and thereby improve the process for hygiene behavior change; the necessary technical WASH standards had to be identified; the donor financial and narrative reporting requirements and new internal management processes for the implementation of the project had to be applied. Applying the PHAST/CHAST approach finally meant many more activities that were executed. This approach demanded a lot more preparative activities for the methodology and resulted in a close collaboration with the target communities, which had own ideas for additional project activities, for example the vector control campaigns and additional water provision for schools. The project team thereby achieved much more than originally expected. The output, in terms of diversity of activities, trainings, campaigns and hardware support was bigger than planned. (See Table 4: Output Overview and ppt slide 15) The project finalized almost all activities except the construction of HH latrines, which was still ongoing during the evaluation process.

The evaluation team discussed the findings from the interviews with the project team and the Girba Unit leader during the feedback meeting in Girba. This validation session revealed that in a few cases the evaluation team and the project team had slightly different views on the achievement level of each evaluation criterion. Below the findings are briefly summarized for each criterion.

Relevance

In general the project was very relevant, responding to major sanitation and hygiene needs in host communities and camps. It covered the needs of all different stakeholders as there were: WASH committee members, volunteers, individual HHs, pupils and teachers at schools; on government level: COR and the Ministry of Health (MoH) and as partner and humanitarian actors SRCS Girba Unit and UNHCR. They all were very satisfied with the response to their needs, for the majority of them the project was very relevant. The SRCS Girba Unit saw the project as well as relevant, but has had different expectations and needs before the collaboration started, that were not all fulfilled. The application of the PHAST approach was relevant for the good collaboration with the target communities. The relevance of this approach in relation to the scaling up of latrine construction in the communities was not yet visible.

Effectiveness

The PHAST and CHAST approach and the close collaboration with the communities resulted in many more activities than originally planned. In addition the project reacted to a diarrhea crisis in the target area in 2017 by providing support to the affected communities in form of chloride tabs and extra sensitization measures.

The project formed and trained five WASH committees as entry point to the communities and trained 376 volunteers in all communities, who executed nearly 17.000 HH visits, did garbage collection and vector control activities (spraying campaigns) and supported the project team in hygiene sensitization campaigns and events in schools and communities.

The project reached more than 2.000 volunteers with trainings, events and sensitization campaigns. The project covered 15 schools were 35 teachers and volunteers were trained in CHAST and finally 3.149 pupils sensitized with CHAST on hygiene behavior. The project planned to reach 518

² A community approach for hygiene behavior change, widely used in the Red Cross and Red Crescent Movement : Participatory Hygiene & Sanitation Transformation (PHAST) and Children's Hygiene and Sanitation Training (CHAST)

vulnerable HHs with latrine construction, 138 more than originally planned. The intended target groups were reached, especially for latrine construction where the selection criteria were applied by the communities to identify the most vulnerable HHs. Among the selected most vulnerable HHs were 116 with people with disabilities (PWD), 205 women headed HHs and 179 HH with elderly and 18 extremely poor families with many children.

All activities were finished except the latrine construction. The capacity building for the SRCS branch was assessed as good; nevertheless the initial expectations of the Girba Unit Director in this respect were not fully met.

Efficiency

In comparison to the original planning the project could improve its efficiency, simply by the fact that additional activities reached more people. There are three major reasons for this:

- The varying exchange rate increased the budget, which was positive and allowed more activities, despite the fact that prices increased as well at the same time.
- The additional activities reached more people
- The latrine construction costs were reduced through more participation from the targeted HHs (digging the hole of 6 m depth and building their own super structure by using own means) The price was thereby reduced from 225 € to 155€ . Thus 138 more latrines were planned (518 instead of 380).
- The end line revealed and the evaluation confirmed that more people than the targeted HH are using the latrine. The project nearly doubled the number of people reached with one latrine.

Impact

The majority of interviewees and the end line survey confirmed that knowledge and awareness about hygiene is improved, whereas behavior change was partly observed especially on the level of volunteers and latrine owner HHs and among pupils in schools, but a broader hygiene related behavior change for the whole of the targeted communities was not yet achieved and many interviewees expressed the view that behavior change takes more time and the project period was too short.

