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EVALUATION

END-EVALUATION OF THE PROJECT “PREPARING FOR AND RESPONDING TO THE COVID-19 OUTBREAK WITH A FOCUS ON VULNERABLE POPULATIONS OF SOUTH KORDOFAN AND NORTH DARFUR, IN SUDAN”



PERFORMANCE EVALUATION REPORT

GOAL – Sudan
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ABSTRACT

GOAL implemented the 18-month project *“Preparing for and responding to the COVID-19 outbreak with a focus on vulnerable populations of South Kordofan and North Darfur, Sudan”*, with funding BHA. It was evaluated in the October 2022, to determine its performance against the objectives, expected results, impact on beneficiaries, and against the evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability. The methods included desk review; interviews; group discussions; questionnaires; and SPSS for data analysis.

The evaluation established that the programmatic implementation of the intervention was fairly well done with most outputs and outcomes delivered. The project scored 5 out of 5 on the rating scale on the relevance criteria; 4 on the efficiency criteria; 4 on the effectiveness criteria; 4 on the coherence criteria; 4 on the impact criteria; and 3 on the sustainability criteria. Among the best practices of the project included the use of existing community groups; support to the surveillance infrastructure; GOAL’s Community Led Action initiative; and the capital injection into the rural local economies. The challenges experienced included the general unpreparedness for COVID-19; donor restrictions on procurement of COVID-19 response materials; and conflicts and insecurity in some implementation locations. The evaluation recommended for GOAL to continue with their health system strengthening approach; come up with follow-up support projects for their target beneficiaries; encourage other NGOs into North Darfur and South Kordofan for a holistic impact; and come up with interventions specifically targeting the youth.

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The execution of an assignment of this nature usually takes the concerted efforts of very many people, often from different units and departments, working in continuous coordination before, during, and after, for it to be successful. It was for this reason that the consultants for this evaluation wish to express their gratitude to all those who contributed to its success.

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But our special appreciation goes to all the project beneficiaries and stakeholders who took their time to respond to our many questions, participated in the individual as well as group discussions, and shared with us their experiences about the project, from where we obtained most of the information that form the core of this report.

It is our hope that findings of this report will justify all the efforts that we collectively put towards this assignment, contribute towards the overall efforts of GOAL- Sudan towards improving the lives of the targeted communities, and in the process contribute towards their wider efforts towards improving the lives and livelihoods of disadvantaged communities, and the people of Sudan in general.

Signed on this 20th day of November, 2022 by:



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ACRONYMS AND ABBREVIATIONS

BHA	Bureau of Humanitarian Affairs
CFI	Corporate Finance Institute
CFR	Case Fatality Rate
CLA	Community Led Action
COVID-19	Corona Virus Disease of 2019
CPRP	Country Preparedness and Response Plan
FGD	Focus Group Discussion
FMoH	Federal Ministry of Health
FSL	Food Security & Livelihoods
IDP	Internally Displaced Persons
IGA	Income Generating Activities
HAC	Humanitarian Aid Commission
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IPC	Infection Prevention and Control
KII	Key Informant Interview
LFA	Logical Framework Analysis
LHD	Local Health Department
MoH	Ministry of Health
MPC	Multi-Purpose Cash
NGO	Non-Governmental Organization
NIPP	Nutrition Impact and Positive Practice (NIPP)
OCHA	Office for the Coordination of Humanitarian Affairs
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
OSU	Ohio State University
PHC	Public Health Clinics
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
SCB	social behaviour change (SCB)
SMoH	State Ministry of Health
SMoHSD	State Ministry of Health and Social Development
SPSS	Statistical Package for the Social Sciences
UN	United Nations
UNCT	United Nations Country Team
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International development
VSLA	Village Savings and Loan Associations
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

In the month of September 2022, GOAL- Sudan commissioned an end-evaluation of the project “*Preparing for and responding to the COVID-19 outbreak with a focus on vulnerable populations of South Kordofan and North Darfur, Sudan*”. This was an 18-month COVID-19 response intervention, funded by USAID’s Bureau for Humanitarian Assistance (BHA). The evaluation was conducted by an independent consultant, and it commenced in the last week of September and was completed in month of October 2022. The exercise involved preliminary engagements with GOAL-Sudan staff who implemented the project, and officials from federal, state and locality government agencies that were involved in the project. It then engaged extensively with beneficiaries and key stakeholders from the project implementation locations.

Objectives

The purpose of the evaluation was to determine the performance of the project against the objectives and expected results, and assess the impact of the intervention on beneficiaries, in line with the expectations of the grant. The specific objectives were to assess the performance on the programmatic implementation of the project; review the performance of the project against the standard evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability; identify any challenges encountered and the lessons learned, to inform future designs of related projects; and based on the above, make appropriate recommendations.

Methodology

The evaluation employed a blend of methodologies including desk review of relevant literature; key informant interviews and other interviews; individual as well as focus group discussions; the use of questionnaires; and scientifically acceptable data analysis methods.

Findings

In the findings of the evaluation:

- The programmatic implementation of the intervention was undertaken fairly well, with most of the outputs and outcomes delivered within reasonable time, despite the many challenges faced during an uncertain COVID-19 period in Sudan, and in the world
- The project scored 5 out of 5 on the rating scale on the *relevance* criteria; 4 on the *efficiency* criteria; 4 on the *effectiveness* criteria; 4 on the *coherence* criteria; 4 on the *impact* criteria; and 3 on the *sustainability* criteria. scale
- All aspects of the relevance criteria were fully met and fully responded to by the project
- The project performed very well in the efficiency, effectiveness, coherence, and impact criteria. Still, there were a number of elements that could not be achieved perfectly, hence the high score of 4 for each one of the criteria, on the rating scale
- The project was rated at average on the sustainability criteria, but not because of the implementation. An emergency project by design is supposed to address the urgency and handover to longer-term interventions, hence this project could not have been designed with sustainability as an objective. However, the evaluation still picked out a number of its elements that will continue well beyond the project period
- The best practices from the COVID-19 response component included the use of existing community

groups for risk communication and community engagement; the establishment of safe triage sections, and IPC at the health clinics; the establishment and support of the surveillance infrastructure, which did its work well, and will remain on standby to be used for any outbreaks in future; and GOAL's Community Led Action initiative, that transferred COVID-19 prevention measures from the training venues and into the homesteads of beneficiaries as routine practices

- The best practices from the multi-purpose cash component included the incorporation of the host communities into the project; the silent peace building measures indirectly taken; capital injection into the local economies, at a time when COVID-19 had affected trade and commerce; the temporary break from borrowing experienced by beneficiaries when the cash was disbursed; and the benefits to indirect beneficiaries of the project.
- The challenges experienced by this project included the general state of unpreparedness for COVID-19 in Sudan and globally, and how this impacted on the response measures taken; donor restrictions on procurement of COVID-19 response materials, especially during the first phase; conflict-related challenges in some implementation locations like Abujubeiha, in South Kordofan; and general insecurity, also in some implementation locations like Kutum, in North Darfur.

Recommendations

The key recommendations of this evaluation was that GOAL should:

- Continue with their system strengthening approach to targeting improved provision of health services in their intervention areas. The innovativeness with which this emergency intervention managed to contribute towards health systems strengthening in the two locations is commendable, and should be replicated in other sectors and locations
- Come up with follow-up support projects for the beneficiaries of North Darfur and South Kordofan, to build on the positive gains of this emergency project, in an effort to improve other aspects of their lives.
- Work towards holistic interventions that build comprehensive, all-round resilience of the beneficiaries
- Come up with intervention strategies specifically targeting the youth. At the moment they are silent but growing problem that is so far being overlooked, but that will soon blow up in most project locations.

1. INTRODUCTION

The first quarter of 2020 was dominated by the new corona virus disease of 2019 (COVID-19), which soon became a global crisis that spread to all parts of the world, having first been identified in China. This placed significant stress on health systems in all countries of the world. The impact of the pandemic spread beyond health, and challenged global food security and livelihoods, especially in low and middle-income countries, but even worse in fragile states.

In Sudan, the transitional government had just inherited a fragile health system, yet the spread of COVID-19 posed a major challenge to the country's health and political structures. The government promptly tightened the procedures for entry into Sudan from affected countries, as the Federal Ministry of Health (FMOH) sent teams to monitor ports of entries from neighbouring countries and provided the necessary equipment for the isolation centres where needed. The Sudan FMOH reported the first case of COVID-19 in Sudan on 14 March 2020. The FMOH, the United Nations, and other humanitarian partners joined efforts to prevent and respond to the COVID-19 pandemic in the country, and a COVID-19 Country Preparedness and Response Plan (CPRP) was promptly developed and went into implementation¹ (OCHA, 2022).

It was against this global and national health background that GOAL, with support from the USAID's Bureau for Humanitarian Assistance (BHA) developed an intervention for preparing for and responding to the COVID-19 outbreak, with a focus on vulnerable populations of South Kordofan and North Darfur, in Sudan.

1.1 Background and Context

GOAL believes in a world where poverty no longer exists, where vulnerable communities are resilient, where barriers to well-being are removed and where everyone has equal rights and opportunities. Established in 1977, GOAL is an international humanitarian and development agency committed to working with communities to achieve sustainable and innovative early response in crises and to assist them to build lasting solutions to mitigate poverty and vulnerability.

GOAL has been responding to humanitarian and development needs in Sudan since 1985. Operating in North Darfur and South Kordofan, GOAL supports conflict-affected populations through integrated programmes in nutrition, health, WASH, food security and livelihoods - with women's empowerment and protection mainstreamed throughout. GOAL is committed to meeting humanitarian needs whilst also investing in longer-term community development. The BHA-funded project was one such intervention by the organization.

1.2 Project Context

Through the project of *"Preparing for and responding to the COVID-19 outbreak with a focus on vulnerable populations of South Kordofan and North Darfur, Sudan"*, GOAL aimed at providing life-saving and essential preparedness and response to COVID-19 pandemic for vulnerable populations in South Kordofan

¹ <https://reports.unocha.org/en/country/sudan/card/48inqdseoY/>

and North Darfur states of Sudan. The project, funded by USAID's BHA supported the continuity of service provision in response to the prevailing COVID-19 situation in the target locations. In line with its expertise of being a leader in the health sector, GOAL implemented COVID-19 preparedness and response activities in the main pillars of risk communication and community engagement (RCCE); infection prevention and control (IPC); and support for case management (through in-kind supplies, training, and referral) identified as priority areas in Sudan's Country Preparedness and Response Plan (CPRP).

In South Kordofan State, the intervention targeted Abu Karshola, Habila, Rashad, and Talodi Localities, together with Abujubeiha Referral Hospital. In North Darfur State, the intervention preliminarily targeted Kutum and Al Waha Localities, including 37 health facilities (32 PHC and 5 referral hospitals) in BHA-supported areas. Afterwards, and using complementary funding from BHA, GOAL expanded their geographic scope to include additional areas with on-going health program activities, which brought in Dilling, Abujubeiha, and Kadugli in South Kordofan, and Seraf Umra and Umbaro in North Darfur. In these places, the project supported COVID-19 response activities that also included two isolation centers.

The intervention complemented GOAL's current programming funded by BHA and other donors in the target geographic areas, in order to minimize the impact of a COVID-19 outbreak, protect development gains, and ensure integration into longer-term health system strengthening and resilience-building efforts when the response finally moved to recovery phase. As the project was completing its 18-month implementation cycle, this endline evaluation was conducted, in line with global best practices in project management.

1.3 The Project Strategy, Objectives, Activities and Expected Results

GOAL is committed to remaining focused on achieving organisational strategy which puts resilient wellbeing of target populations at its centre, particularly for the most vulnerable and poorest people. Specifically, the proposed intervention planned to contribute to GOAL's strategy objective 1, "People Survive Crises", objective 2, "People Have Resilient Health", as well as objective 3, "People have Food and Nutrition Security". In a rapidly changing pandemic, GOAL planned to be agile and quickly shift programming based on the changing context and evidence base on the disease itself and the impact of the package of interventions. GOAL's response was geared towards continued adaptation, based on the restrictions in place, the commitment to ensuring program continuity, and new programming being complementary and integrated. The proposed intervention was therefore designed to build on both existing BHA funded COVID-19 responses, as well as integrated programme in Sudan, to mitigate the impact COVID-19 on these programmes.

The program goal was to support Sudan's capacity to continue responding to and recovering from the COVID 19 outbreak. The objectives were to provide and scale up lifesaving and essential preparedness and response of COVID-19 pandemic to vulnerable populations in South Kordofan & North Darfur states, and to provide immediate basic needs to the most vulnerable IDP households suffering economic crisis exacerbated by the COVID-19 pandemic.

Among the expected results by the end of the intervention was that there would be increased awareness on COVID-19 infection and prevention methods through effective risk communication and community engagement; no cases of infections at the health facilities due to adherence to infection prevention and control (IPC) protocols and practices; increased and early identification of COVID-19 cases from enhanced surveillance; improved case management by the respective MoH; improved access to basic needs for the most vulnerable IDP households suffering economic crisis exacerbated by the COVID-19 pandemic,

through the multi-purpose cash assistance, in the target areas.

1.4 Aim and Objectives of the Final Evaluation

The purpose of the evaluation was to determine the performance of the project against the objectives and expected results, and assess the impact of the intervention on beneficiaries as per the grant.

The specific objectives of the assignment were to:

- Assess the performance on the programmatic implementation of the intervention
- Specifically review the performance, of the project against the standard evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability.
- Identify lessons learned and challenges encountered, for future design in related projects;
- Based on the above, make appropriate recommendations

1.5 Evaluation Audience and Anticipated Use of the Findings

This evaluation report is addressed to the implementing organization, to inform them about the performance of the intervention, first and foremost. Lessons learnt from the evaluation will be used to inform future programming. The report will also inform the project donors of the performance and achievements of the interventions, particularly if it met the objectives for which it was funded. The report will inform the state governments about the contribution of the intervention, its donors and implementing agencies towards addressing the COVID-19 challenges experienced within their jurisdiction, and generate information that will add onto the existing knowledge on the subject matter that was being evaluated. The local authorities will use the report to identify gaps and lessons learnt, to guide them in coordinating such activities within their localities. When published, information from this report will add onto the existing scholarly knowledge on COVID-19 response in North Darfur and South Kordofan, and could be used by other academicians in future researches on the same or related subjects.

1.6 Scope of Work

The geographic scope of the evaluation covered the states of South Kordofan and North Darfur, in Sudan. Within South Kordofan State, the specific locations were Abujubeiha, Abu Karshola, Dilling, Habila, Kadugli Rashad and Talodi Localities, with Abujubeiha Referral Hospital added onto the list. In North Darfur State, the targeted areas were Kutum, Al Waha, Seraf Umra, and Umbaro Localities. This included 37 health facilities (32 PHC and 5 referral hospitals) in BHA-supported areas.

The scope of content included all the information areas that could provide answers leading to the achievement of the stated evaluation objectives, as well as the standard OECD evaluation criteria of relevance, efficiency, effectiveness, coherence, impact and sustainability² (OECD, 2022).

² <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

2. METHODOLOGY

The section that follows is a summarised presentation of some of the methods that were instrumental during this evaluation.

2.1 Evaluation Design

The evaluation adopted an exploratory study design, on the premise that it is perhaps the most appropriate for a study of this nature, where COVID-19 was a pandemic with no prior information about it from past researches. The known purpose of conducting exploratory researches is to develop more understanding of the processes, reaching reliable conclusions without bias, and finding out all the desired information based on feedback received from respondents selected from the study population (Bhasin, 2020).

2.2 Desk Review

The evaluation undertook an extensive desk review of the relevant project documents to gain background information of the project, its locations, the catchment population, and the key evaluation issues to be addressed. The project document detailed the project concept, background and context, project goal and objectives, the targeted beneficiaries, the planned project activities, the expected results, and the dynamics of the target project areas. The project's results framework provided the target indicators, while the project implementation reports provided the undertaken activities and achievements. Reviewing this information was the most efficient way to understand the study background (Travis, 2016), since desk review also allowed for the collection and processing of available information, understanding of the context, and identification of any existing gaps (USAID, 2021).

2.3 Key Informant Interviews

The table below presents the key informants that this evaluation targeted from the onset.

Respondent Group	TOTAL	Khartoum	North Darfur	South Kordofan
State MoH Officers	2	0	1	1
Officers from HAC	2	0	1	1
Locality Health Department Officers	2	0	1	1
Local Authority officials	2	0	1	1
NGOs in Health Sector	2	0	1	1
GOAL FSL Focal point	1	1	0	0
GOAL Health Focal point	1	1	1	1
GOAL Program Director	1	1	0	0
TOTAL	20	3	8	9

The key informant interview method was very crucial to this evaluation in obtaining information from those stakeholders with unique information arising from their special positions within the project implementation area. The KII method yielded vital information possessed by the key informants, that other people may not have had. Such information was also useful in the triangulation of information from other sources, for verification and accuracy. The KII method provided information that offered a better

understanding and precise insights on the subject matter, and helped to reduce potential bias (Cossham and Johanson, 2019).

2.4 Focus Group Discussions (FGD)

The focus group discussion (FGD) method was used to capture information from respondents from similar backgrounds. A total of six FGD sessions and twenty (20) participants were held, three in North Darfur and three in South Kordofan. One session was held for social behaviour change beneficiaries while the other two were held for cash beneficiaries, in each state. Each session had five mixed participants, selected randomly. FGD enabled getting at perceptions, attitudes, and experiences more than a quantitative survey (OSU, 2012). FGD also helped in clarifying and testing pre-conceived notions and findings. It facilitated hearing respondent feedback in their own words and voices, and enabled delving deeper into issues that come up during the discussion (SIS, 2021). Through FGD, the triangulation of the collected data and information against those from other sources was done.

2.5 Household Survey

The study used the household survey method for its engagement with the larger beneficiary population that formed the primary respondent group.

2.5.1 Sampling process and sample size

From the project proposal document, the survey established that the total target population for this project was 448, 005 broken down between 228, 483 females and 219, 522 males, as broken down below.

	Female	Male	Total
Total Number of People Targeted (under the age of 5 years)	38,842	37,319	76,161
Total Number of People Targeted (above the age of 5 years)	154, 971	166, 013	320,984
Total Number of IDP/ Returnees	16,850	16,190	33,040
Pregnant Women	17,820	-	17,820
Total number of people targeted for assistance	228,483	219,522	448,005

The evaluation anchored the calculation of the study sample on this information, and used *Slovin's Formula* for this purpose. In this formula, $n = N/(1+Ne^2)$, where n is the sample size, N is the population size and e the margin of error to be decided by the researcher (Castillo, 2016). The study adopted an 8% error margin, informed by the opinion that an acceptable margin of error used by most survey researchers typically falls between 4% and 8% at the 95% confidence level. It is affected by sample size, population size, and percentage (Pollfish, 2021).

It was from these calculations that the study arrived at 156 primary respondents as the ideal sample size for this evaluation. The table below presents the calculation process of the study sample.

Table 3 – Calculation of the study sample size	
Formula	$n = N/(1+Ne^2)$
Total target project population	448,006
N = Study population size	448,006
e = error margin of 8% (at 95% confidence level)	0.08
$e*e$	0.0064
$N*e*e$	2,867.2
$(1+Ne*e)$	2,868.24
$n = N/(1+Ne^2)$	156
Total	156

The calculated sample size was only indicative, and efforts were made to engage with as many people as time and resources allowed, and in the knowledge that maintaining a representative sample is essential in a survey, but it's better to have more respondents (QuestionPro, 2021).

2.5.2 Sampling Strategy and Respondent Distribution

A sampling strategy or plan was prepared to ensure that the sample used represented the target population (Landreneau, 2022). The survey used the quota sampling method to establish the representation of each participant group, after which the random sampling method was used to select potential respondents (Enago Academy, 2019). The table below presents the household sample by groups and location, that was targeted by the evaluation.

Table 4 – Sampling strategy and respondent distribution			
Respondent Group	TOTAL	North Darfur	South Kordofan
Female Household Heads	70	20	50
Male Household Heads	56	20	36
Female IDP household head	15	15	0
Male IDP household head	15	15	0
TOTAL	156	70	86

2.6 Data Analysis

Data analysis was done with the help of the Statistical Package for the Social Sciences (SPSS) tool. It was used for the analysis of quantitative data, mostly from the household questionnaires. The SPSS proved to be time efficient, versatile in processing both quantitative and qualitative data using preferred graph types, and highly reduced the possibility of occurrence of errors (Kershaw, 2022). The study also used MS Excel for data analysis and presentation, to complement the SPSS tool. Data analysis process involved scientifically accepted analysis techniques including comparative analysis, causal effect analysis and stakeholder analysis, among others.