The impact on improved health of the target population was not directly measurable, neither by the end line nor during the evaluation. Any change in health cannot easily be attributed to the project alone, because several factors are contributing to health. The end line was measuring the frequency of diarrhea cases in HHs, which was reduced as compared to the baseline. Still this cannot be taken as proven evidence for improved health.

A very positive impact of the intervention is the motivation and willingness of community committees to work for a change in their communities in collaboration with SRCS. Especially female committee members and volunteers personally profited from the trainings, increased knowledge, competences and the HH visit experience, resulting in more confidence and self-esteem. This positive impact was well registered by the volunteers themselves, the committee members and the evaluation team.

The SRCS Girba Unit profited from the experience of the project implementation, from trained staff that will stay and work in the Girba Unit and access to new communities and potential SRCS volunteers. The Girba Unit has increased its operational area and has improved its reputation in communities and camps. No negative impact was reported or observed during the evaluation.

Sustainability

All hardware components, especially HH latrines, water tanks and equipment handed over to the SRCS Girba Unit have a very good chance to be sustained by their new owners. The Girba Unit has own resources for maintenance and the additional hardware will allow the Girba Unit to continue working with the communities. HH members expressed their motivation to sustain their new latrines. School infrastructure maintenance for hand washer and water tank will very much depend on the headmaster's and teacher's initiatives as school budgets are very small. How effective the WASH committees will continue their work, especially in garbage collection and hygiene promotion can only be measured in an ex-post evaluation. The village WASH committees expressed their willingness to continue, whereas for the camp committees this is questionable, they might only be active if they are asked to.

Those members from the communities who were trained in latrine construction by the project, are actually contributing to the construction, but could construct the same latrine model in future if the demand will arise.

The software components like the PHAST training for volunteers and the CHAST training for teachers were useful. Volunteers increased their knowledge and spread it to the HHs. The teachers added some knowledge and were provided with some additional teaching methods. Nevertheless teachers were mainly interested in gaining modern and different teaching methods, they liked videos and the mobile cinema. The CHAST material, a picture series on hygiene, was not much applied in daily teaching. The same is valid for the PHAST material (series of pictures) which was not much used by the volunteers during their HH visits.

Pupils liked the sensitization campaigns; one interviewed student brought a poster for hand washing home and fixed it at the wall. But all these produced materials will have no real sustainability in their application, as they will not be used much further by teachers or volunteers.

The continuation of HH visits very much depends on the volunteers and their willingness to continue working without incentives. The probability that female volunteers will do this seems higher than for male volunteers.

Project activities like garbage collection and vector control campaigns in camps have a higher probability to be sustained compared to host communities, as UNHCR and SRCS already talked about the continuation in camps with funding from UNHCR, whereas the host communities need to organize themselves, with no funding, in order to continue with these activities, which might be possible for garbage collection but less for vector control spraying campaigns.

Coherence

The project was coherent and followed existing government guidelines, as well as the respective donor regulations, SRCS and GRC strategies and guidelines, some of them especially developed for the project (procurement guideline, communication guideline, etc.) The only exception where the project on the one hand deviated from government construction standards and regulations but on the other hand tried to be in line with these standards, was the latrine construction standards and regulations for HH latrines. As the project demanded a contribution from each HH that received a latrine, it acted in line with the regulations. When HHs became responsible for the provision of the superstructure, as part of their contribution, the existing standards were no longer fulfilled. Every latrine superstructure looked different and was not constructed with cement, as this is too expensive for the most vulnerable, but surrounded with local available material. Nevertheless a positive side of this approach was better ownership by the individual HHs.

Coordination

A majority of interviewees confirmed the excellent or very good coordination between the project and all stakeholders. The SRCS Girba Unit closely collaborated with all relevant stakeholders mainly UNHCR, the Ministry of Health (MoH) and the Commissioner of Refugees in Sudan (COR) as well as the WASH committees and volunteers on community and camp level. In the camps the project coordinated with the camp management and other NGOs active in WASH and garbage collection. Concerning the internal coordination, the project reported monthly to the Kassala branch. The SRCS and GRC internal technical support for WASH and PMER came selectively from SRCS Kassala state branch, SRCS HQ and GRC Khartoum. The GRC office in Khartoum was regularly involved in finance monitoring. The project would have needed a bit more and better organized technical, financial and process support.