2.7 Limitations of Methodology

Among the limitations of the methodology used included the challenge of evaluating the impact of the intervention on all the 448, 005 beneficiaries. This informed the representative sample of only 156 that were scientifically calculated and used by the evaluation. The evaluation also experienced challenges in

reaching beneficiaries in insecure and active conflict areas. Lastly, the evaluation had to rely on translation of data collection tools from English to Arabic, and this usually has inherent challenges. However, this was mitigated against by two layers of verification of the accuracy of the translation, and the evaluation has confidence that the contents were not impaired.

It was from the discussed methods, and the subsequent data collection and processing efforts that the exercise obtained enough data and information that formed the findings of evaluation, presented and discussed in the section that follows.

3. PRESENTATION AND DISCUSSION OF FINDINGS

This section is a presentation and discussion of the findings of the evaluation. For the purposes of coherence, it starts by presenting a profile of respondents who provided information to the exercise, followed by a summative profile of the study location. This is followed by a presentation and discussion of findings in the key information areas that the evaluation set out to examine.

3.1 A Profile of Respondents

The presentation of the evaluation respondents was broken down into primary and secondary categories. The primary respondents were made up of respondent households only, and were the core source of information for the evaluation. Secondary respondents were formed by the rest of the respondents made up of other beneficiaries reached through FGD, as well as all other officials within the FSL and Health sectors, whose information contributed to the findings of this report.

3.1.1 Primary Respondents

From an initial target of approximately 156, the evaluation managed to engage with a total of 155 primary respondents, as shown on the table below.

	MPC			SBC			Total by Gender				OVERALL	
State / Gender	Male	Female	Total	Male	Female	Total	Male	%	Female	%	TOTAL	%
North Darfur	10	22	32	17	15	32	27	38	37	45	64	41
South Kordofan	15	16	31	30	30	60	45	63	46	55	91	59
Total	25	38	63	47	45	92	72	46	83	54	155	100
Total %	40	60	100	51	49	100	46		54			
Combined Total	63		63	92		92					155	0
Total %	41		63	59		92	46		54		100	100

The table shows that by state, 64 (or 41%) of the 155 respondents were from North Darfur, while 91 (or 59%) were from South Kordofan. By intervention, 63 (or 41%) of the respondents were beneficiaries of multipurpose cash (MPC) component, while 92 (or 59%) were beneficiaries of the social behaviour change (SCB) component. The table also shows that the overall gender distribution of respondents was fairly acceptable, with 46% (or 72) males and 54% (or 83) females. The gender distribution by intervention

components was 40% (or 25) males and 60% (or 38) females for MPC, as opposed to 51% (or 47) males and 49% (or 45) females for SBC.

Primary respondents for the evaluation were drawn from five (5) localities across the two states, whose choice was based on their access, and particularly the security situation. Some locations had active conflicts and incidents of insecurity going on at the time of the evaluation, and could not be reached. The distribution of the respondents by localities is shown in the table below.

State / Locality	SCB respondents				MPC respondents			TOTAL
	Dilling	Habilla	Kutum	Total	Abujubeiha	Kutum	Total	
North Darfur	0	0	32	32	0	32	32	64
South Kordofan	30	30	0	60	31	0	31	91
Total	30	30	32	92	31	32	63	155

Table 7 shows a fairly balanced distribution of respondents across the localities, with 30 respondents from Dilling and Habilla, respectively, in South Kordofan; and 31 from Abujubeiha; 32 from Kutum for MPC; and another 32 from Kutum for SBC, from North Darfur.

Efforts were made to establish the household sizes, and the tables below presents a breakdown of the distribution of both SCB and MPC respondents by this parameter.

State	Household size					Total
	2	3 to 4	5 to 6	7 to 8	Above 8	
North Darfur	13	17	21	7	6	64
South Kordofan	2	15	31	18	25	91
Total	15	32	52	25	31	155
Total %	10	21	34	16	20	100

Table 8 shows that a majority 34% (or 52) of the 155 respondents had family sizes of between 5 and 6 people, followed by 20% (or 31) of the respondents whose family size was above 8 people. Only 10% (or 15) of the respondents had family size of 2 people. The conclusion was that over 54% (or 83) of the 155 respondents represented between 5 and at least 8 members of households. For over 50% of the respondents, the impact of COVID-19 on one household therefore affected between 5 and 8 people. Similarly, any mitigation measures had an impact on the same number of people.

3.1.2 Secondary Respondents

Besides the primary respondents, the study also engaged with an additional 50 secondary respondents, as presented in the table below. The table shows that between the 155 primary respondents and the 50 secondary respondents, the evaluation obtained data and information whose analysis and discussion is presented in the sections that follow.

Table 8 – Secondary respondent distribution by location				
Respondent Group	TOTAL	Khartoum	North Darfur	South Kordofan
State MoH Officers	2	0	1	1
Officers from HAC/ Local authority	5	0	2	3
Locality Health Department Officers	3	0	1	2
FGD respondents	30	0	15	15
GOAL Program Director	1	1	0	0
GOAL Emergency/Health Focal point	2	0	1	1
GOAL FSL Focal point	2	0	1	1
GOAL MEAL officers	5	1	2	2
TOTAL	50	2	23	25

3.2 Performance on the Programmatic Implementation

In executing the first task of the assignment, the evaluation made an assessment of the performance of the programmatic implementation of this intervention. The focus of this assessment was what it set out to do against what was actually accomplished within the set time and resources. The section that follows presents findings in this regard by looking at the project performance under the social behaviour change component, and the multi-purpose cash component.

3.2.1 Performance on the implementation of the Social Behaviour Change (SCB) component

The COVID-19 response strategy by GOAL was heavily premised on the prevention of infection, given the weak health systems in their target locations, which could not cope successfully in the event of a any substantial number of people getting infected. That informed the intervention’s emphasis on social behaviour change through risk communication and community engagement (RCCE); infection prevention and control (IPC); and surveillance. However, the intervention was conscious of the fact that a few cases may slip through this preventive firewall, hence the inclusion of the component supporting the MoH in case management. Findings on the programmatic performance of the implementation of the intervention in this regard follows.

3.2.1.1 Risk Communication and Community Engagement (RCCE)

To gauge the relevance of the RCCE component of the project, respondents were asked how far they agreed with the statement that at the onset of COVID-19 and prior to this project, they did not have much information about the pandemic. Their responses were plotted in the figure below.

The figure shows that a combined total of 93% (or 86) of the 92 respondents was in agreement with the statement in some way, leaving only 7% (or 6) in disagreement with the statement. Up to 48% (or 44) of the respondents strongly agreed with the statement while another 11% (or 10) fairly agreed with it. Those who simply agreed with the statement constituted 35% (or 32) of the respondents.

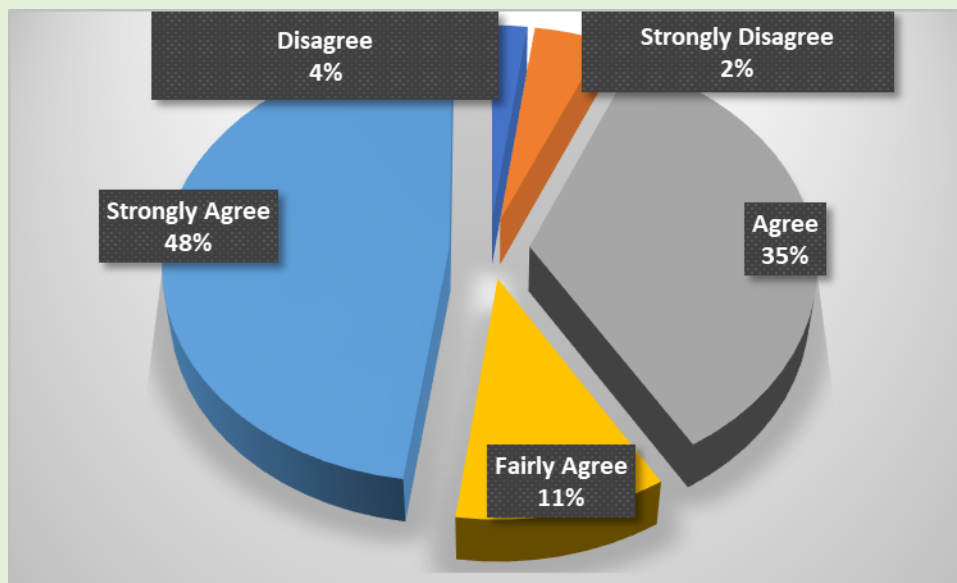


Figure 1 - Respondents on not having enough information about COVID-19 at its onset

The same question was put to the respondents, but this time regarding their communities not having enough information about COVID-19 prior to this project. The figure below presents their responses.

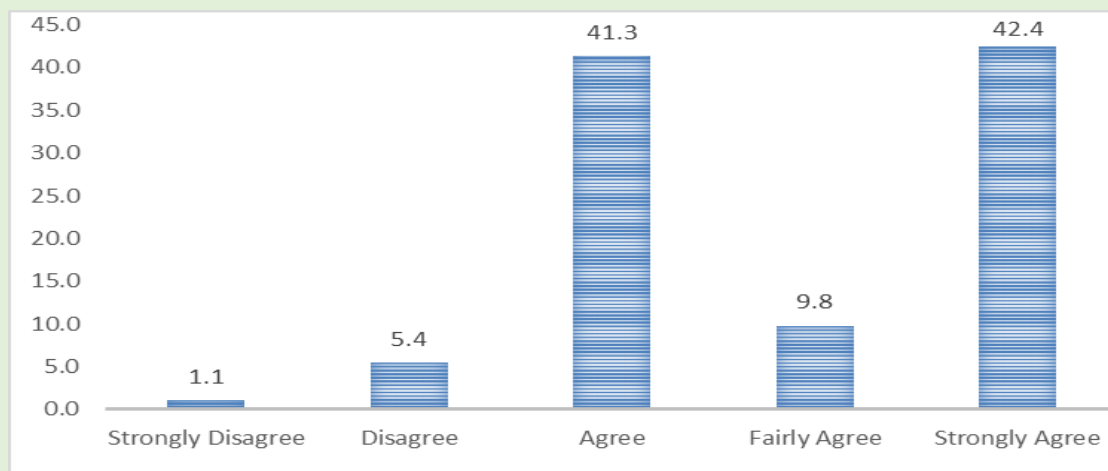


Figure 2 - Respondents not having enough information about COVID-19 at its onset

The figure shows that only 6.3% (or 3) of the 92 respondents had some form of disagreement with the statement; the remaining 93.5% (or 86) were in agreement with the statement at different levels, with 42.4% (or 39) of the respondents in very strong agreement with the it, while 41.3% (or 38) were in general agreement with the statement. Still another 9.8% (or 9) respondents were fairly in agreement with the statement.

It was this mass information gap that the RCCE component was designed to address, by engaging with target communities and giving them accurate information about COVID-19, using all possible communication media. From engagements with the project staff, local health officials, and beneficiaries, it was established that a number of activities were undertaken under RCCE component.

The evaluation established that awareness campaign combining mass media and community mobilization activities was conducted and sustained for the period of the pandemic, across all the project locations in North Darfur and South Kordofan. Feedback from respondents confirmed that messages with correct information about COVID-19 were shared through signboards, posters, loudspeaker, radio and other means. Secondly, the respondents received correct information from their Care Groups, Village Savings and Loan Associations (VSLAs), and the Nutrition Impact and Positive Practice (NIPP) Circles. It was easy for them to trust information from mobilizers from these groups because they had worked with them before.

The evaluation engaged with GOAL field staff to explain about these community groups, how they worked, and the added advantage of using them by this project. It was established that GOAL had established these groups through previous interventions in the same area, and they were used as social and information sharing support groups for target beneficiaries at the community level. In those previous interventions, these groups would be used to mobilize members and pass the same information to them via their different groups and group leaders.

In this project, the same groups were used to cascade correct messaging on COVID-19 prevention measures. Community mobilizers were identified and trained on COVID-19 prevention measures. The mobilizers then made home visits within their neighborhood, while adhering to the laid down COVID-19 prevention protocols including using open spaces whenever possible; wearing face masks whenever they were available; distributing face masks, whenever they were available; keeping safe distance between participants; demonstration of correct handwashing methods using soap; and the use of sanitizers where available.

The evaluation established that the innovative Community Led Action (CLA) approach, which was adapted from Community Led Ebola Action that GOAL developed with other partners during the West Africa EVD outbreak response, was used to empower communities to take action against the disease outbreak, and to sustain these efforts beyond the project period. In the CLA approach, GOAL trained and facilitated the community mobilisers to sensitize the project beneficiaries on the COVID-19 preventive methods that they could implement at home to enhance vigilance against spreading the disease. This included the provision of water for hand washing; providing soap for hand washing; having ready hand sanitizers for those who could afford them; well-spaced seats within the home; use of open space for meetings, whenever necessary; and no hand shaking during greeting rituals.

To determine how far the CLA approach had taken root among the community, the evaluation asked respondents how many of the COVID-19 preventive methods they used at home, and their responses were captured in the table below.

State	1 or less	2	3	4	Above 4	TOTAL
North Darfur	8	16	5	0	3	32
South Kordofan	27	4	9	5	15	60
Total	35	20	14	5	18	92
Total %	38	22	15	5	20	100

The table shows that only 38% (or 35) of the 92 respondents used one preventive method or less; all the

rest used two methods or more at home, with 20% (or 18) of them using more than four preventive methods at home. Based on this information, it was possible for the evaluation to confirm that the CLA had so far succeeded, was in practice at the household level, and that efforts should be made by successive interventions to build on it further and sustain it beyond the project period.

The evaluation established a number of challenges faced by the implementation of the RCCE component. To begin with, the target locations were far away from the capital city where information tend to reach first. This had its implications in the community response to COVID-19. The first reported entry of COVID-19 into Sudan was through Khartoum. It took people in remote locations like North Darfur and South Kordofan a long time to even imagine that COVID-19 could reach them. This dulled the urgency levels among the target communities, and this slowed down their uptake of preliminary COVID-19 information.

This distance from reliable sources of information also meant that a lot of rumours and misinformation reached these remote places, long before the correct information could be dispatched. This also affected the reception and response to correct COVID-19 information. Behaviour change was also slow to take effect in the project locations, even after preliminary RCCE efforts, and largely for the same reason: most of the people had the feeling of false safety from COVID-19, hence no urgent need to observe most of the protocols they were given. The situation improved later when it became known that COVID-19 had reached their states and localities.

From the above findings, it was possible to conclude that from a programmatic perspective, the RCCE component was well-implemented as laid out in the proposal document, despite the challenges experienced. Even though it was not possible for this evaluation to quantify the exact impact of the RCCE component in the prevention of COVID-19, it was easy to conclude that it did contribute to the prevention of the spread of COVID-19 in the target locations, and quite substantially so.

3.2.1.2 Infection Prevention and Control (IPC)

The evaluation took time to examine the programmatic implementation of the Infection Prevention and Control (IPC) component, starting from its concept, before looking at how this project implemented it.

From available literature, it was established that IPC is a standard component of primary health care delivery in health facilities globally. Indeed WHO (2022₁) holds that IPC is a practical, evidence-based approach preventing patients and health workers from being harmed by avoidable infections. Effective IPC requires constant action at all levels of the health system, including policymakers, facility managers, health workers and those who access health services³. In the context of this intervention, IPC measures were essential to ensure health care workers were protected from infection with COVID-19. Improvements and adherence to IPC practices were to protect health workers and patients, minimize the risk of nosocomial transmission of COVID -19 in health-care settings, and onward community transmission. A key factor in preparedness for COVID-19 is the development of optimum IPC capacity to ensure safe working conditions within healthcare facilities and in the community.

This was the background behind which the evaluation of the programmatic implementation of the IPC component of this intervention was undertaken, from where a number of things were established.

The principles of effective IPC include the application of standard precautions and early recognition of suspected cases. The evaluation established that towards this end, the project worked with all the 26

³ https://www.who.int/health-topics/infection-prevention-and-control#tab=tab_1

supported health facilities in North Darfur and all the 25 health facilities in South Kordofan to have in place and to implement IPC standards operating procedures for the COVID-19. Among the activities undertaken included supportive supervision visits from technical health personnel to ensure that all protocols were being observed correctly. Secondly, the project trained health staff in all the supported health facilities, as well as nearby rural hospitals, on performing triage correctly, using the triage check list. They were also trained on clinical definitions for suspect and probable COVID-19 cases, and the actions to taken. The project provided assorted IPC materials to all supported health facilities, in packages that included hand washing facilities, cleaning materials, soap, disinfectants and medical waste management materials.

In further discussions with Local Health Department (LHD) managers, the evaluation confirmed that the project also provided personal protection equipment for health as well as cleaning staff in all the supported health facilities. The managers also confirmed that the project conducted training and mentoring of health workers and community health promoters on IPC, to support the implementation and maintenance of IPC standards. The project also worked with and also supported local health officers in the distribution of IPC and PPE materials to other health facilities in other areas.

The evaluation also established that the project supported the installation of additional handwashing points; clean drinking water points; and shaded areas in the supported health facilities for triage and waiting area, to reduce contact between patients during triage and waiting.

From discussions with state and locality MoH directors and officers, the evaluation received first hand information about how the project worked well and in perfect coordination with them, by supporting refresher training for vaccinators and MOH staff on administering the COVID-19 vaccine, even though vaccination was a preserve of the national and state governments. The project supported the State Ministry of Health (SMoH) and Locality Health Departments (LHD) in awareness and information raising efforts to share accurate, official information about COVID-19 Vaccine. It provided logistical support for SMoH and LHD to implement COVID-19 vaccination campaigns. The support included renting of vehicles for vaccination teams; provision of fuel for vaccinators traveling to and from rural areas; the provision of other basic comfort and items needed during the vaccination campaigns; payment of incentives for vaccinators, supervisors, and other MoH and local authority staff participating in the campaigns.

The evaluation established that the main challenge in the implementation of the IPC component was the huge demand in both states that could not be matched by the limited funds from the project available for this component. Due to inadequate funding from the government for the health sector generally, it was not possible to implement a blanket coverage of IPC in the entire states of North Darfur and South Kordofan. This could have left information as well as material gaps that may have reduced the full effectiveness of this intervention in the target locations.

“Despite the challenges and constraints that we faced, we are proud of our implementation of the COVID-19 component of this intervention, and feel proud when government officials in our intervention areas use GOAL as a reference point for a well-coordinated COVID-19 response initiative.”

- Dr. Mohamed Hussein
GOAL- Sudan ERP Coordinator, Khartoum

Yet the evaluation was satisfied with the overall programmatic implementation of the IPC component, and found this to be well-aligned with the planned activities in the proposal document. Many factors had to work together to prevent the spread of COVID-19 in North Darfur and South Kordofan, and the evaluation was satisfied that the IPC component played its role effectively.

3.2.1.3 Surveillance

Next to be assessed was the programmatic implementation of the surveillance component of the project. From available project documents, it was established that surveillance was a national government initiative that was cascaded to state governments, as a method of early detection of cases of COVID-19, to facilitate prompt action before further infection occurred. Throughout the COVID-19 period, surveillance remained a mandate of the government, and this project worked closely with them to support their efforts, and in the process prevent the spread of the COVID-19 pandemic in North Darfur and South Kordofan.

From discussions with the directors of SMOH in North Darfur and South Kordofan, together with engagements with LHD managers the evaluation established that the project undertook a number of activities in support of state surveillance efforts. First, GOAL co-opted all the supported health facilities into the SMOH surveillance programme and strengthened the SMOH alert and response system (EWARS) surveillance by instituting regular reporting in line with the MoH requirements, and using the MOH reporting tools for COVID-19. The project made these tools available to all supported health facilities, and gave an orientation training to all the medical assistants on how to use them.

Secondly, GOAL supported the strengthening of community surveillance by co-opting the GOAL community volunteers, already involved in other GOAL community programs (Care Groups and NIPP Circles, and volunteer mobilizers trained through the RCCE activities), into the SMOH surveillance programme. The community volunteers were trained on identification and referral of suspected COVID-19 cases to nearest health facilities for further assessment by trained medical assistants. They were also trained in carrying out contact tracing at the community level under the leadership of SMOH.

It was also established that GOAL supported the work of the Rapid Response Teams (RRT) that had been established the SMOH in different localities in North Darfur and South Kordofan, and were under their overall supervision and coordination. GOAL provided logistical support and training to RRTs on active case finding, transfer of suspected cases from the remote areas to the nearby isolation centers, RCCE, contact tracing, surveillance activities, and reporting. Thereafter, GOAL provided support for their field activities in case surveillance, investigation, and referral, supporting visits and contact tracing. GOAL also provided costs of transporting samples to laboratories, and positively identified COVID-19 cases to isolation centers; IPC supplies and basic PPE; support for staff costs and deployment of staff to the RRT, and to Isolation Centers; provision of furniture; minor maintenance and rehabilitation of the rehabilitation Centres; and support for running costs.

Among the notable challenges to the implementation of the surveillance component was reported in South Kordofan, where most RRTs could not function continuously after the initial government-imposed lockdowns ended, due to a low caseload coupled with lack of adequate resources for their full operations. However, the evaluation confirmed that the project made commendable efforts to deliver on its programmatic mandate on the surveillance component, as laid out in the project proposal document.