Equity

All interviewed people agreed that the project managed to identify those HHs that corresponded to the selection criteria, because they were very clear to all involved and the selection process considered all groups equally. (See as well under effectiveness p.7) The project generally focused very much on women, not only in the selection of female headed HHs as target group for latrine construction but as well with an effort to include them more in the project activities. The WASH committees appreciated this very much and especially the leader of the WASH committee in the conservative community Karkura praised the women and said: "The women are very active and do a lot for the community".

Equity between villages and camps is not given when it comes to the chance for a continuation of the spraying campaigns, as UNHCR will only further finance the camps for it.

1.4 Main recommendations

The following main recommendations were generated from the evaluation process. They cover on the one hand recommendations related to the applied WASH approach of the project and on the other hand on management and partnership issues during the implementation.

1.4.1 Project Approach for WASH

- ✓ GRC should always plan latrines with a contribution from the HHs
- ✓ GRC should ensure in assessments and planning of WASH projects, that the access to sufficient water is considered from the beginning, otherwise cleaning of latrines and promotion of hand washing will be problematic.
- ✓ SRCS at all levels and GRC should search for more sustainable, innovative technical solutions for latrine construction and hygiene promotion in schools, communities and camps, working together with the different already experienced communities (Behavior change approaches, hand washing facilities for schools, HH latrine models).
 - SRCS WASH coordinators on branch and HQ level should reflect on alternatives for hand washing facilities for schools
 - SRCS Girba Unit with GRC support should try to develop a lid model and provide it to the HHs if the project has the funds. For future latrine interventions the SRCS Unit shall first of all discuss with the HHs to see which options are available, preferred and culturally acceptable before a solution is promoted and applied.

- In case of new WASH projects SRCS and the possible partners should rethink the interventions when using the PHAST and CHAST approach and use other means of communication like videos etc.
- ✓ GRC to support SRCS HQ, Branch and Unit to get in touch with:
 - IFRC behavior change Unit in Geneva - Nancy Claxton (nancy.claxton@ifrc.org) for a methodology advice and analysis in order to identify the right behavior change approach for hygiene, especially in camps
 - Relevant WASH networks offering technical solutions for different settings
- ✓ SRCS Girba Unit to ensure follow up action with WASH committees and volunteers, especially high motivated female volunteers to encourage them to continue even without payment, through provision of training and methodological support for their HH visits. This includes support in conflict prevention measures for latrine owners, dealing with additional users and HH and school follow up visits to monitor use, cleaning and maintenance of HH and school latrines
- ✓ SRCS Unit should ensure a general follow up for the project volunteers by its volunteer manager to probably attain new admissions to the existing SRCS Girba Unit volunteer pool* and thereby gaining a permanent entry point to the communities
- ✓ SRCS Unit has to do a follow up with the committees to support them in finding a solution for the garbage collection especially in the host communities.
- ✓ In camps SRCS shall discuss with UNHCR about a more appropriate solution for garbage collection and probably a shift in the approach to empower the refugees to better organize themselves for these tasks.
- ✓ In general: SRCS and GRC should always start the exit strategy discussions in their projects as early as possible simultaneously to the implementation process.
- ✓ Whenever volunteers are needed in a project context SRCS and GRC need to ensure a clear communication to the target population about the difference between a volunteer and a paid worker.
- ✓ SRCS and GRC should always have a high percentage of female volunteers in project activities because they have, especially in very traditional communities, an easier access to a HH than male volunteers.
- ✓ In future projects SRCS and GRC should ensure that an independent complaint and feedback mechanism is installed and communicated to the targeted population in each project, preferably via telephone hotline, which should be either managed by the respective state branch or by SRCS HQ to ensure relative independence.

1.4.2 Management & Partnership

- ✓ Rethink the partnership set up between GRC and Girba Unit – project approach versus Capacity Building (CB) for the whole Unit
- ✓ In any new project, ensure that the whole unit is profiting from capacity building in
 - PMER
 - Financial management
 - Volunteer management
- ✓ The Girba Unit manager should have the overall responsibility for the project; the delegate shall have the role of an advisor, facilitator and capacity builder for the whole unit, but as well of an auditor who shall ensure compliance with donor regulations.