3.2.1.4 Case Management

The last component of the direct COVID-19 response by this project was the case management of positive identifications, particularly the availability and management of a functioning isolation centre. This was retained by the Ministry of Health as their mandate and responsibility, hence the project was only to provide support, to enhance the overall effectiveness of the COVID-19 response in the two states. Isolation capability, at this stage of the pandemic, was critical to preventing the spread and ensuring smooth referral. In these centres, suspected and confirmed cases could be identified through the improved triage, held in isolation and resting, while the status was confirmed prior to referral to a full COVID-19 treatment center. In discussions with the SMOH and LHD managers, the evaluation managed to map out the role of the project in the programmatic implementation of this component.

It was first of all established that GOAL's support to the MoH in case management was based on requests by both locality as well as state officials. These were the people who were running these facilities, to maintain preparedness and respond to outbreaks. These officials confirmed that in some facilities, like in Kutum Locality in North Darfur, GOAL undertook minor rehabilitation work that included repair of doors, windows, floors, roof; and the rehabilitation of latrines; and the construction of basic incinerator. In other facilities, like in Habila Locality in South Kordofan, GOAL provided basic furniture.

Secondly, in all the supported health facilities, GOAL provided basic WASH supplies such as water tanks and handwashing facilities; provision of furniture (beds, mattresses, sheets, chairs, tables, cabinets for record keeping) and basic non-medical supplies (such as stationary). They also supported trainings and provided incentives for health facility staff to motivate and compensate them for the risk of interacting with COVID-19 patients. They also donated IPC supplies, and PPE. It was further confirmed that GOAL supported the MOH in the running of ambulances in the supported health facilities by training and supporting dedicated ambulance teams; and providing them appropriate PPE. They also supported the repairs and maintenance of the vehicles; and provided incentives to the staff.

In summation, and to the extent of supporting the MoH in case management, the evaluation established that the project delivered on its programmatic mandate; and provided the support goods and services as stipulated in the project proposal document, across the project locations in North Darfur and South Kordofan.

"This project produced a COVID-19 isolation centre from zero to 100% in Kutum. It is even better than the state isolation centre in El Fasher"

- Mr. Abbas

HAC Commissioner, North Darfur State, El Fasher

3.2.2 Overall Performance on the Multi-purpose Cash (MPC) Component

On the assessment of the multi-purpose cash (MPC) component, available literature on the background information determined that it was implemented in only three localities. In North Darfur, it targeted IDPs and people affected by economic crisis in Kutum and Al Waha localities, while in South Kordofan, it targeted vulnerable households affected by economic crisis in Abujubeiha locality.

In previous interventions, GOAL had observed that displaced and other vulnerable households in North Darfur and South Kordofan were already facing multiple shocks. The economic crisis in Sudan, which had posted an annual inflation of over 341% as of March 2021⁴ (Reuters, 2021), had caused prices of basic commodities to increase beyond the reach of many households. The COVID-19 pandemic only made this situation worse, and became a major contributor to the economic pain that affected the livelihoods of many displaced and otherwise vulnerable people. GOAL's overall objective for this component was to assist 450 vulnerable households (250 households in North Darfur, and 200 in South Kordofan) with multi-purpose cash assistance to aid them in meeting their immediate household basic needs for food and hygiene items, during the worsened period of COVID-19. This could prevent further deterioration of their livelihood assets, as well as harmful coping strategies they were bound to resort to during this period, that would have left them even more vulnerable by the time the unknown pandemic ended. That was the gist of the evaluation of this component, in an exercise that engaged with 63 randomly sampled respondents, as shown in the figure below.

	Male	Female	Total
North Darfur	10	22	32
South Kordofan	15	16	31
Total	25	38	63
Total %	40	60	100

The evaluation made a conscious effort to have both genders represented, in the knowledge that even within the same household, male and female financial priorities tend to be different, and having only one gender would not be representative enough. The figure shows that 60% (or 38) of the 63 respondents were female while 40% (or 25) were male. This ensured that subsequent information received would be a fair representation of the average household from the target populations in the two states.

Similar efforts were made to determine the household size, as this had an impact on both the number of affected people per household, how long any assistance would last, as well as the spread of the potential impact from the assistance received, if any, as shown in the figure below.

The figure shows that a majority of the respondent households were made up of between 5 and 6 individuals, as was represented by 27% (or 17) of the 63 respondents. This was followed by 23.8% (or 15) who had above 8 family members. On the lower side, only 9.5% (or 6) of the respondents had a family of two.

⁴ <https://www.reuters.com/world/africa/sudans-annual-inflation-rate-rises-341-march-2021-04-13/>

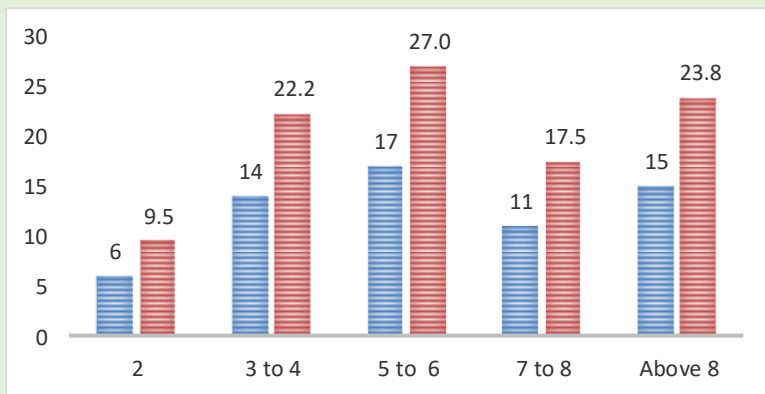


Figure 3 - MPC respondent distribution by family size

On face value alone, this finding was already indicative of how difficult it may have been for an average vulnerable household to obtain food other necessities for approximately 5 to 6 people every day, during the COVID-19 lock down period. Any assistance received by such households, like the support this project offered, probably helped many people in each beneficiary household.

In assessing the programmatic implementation of the MPC component, the evaluation engaged with the project implementation team, the local authorities of the target project locations, and sampled representatives of the beneficiaries to reach the following conclusion.

It was established that GOAL started by working with community leaders, local authorities, and the target communities to identify the vulnerable households to be incorporated into this component, and selected 450 beneficiaries, as planned (250 households in North Darfur, and 200 in South Kordofan). They used pre-agreed vulnerability criteria, and this ensured that openness and fairness in the selection process was achieved, as was proven by the fact that no complaints were raised about the selection process. They included displaced persons, returnees, highly vulnerable host community members, households headed by single woman, person with disability or chronic illness; and households affected by malnutrition.

The evaluation also established that GOAL leveraged on existing infrastructure from their previous interventions and distributed the cash through local cash transfer service providers that they had worked with before. Where it was necessary, GOAL supported the cost of transportation for beneficiaries traveling from distant places to the cash distribution points. Efforts were made to keep the process transparent and verifiable, through the use of distribution lists that were verified, signed by beneficiaries, and counter-signed by both the service provider as well as the implementation teams. As the distribution happened during the COVID-19 period, all COVID-19 regulations were observed including restricted number of people in the distribution office at any one time; maintaining safe distances; wearing of masks; handwashing before and after handling of cash and documents; and the use of surgical gloves by the distribution staff. The evaluation further established that three rounds of Multi-Purpose Cash (MPC) were distributed to the selected 450 beneficiaries, as planned.

The implementation of this component experienced a number of challenges, summarised elsewhere in this report. In summation, this included unavoidable delays in the distribution of the cash to coincide with seasonal periods of vulnerability for the selected households, as originally anticipated. In North Darfur, this was caused by incidents of insecurity that delayed the entry of the project team into the target locations, and another long delay that was caused by the youth who felt left out of the direct cash benefits of this component. In South Kordofan, it was caused by conflicts in Abujubeiha that lasted for such a

long time that the final distribution of cash to the beneficiaries was only completed in September 2022.

3.3 Assessment of the Project Against the Standard Evaluation Criteria

The next mandate of this assignment was to assess the performance of the intervention against the six standard OECD-DAC evaluation criteria of relevance, coherence, effectiveness, efficiency, impact and sustainability. In the course of fulfilling this mandate, the evaluation engaged with different stakeholders and obtained data and information on which it based its conclusions. Findings in this regard are discussed in the sections that follow.

3.3.1 Assessment of the Relevance of the Project

The OECD-DAC definition of relevance is the extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner or institution needs, policies, and priorities, and continue to do so if circumstances change (OECD, 2022). Applied in the context of this project, the evaluation set out to determine the extent to which the intervention objectives and design responded to the needs of beneficiaries, the country Sudan, and GOAL's needs, policies, and priorities, in response to the outbreak of COVID-19 pandemic in 2020. It was to assess the extent to which the project complemented other interventions or programmes; the extent to which the project responded to identified problems; and the adequacy of the design to address the identified problems. Findings about the relevance of the intervention are discussed below.

3.3.1.1 Project relevance in general

On face value alone, this project was very relevant to the time and circumstances of its implementation, coming during a period when the whole world was grappling with an unknown pandemic that had devastating effects on global populations, movement, trade and commerce. In the background of the fact that advanced countries like USA reported over 96.4 million confirmed cases, and 1.06 deaths as a result of COVID-19⁵ (WHO, 2022₂) by November 2022, developing countries like Sudan could have been devastated by the pandemic without the collective mitigation measures like those that were undertaken by this and similar interventions in the country. The relevance was made more significant by the two states that GOAL chose to implement the intervention. North Darfur and South Kordofan are among the states experiencing a lot of challenges with their public health systems due to limited funding and inadequate health human resource. Any support received during the COVID-19 period was bound to be very relevant. The areas of intervention chosen by this intervention further magnified the relevance of the project. Supporting the fragile state and locality health systems with the much-needed RCCE, IPC, surveillance, and case management was very relevant, as was supporting vulnerable household with multi-purpose cash at the peak of the COVID-19 lockdown period in Sudan. Finally, the choice of localities also made the intervention very relevant, given that in some of them, like Kutum in North Darfur, there were no other interventions of the same nature due to the limited presence of health-related humanitarian or development agencies. To this extent, the evaluation found this intervention to be very relevant based on the barest facts of the matter, even before delving deep into the other elements of relevance.

⁵ <https://covid19.who.int/region/amro/country/us>

3.3.1.2 The project objectives and stakeholder needs, policies, and priorities

Secondly, GOAL's overall aim in this intervention was to continue lifesaving and essential preparedness and response of COVID-19 pandemic to vulnerable populations in South Kordofan and North Darfur States, and also to support households whose livelihoods had been negatively impacted by COVID-19. This was in line with GOAL's organisational strategy that prioritizes resilient wellbeing, particularly for the most vulnerable and poorest people. This intervention specifically contributed to GOAL's Strategy Objective 1: "People Survive Crises"; Objective 2: "People Have Resilient Health", as well as Objective 3: "People have Food and Nutrition Security". Further, at both the state as well as locality level in the target locations, there was a great need for a robust initiative targeting COVID-19 preparedness, response, and protection of vulnerable households right from when the pandemic was declared in Sudan in March 2020. The existing state and locality health systems simply could not cope with the subsequent pressure bound to be exerted on their limited human and other resources. The conclusion on this count too was that this intervention was very relevant.

3.3.1.3 The project complementing other interventions or programmes

On complementing other interventions, the evaluation established that on the declaration of COVID-19, all states and localities in Sudan increased their plans for response, including creation of Rapid Response Teams (RRT) and the installation of isolation facilities. However, coordination between federal, state, and local levels was poor, with states and localities left to plan for their own response, with no resources provided to do so. In North Darfur and South Kordofan, GOAL stepped into this space with this intervention, to work with stakeholders in COVID-19 response and preparedness. Further, this project aimed at strengthening preparedness, prevention, and surveillance measures in areas without serious outbreaks, and supporting effective response activities when COVID-19 outbreaks hit the targeted areas. This was aligned with Sudan's COVID-19 Country Response and Preparedness Plan (CRPP), as well as the state and locality-level response plans in both North Darfur and South Kordofan. Further, the project targeted community and local health facilities in order to reduce transmissions at that level, and strengthen the response to suspected and confirmed cases of COVID-19, to ensure the continuity of essential primary health services in the already vulnerable conflict-affected areas. It also aimed at building capacity at the locality level for COVID-19 prevention, management and referral without undermining existing health services. To this extent, the project worked well to complement a number of existing interventions in the same location, thereby adding to its relevance.

3.3.1.4 Project response to identified problems

In assessing the project response to identified problems, the evaluation started by isolating those problems, to facilitate an accurate determination of the response they attracted.

The first problem was the rapid spread of the COVID-19 pandemic, once it was declared in Sudan. By May 2021, Sudan had reported cases of COVID-19 in all the states; 33,536 confirmed cases; 2,365 people had died of the disease; and a case fatality rate (CFR) of 6%, exceeding the global average. This was a major problem, and there was a desperate need to mitigate against it. This was coupled with a health system that was weak and overwhelmed, with no demonstrated capacity to plan, coordinate, and implement proper prevention, investigation, and treatment of COVID-19. Sudan's health system faced challenges in infrastructure, staff, equipment, and supply chains, yet these were the very things that were now needed for any effective mitigation measures against COVID-19. The Locality Health Departments (LHD) and local hospital had established a first level COVID-19 isolation centers to manage suspected cases, and had assigned staff to run the facilities, but they had no capacity for treatment, or sustained management of

COVID-19 cases, and they needed support for their facilities to achieve significant improvement in management and treatment of COVID-19. Further, the country faced the potential inability to treat COVID-19 cases, prevent further spread, and provide other critical health services, particularly in rural areas where North Darfur and South Kordofan belonged. The country also faced a low testing capacity as well as a slow rate of vaccination, both of which left room for the spread of different variants of the virus. Finally, an economic crisis in Sudan that started in 2018 had resulted in marked price inflation, and shortages of fuel and bread. The COVID-19 restrictions that were imposed, especially the movement restrictions, only made the economic crisis worse, especially for vulnerable households, including single women and people affected by chronic disabilities or co-morbidities. A GOAL analysis of COVID-19 economic impact in Sudan highlighted that 65% of the population are reliant on the informal sector for their livelihoods, and thus “are liable to be hit hard by COVID-19 preventative measures.

In response to these problems, the project worked with state and locality health authorities to support and strengthen the existing health systems by training health workers in Risk Communication and Community Engagement (RCCE); Infection Prevention and Control (IPC); Surveillance; safe triage during COVID-19; and safe management of isolation centres. The project then supported their subsequent activities in these areas by providing PPE for the medical staff; PPE to be distributed to the community; incentives for taking risks in executing their duties; and fuel for transport, whenever that was necessary. On the livelihood component, the project responded to the identified problem through the multi-purpose cash (MPC) targeting vulnerable households, to help them in going through the tough economic period made worse by the COVID-19 pandemic. It was therefore easy to justify that the project had responded to all the identified problems, and as such was very relevant on the strength of this point.

3.3.1.5 The adequacy of the project design in addressing the identified problems

In assessing the adequacy of the project design to address the identified problems, the evaluation made consideration of the problems identified in 3.3.1.4 above, and explored any other options that were available to address them. The conclusion was that perhaps the five-pronged design of this project was best suited to address those problems. The RCCE component addressed the prevention of community transmission through structured and accurate communication about the COVID-19 risks as well as the necessary preventive measures. The project design of using community volunteers enhanced the effectiveness of communication. The IPC component in the project design was to ensure that infections at the health facilities were minimized, for both the health workers as well as people visiting the health facilities. The surveillance component of the design took the earliest identification of potential COVID-19 infection cases into the communities where they were likely to occur, before such cases were safely brought to the health facilities for further attention. The component of supporting of the MoH in case management was designed to ensure a complete path from identification to isolation, thereby preventing further infections. The isolation centres further assured the community that infection was not a death sentence, and that people who be treated with dignity even as they were isolated from the community. Finally, the multi-purpose component in the project design ensured that vulnerable households whose livelihoods had already been affected by the harsh economic times were not hit even harder by the COVID-19 restrictions. To this extent, the evaluation was satisfied that the project design was adequate in addressing the identified problems, and as such was very relevant.

It was on the basis of the above assessment that the evaluation concluded that the relevance criteria of this project had been met fully, and justified the award of the full five points on the project performance rating scale.

3.3.2 Assessment of the Efficiency of the Project

In assessing the efficiency of the intervention, the evaluation looked at the extent to which the project delivered, or is likely to deliver, results in an economic and timely way. Findings of the evaluation are discussed below.

3.3.2.1 The timeliness of GOALs response

The first component of efficiency to be assessed was the timeliness of GOAL's response after the government's declaration of COVID-19 as a pandemic in Sudan. This called for a brief summary of the events around the onset of COVID-19.

On January 30, 2020, the World Health Organization (WHO) declared the 2019-nCoV (COVID-19) outbreak a "Public Health Emergency of International Concern. The first COVID-19 case in Sudan was confirmed on 13 March, and on the 16 March 2020, Sudan's Transitional Government closed all airports, ports and land crossings and declared a public health emergency over fears of further spread of coronavirus. As of 1 May 2020, 533 cases (95 per cent males and 5 per cent females) of COVID-19 had been confirmed in Sudan, with 36 resulting fatalities. The total case fatality rate (CFR) at that time was 6.7 per cent. The increase in number of reported cases and geographical distribution was indicative of community transmission (UNCT Sudan, 2020)⁶.

On the basis of the above information alone, the commencement of this intervention on the 1st June 2021 was extremely late, coming well over 14 months after the official declaration of COVID-19 as a pandemic in Sudan. However, a look at the period and circumstances surrounding the onset of COVID-19 globally may provide a more holistic perspective.

The COVID-19 pandemic did not spare any country, and the traditional sources of funding for Sudan were affected just as much, if not worse. Funding for countries like Sudan were thus delayed for months, as each country was figuring out country-based mitigation measures before thinking about helping other countries. The limited funds that may have been available were competed for by many needy countries who could not cope on their own. Further, a majority of lent and direct funds are being channeled to health, social, and economic ministries on the frontline of the national response. Most countries had set up special COVID-19 programs that were receiving technical health support from bilateral development agencies. In terms of types of interventions, the majority of funds were targeting the consolidation and support of national health systems, followed by COVID-19 equipment acquisition and detection mechanisms (Rovira & Alcega, 2020). It is safe to say that it was only towards the end of 2020 that most countries became clear about the potential implication of the pandemic to their countries, and could now figure out how much help they could offer to others. Looked at behind this background, it was possibly only from January 2021 that GOAL started getting positive feedback about possible COVID-19 funding for Sudan. Viewed this way, the intervention was on time within the prevailing circumstances.

Further, from quarter 2 of 2020, GOAL Sudan was already undertaking other COVID-19 responses including by pivoting existing health programming to ensure continuity of health services in a safe manner despite COVID-19, in addition to securing additional COVID-19 response funding from Irish Aid and DFID RRF, which supported RCCE, IPC and Cash responses. This BHA project supported key gaps that were identified by those interventions in addressing the COVID-19 pandemic challenges that were identified by MOH. To this extent, the intervention was quite timely.

⁶ <https://reliefweb.int/report/sudan/sudan-corona-virus-covid-19-country-preparedness-and-response-plan-cprp-may-2020>

3.3.2.2 The prudent usage of resources

In assessing this component of the efficiency criteria, the evaluation looked for the meaning of “prudent”, to guide the exercise on whether project resources were used well or prudently, and found the word described as skill and good judgment in the use of resources (Merriam-Webster, 2022). The two words were then made the key elements to look at with regard to how GOAL utilized the project resources.

To begin with, GOAL’s sector-related implementation strategy, that was employed in this project, was as skillful as it was good judgement in the use of project resources. Rather than recruiting a project team to implement the intervention, different components of the project were implemented by GOAL’s existing staff already implementing other interventions. By doing this, GOAL saved the funds that could have been used to pay the implementation team and instead used it for project service delivery. The RCCE component was implemented by GOAL’s health sector staff, while the cash component was implemented by the food security and livelihoods (FSL) sector staff. That was prudent use of both financial as well as human resources.

Secondly, the design and implementation of the RCCE component was quite well thought of. By training medical health personnel and existing community groups to target information dissemination in the community, the project thought about effectiveness in passing the COVID-19 messages, and got it very right. At a time when 93.5% (Figure 2 above) of the target population did not have any information about COVID-19, the money used in RCCE was very prudently utilised, and may have prevented community infection to a very large extent, even if not quantified yet. The same was the case with the IPC component, where resources used in the training of health personnel, the improvement of safe triage at the local health clinics, and the provision of PPE and other materials most likely helped in the prevention of infection at the facilities; and made the facilities safe enough for people to visit even during the COVID-19 period. Such funds could only be judged to have been used very prudently.

Elsewhere, spending project resources in the surveillance component by training the RRT and supporting their subsequent activities, with a view to identifying cases as early as possible, and bringing them out to the health clinics for further attention, was well thought of hence prudent. The same was the case with spending funds in supporting the SMoH and LHDs in case management through the training of their health personnel; improvement of isolation centres, provision of PPE, and supporting their activities at these centres. This could otherwise have been a missing link in the concerted efforts to prevent the spread of COVID-19. Besides, the payment for supplies and services directly by GOAL also ensured structured accountability for the resources used, hence prudent. Finally, the funds spent in the cash transfer component were also prudently used and in line with sector guidelines. The mode of payment, through a cash service provider, was very well thought of, as the beneficiaries could go there at their own convenience, and this enhanced both safety and efficiency of the component. These funds sustained many vulnerable families during the COVID-19 period, and as such could only be judged to have been used most prudently.

3.3.2.3 Supplies, procurement and distribution

Next to be examined was if supplies were procured and distributed in a timely manner that met the needs of affected populations. Given the global logistical and movement challenges in the international trade market, procurement, supply and distribution of project materials faced a lot of challenges. These ranged from unavailability of PPE materials, in the early days of COVID-19, to limited funds for procuring enough for large populations, and onto to logistical challenges of moving them from point A to point B. In the case of this project, for instance, a locally available drug could not be purchased in-country due to donor

restrictions, as reported elsewhere in this report. The project still had to go through international procurement procedures to obtain the drug from out of the country, at a much higher cost. Other than these challenges, the procurement and distribution of materials and supplies was undertaken efficiently.

3.3.2.4 The role of any external factors

A number of things were reported to the evaluation about external factors that hindered or facilitated the project to meet its set objectives. The first was the willingness of health personnel, community groups, and the RRT to continue working at a time when so many of their colleagues in other countries were reported to be losing their lives due to COVID-19, in the course of duty. This was a major factor that contributed to the project achieving its objectives. Secondly, COVID-19 came with a fear-factor due to its rapid spread and unknown nature. This helped to some extent in passing messages about it in the early days of the first wave. But it also proved a hinderance when the fear factor ended, as communities started disregarding the laid out COVID-19 prevention methods. This was coupled with the long and protracted nature that COVID-19 took, especially when community fatigue started showing. Another reported hinderance was the weak health systems that the project encountered and had to work with, A lot of resources went into training, rehabilitating, equipping, and giving incentives to health facilities that could otherwise have done all these things on their own with resources from the respective governments.

3.3.2.5 The relationship between inputs and outputs

This component of the efficiency criteria expected the evaluation to determine the extent to which the relationship between inputs and outputs was timely, cost-effective and to expected standards. The evaluation identified the key project inputs as human resources, financial resources, and time. The key project outputs were the RCCE messaging materials; IPC training and materials; PPE and other items for health clinics; furniture and equipment for LHDs; isolation centres in the supported clinics; support activities for SMoH, LHDs, RRTs and community groups; and cash transfers to targeted vulnerable households.

The timeliness of this intervention and all its outputs has been discussed in 3.3.2.1 above, and was settled that within the circumstances of that time, the inputs and outputs were timely. The cost effectiveness of the inputs and outputs are discussed at length in the section that follows. The evaluation was therefore satisfied that the inputs and outputs were to the expected standards, as the project used MoH as well as GOAL standards and guidelines in all their activities.

3.3.2.6 Value for money

In making an overall assessment on whether the outcomes of the project represent value for money, the evaluation obtained a working definition of best value for money as the most advantageous combination of cost, quality and sustainability to meet beneficiary requirements. In this context, cost means consideration of the whole life cost; quality means meeting a specification which is fit for an intended purpose and sufficient to meet the beneficiary requirements (Department of Finance, 2022).

At the whole cost level, the evaluation first shared the \$1 million project budget with the 448, 005 target beneficiaries and obtained \$2.23 as the simplified per capita cost of the project. On the face value, this made it a low-cost project hence fulfilling the first criteria of best value for money. However, the greater value of the project was obtained on its potential impact, because its main objectives was to prevent COVID-19 infections, and possibly save lives. This was a value that could not be quantified. Similarly, the value of the project in supporting vulnerable households during harsh economic terms coupled with

COVID-19 restrictions, could not be quantified either. The value of the training given to medical personnel, together with the equipment of local health clinics, will be felt for many years, and long after the pandemic has ended. As such, the project fulfilled the efficiency criteria of best value for money.

In summation, the evaluation concluded that this project fulfilled all aspects of the efficiency criteria and awarded it a score of 4 on the rating scale. This was done in the full awareness that no intervention can be implemented efficiently in a perfect manner, and that some little room must be left for the few elements that may not have been completely efficient. However, and on the whole, the project made efforts to attain the efficiency criteria, for which the implementation team deserve commendation.

3.3.3 Assessment of the Effectiveness of the Project

The assessment of the effectiveness of the intervention examined the extent to which the project achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. Findings in this regard are discussed below.

3.3.3.1 Project achievement of objectives

The aim of this project was to support Sudan's capacity to continue responding to and recovering from the COVID 19 outbreak, with a focus on vulnerable populations of South Kordofan and North Darfur states, Sudan. On the face value alone, this was effectively achieved through a number of activities that were undertaken by the project. Under the RCCE component, health personnel and community groups were trained and supported to convey correct COVID-19 messages to the community using different media. Both the training and the materials will continue to be used well beyond the project period, while the acquired knowledge will reside in the beneficiary communities for a long time to come.

The first objective was to provide lifesaving and essential preparedness and response of COVID- 19 pandemic to vulnerable populations in South Kordofan and North Darfur states. The project-initiated activities in the target locations whose net effect was exactly as planned. RCCE messaging was delivered to the community using a variety of media that must have reached every individual within the target project areas, and effectively prepared them in the management of COVID-19. Similarly, IPC measures were taken at the supported health clinics, to prepare them in their response to the pandemic by preventing infections among health personnel or community members in these facilities. The project further supported outreach surveillance activities in distant locations within the project area, as an early response measure against COVID-19, that involved identification of potential cases, and bringing them to the nearby health clinics for further attention. The project then supported the rehabilitation, equipment, and operationalization of isolation centres, as preparation and response for COVID-19. To this extent, the first objective was fairly well achieved.

The second objective was to provide immediate basic needs to the most vulnerable households suffering economic crisis exacerbated by the COVID-19 pandemic. The MPC component identified 450 vulnerable households from the two target areas and gave them three cycles of multi-purpose cash to use in purchasing their immediate basic needs that could sustain them through the harsh economic times that were compounded by the COVID-19 lockdown. On face value alone, this objective was also well-achieved.

3.3.3.2 Project performance against stated indicators

In assessing the project performance against its indicators, the evaluation made reference to Annex 3 of this report, which details all the indicators, the set target against each, and the attainment by the end

of the project. The table below is just a summary of the project performance against the key indicators.

Table 11 – Summarised project performance against key indicators		
	Target	Attainment
Number of health care staff trained (120 locality, Isolation center, and PHC staff to receive refresher training)	320	356 (173 m and 183 F)
Number of people trained in medical commodity chain management	N/A	119
Number of health care facilities (HCF) with increased capacity to implement recommended Infection Protection Control (IPC) measures	51	51
Percentage of target population who can recall 2 or more protective measures	80%	70%
Percentage of communities and people affected by crisis consider that they have timely access to relevant and clear information	90% (In 36 communities)	85%
Total number of households assisted through multipurpose cash activities	450 households	515 Households
Total number of individuals assisted through multipurpose cash activities	2,250 individuals	2, 575 individuals
Percentage of (beneficiary) households who report being able to meet the basic needs of their households (all/most/some/none), according to their priorities	N/A	62%
Percentage of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner	N/A	98%
Total USD Value of cash transferred to beneficiaries	\$211, 209	\$211, 209

A slight over-achievement was noted in the total number of individuals assisted through multipurpose cash activities from the targeted 2, 250 to 2, 575 individual beneficiaries. This was attributed to the depreciation of the Sudanese pound against the dollar, that left the project with slightly more money than had been budgeted for. This was used to reach additional people, as shown in the table.

3.3.3.3 Potential disruption of the humanitarian support and continuity of service provision

Under this component of effectiveness, the evaluation was to determine if the COVID-19 response disrupted the humanitarian support and continuity of service provision, in light of the preventive measures such as lockdowns. The evaluation restricted itself to any possible disruption from this particular project and established no reported incident of any disruption of humanitarian support or continuity of service provision. Indeed, the main components of this project were COVID-19 response, which fell under the category of essential services, hence were not affected by lockdown protocols.

Further, the four main components referred to actually promoted the continuity of service provision at the health clinics, once members of the community got the correct information about the transmission of COVID-19, and the safety measures taken to keep them safe at the local health clinics. To this extent, it was safe to conclude that no disruption of the humanitarian support or continuity of service provision were experienced as a result of this project.

3.3.3.4 Coordination between GOAL and other actors

It was established that for the period of the COVID-19 pandemic, GOAL worked closely with State Ministry of Health and Social Development (SMoHSD) in both Kadugli (South Kordofan) and Elfasher (North Darfur), and also maintained a close working relationship with the same ministry at the federal level. Feedback from the state directors of health was that GOAL coordinated well with them during the planning stages of the response, and contributed to the emergency preparedness plan of the two states. They also played their role as Health Sector lead very well, offering support and direction, where necessary. Throughout the

COVID-19 period, GOAL also remained in touch with the UN Agencies (including WHO, UNICEF, and OCHA) that were leading and coordinating the response. Through periodic coordination meetings at the state and locality level, they also kept in touch with other national and international agencies participating in the COVID-19 response in both states. This contributed in ensuring a coordinated response in each location, besides aligning all messaging on COVID-19 delivered to the public.

3.3.3.5 Project value addition and avoidance of duplication

This component of effectiveness expected the evaluation to establish how this response added value while avoiding duplication of effort. The evaluation started by looking at the meaning of value addition in the context of a humanitarian response project and found that it was that extra value created over and above the original or intended value (CFI, 2022). The table below summarises the potential value addition of this project.

Project Output	Value addition
Isolation centres	Will be used in future for any other infectious disease. In Kutum, preparations were being made to receive any cases of the new monkey pox outbreak
IPC infrastructure	This will be used for any future infectious diseases
Community groups	Can now be used for any other community mobilization, beyond their original purpose, as was done during COVID-19 response
Ambulance for infectious diseases	This concept is now being considered at the local health clinics. They can be used as ordinary during normal times
RRTs	RRTs are trained and ready to be used for any other outbreaks in future
Supported cold chains	These can now preserve any other medical samples or material
Safe triage	This will enhance safe visiting of health clinics

Based on the above information obtained from both beneficiaries as well as key project stakeholders, it was possible for the evaluation to reach the conclusion that the effectiveness criteria was well-achieved to the point of earning the project a score of 4 on the rating scale. The efforts made by GOAL, and particularly the project implementation team, should be commended for such a high score at a very difficult time for project implementation in Sudan.

3.3.4 Assessment of the Coherence of the Project

In the assessment of the coherence of the intervention, the evaluation looked at a number of elements constituting this component, including the compatibility of the intervention with other interventions. Findings of the evaluation on this component are discussed below.

3.3.4.1 The project and the existing situation

The first component of the assessment of the coherence of the project charged the evaluation to determine the extent to which the project intervention fitted into the existing situation. This was easy to determine, given that it was a COVID-19 response project during an outbreak of COVID-19 in Sudan, with particular reference to North Darfur and South Kordofan. To this extent the project fitted very well into the existing situation.

3.3.4.2 Project consistency with relevant international norms and standards

This component expected the evaluation to determine if the project was consistent with relevant international norms and standards. The evaluation therefore explored the international norms and standards that had been laid out for the prevention or management of the pandemic and engaged with the norms and standards in immediate implementation of appropriate infection prevention and control measures; standards on masks, their use in health care facilities; norms and standards on screening, triage and clinical assessment: early recognition of patients with COVID-19; standards on the management of mild COVID-19: symptomatic treatment; norms and standards on the prevention of complications in hospitalized and critically ill patients with COVID-19; and norms and standards on the feeding and care of COVID-19 patients after acute illness (WHO, 2022₃). The conclusion was that the project had made conscious efforts to comply with the known international norms and standards on prevention and management of COVID-19.

In December 2020, UNICEF laid out the COVID-19 global risk communication and community engagement strategy and guidelines (UNICEF, 2020)⁷ to aid all actors in the process of community engagement, complete with strategic objectives, guiding principles, engagement with the most vulnerable, potential challenges, and the global behaviour change framework. The evaluation established that the RCCE component of this project made efforts to observe these guidelines. The project communicated the standard prevention methods urging self-protection against the pandemic first, including getting vaccinated and following local guidance on vaccination. Also communicated was the need to keep physical distance of at least 1 metre from others at all times, even if they don't appear to be sick; avoiding crowds and close contact with others; wearing a properly fitted mask when physical distancing is not possible and in poorly ventilated settings; cleaning hands frequently with hand rub or soap and water; covering the mouth and nose with a bent elbow or tissue when coughing or sneezing. If someone developed symptoms, or tested positive for COVID-19, practicing of self-isolation was advised (WHO, 2022₄).

In 2021, WHO released a COVID-19 infection prevention and control guidance to action tools covering system change; training and education; monitoring and feedback; reminders and communications; and safety culture (WHO, 2021). The evaluation established that the IPC component of this project largely adhered to these guidelines. The project advocated for workers not to incur expenses for occupational safety and health requirements. Health personnel were constantly familiarized with technical updates on COVID-19 and provided with appropriate tools to assess, triage, test and treat patients and to share infection prevention and control information with patients and the public. They were provided with appropriate security measures for personal safety. Workers were provided with a blame-free environment to report on incidents, such as exposures to blood or bodily fluids from the respiratory system or to cases of violence, and to adopt measures for immediate follow up. They were also advised on self-assessment, symptom reporting and staying home when ill, in line with laid out regulations and standards (WHO, 2022₅).

The evaluation engaged with the interim guidance on public health surveillance for COVID-19, by WHO (2022₆) which outlined surveillance, case investigation and epidemiological protocols. It covered early identification, early warning for changes in epidemiological patterns, monitoring trends in morbidity and mortality, monitoring burden of disease on health care capacity. It also covered an understanding of the evolution of the virus, the risk factors for severe disease and the impact of vaccination and public health and social measures. It was established that the project implementation of the surveillance component

⁷ <https://www.unicef.org/media/90706/file/COVID-19-Global-Risk-Communication-and-Community-Engagement-Strategy.pdf>

was in line with these guidelines, and that the MoH was supported in case investigation using the RRT, and early identification measures, followed by presentation of suspected cases to the nearest health facilities. Data collected was also shared with locality, state and national MoH for further investigations and establishment of any emerging trends or patterns that could inform effective mitigation.

3.3.4.3 GOAL's alignment of its emergency response plan with FMOH guidelines

Under this component of coherence, the evaluation was expected to establish how GOAL aligned its emergency response plan with the guidelines set by Sudan's Federal Ministry of Health (FMOH). The evaluation relied heavily on the Sudan's Country Preparedness and Response Plan (CPRP) (UNCT, 2020)⁸ to determine GOAL's alignment of their emergency response to the country's guidelines, and established that the choice of all the five components of this intervention were from the CPRP. GOAL however aligned them to their intervention areas of North Darfur and South Kordofan. Support to the RCCE, IPC and surveillance were well aligned to the country response plan, as was the support to MoH in case management, as well as the multi-purpose cash component.

3.3.4.4 Project synergies and interlinkages other interventions

In assessing this component of the coherence criteria, the evaluation was charged to establish the synergies and interlinkages that were there between this intervention and other interventions carried out by the government and other agencies. In Kutum in North Darfur, where GOAL was the only agency intervening in the health sector, the project worked very closely with the state MoH in the COVID-19 response efforts, for the entire period of the pandemic. GOAL was in the state planning and implementation team, and as much as possible supported the efforts by the SMOH in the prevention and management of COVID-19. In South Kordofan, GOAL worked with the State MoH, supported by WHO, OCHA, and other Health Cluster members in the coordination of all health activities across the state.

3.3.4.5 Project support to the federal ministry, state ministry and locality health departments

This component tasked the evaluation to establish the extent of the support that was given to the federal ministry, state ministry and locality health departments. It was established that during the period of the COVID-19 pandemic, GOAL worked closely with and helped in the coordination of activities with State Ministry of Health and Social Development (SMoHSD) in both Kadugli (South Kordofan) and Elfashir (North Darfur) and at the federal level. GOAL contributed to the emergency preparedness plan of the two states in line with the activities outlined in the BHA agreement.

It was on the basis of the above assessments that the evaluation reached its conclusion that the project fulfilled its mandate under the coherence criteria. Consideration was made of the fact that the COVID-19 period came with a lot of new and largely unknown challenges, at a time when competition for the limited available resources was very high, and as such perfect coherence could not realistically be attained. For the effort put by this project, and the much that was achieved under the coherence criteria, the evaluation considered it justified to award a score of 4 on the rating scale.

3.3.5 Assessment of the Impact of the Project

In assessing the impact of the intervention, the evaluation looked at the extent to which the project generated or is expected to generate significant positive or negative, intended or unintended, higher-level

⁸ file:///C:/Users/ADMIN/Downloads/200504_Sudan%20HCT-UNCT%20Covid-19%20Plan.pdf

effects, and any added benefits of the cash programme. Findings of the evaluation are discussed below.

3.3.5.1 How well the project worked

To gauge how well this project worked, the evaluation looked at what it set out to achieve, and how well this was achieved. The first goal of this project was to prepare for and respond to the COVID-19 pandemic, with a focus on the vulnerable populations in the targeted locations. The project engaged with the target communities through the RCCE component, by giving them the correct information about COVID-19, and how best to prevent infections. By the time of the evaluation, the impact of the project was easy to see, as is shown in the table below.

State	Strongly Disagree	Disagree	Agree	Fairly Agree	Strongly Agree	Total
North Darfur	0	0	19	5	8	32
South Kordofan	2	1	20	3	34	60
Total	2	1	39	8	42	92
Total (Combined)	3		89			92
Total %	3		97			100

The figure shows that 97% (or 89) of the 92 respondents reported being more aware than before about COVID-19 prevention methods. Compared to only 6.5 who were in the same position (according to Figure 1), that was equivalent to a 90% improvement as a result of the efforts of this project.

As a reflection of the impact of the project, the same respondents were asked how many different infection modes of COVID-19 they were aware of now, and their responses plotted in the table below.

State	1 or less	2	3	4	5 and above	Total
North Darfur	2	12	15	2	1	32
South Kordofan	12	19	25	3	1	60
Total	14	31	40	5	2	92
Total %	15	34	43	5	2	100
Total (Combined)	14	78				92
Total (Combined)%	15	85				100

The table shows that 85% (or 78) of the 92 respondents could identify two or more COVID-19 infection modes, with a majority 43% (or 40) able to identify at least three different infection modes, and another 2% able to identify five or more infection modes.

Asked how many preventive methods they were now aware of, a similar pattern was observed in their response, reflecting the impact on the project on the community, as is captured in the next table.

The table shows that a combined 60% (or 55) of the respondents practiced at least two or more of the COVID-19 preventive methods, with a majority 17% (or 16) practicing five or more of the methods.

Table 15 – Which/ How many COVID 19 prevention activities do you practice most?						
State	1 or less	2	3	4	5 and above	Total
North Darfur	9	8	10	3	2	32
South Kordofan	28	5	4	9	14	60
Total	37	13	14	12	16	92
Total %	40	14	15	13	17	100
Total (Combined)	37	55				92
Total (Combined) %	40	60				100

And much as only a minority 40% (or 37) of the respondents practiced only one method or less, this huge proportion of the respondents were noted as a point of concern that may need to be engaged with further, to establish why they were not observing the COVID-19 preventive measures.

On something different, the project then made the health facilities safe through the IPC initiative, and supported both surveillance as well as case management efforts of the state MoH. These efforts must have resulted in the zero cases of COVID-19 by the time of this evaluation compared to 142 confirmed cases and 45 confirmed deaths in North Darfur; and 15 confirmed cases and 3 confirmed deaths in South Kordofan, as at July 2020 (Altayb, Altayeb, Hamadani, Elsayid and Mahmoud, 2020)⁹. Similarly, the beneficiaries of the multi-purpose cash were able to provide food, non-food items, and other basic needs to their families for the period of the COVID-19 outbreak, at least up to when the cash lasted.

Looked at from this lens, the evaluation was satisfied that the project worked as it had been designed to, and contributed towards its intended purpose and outcomes, at least in the short- and medium-term periods. In the long-term period, much will depend on how the good results of these project can be sustained, both at the community level as well as the programmatic support level. The cash component was an emergency response that served its immediate purpose. Going forward, the vulnerable beneficiaries and other populations will have to revert back to their tested and proven traditional livelihood strategies, even if with a little support once in a while.

3.3.5.2 Unintended impacts and other added benefits of the cash programme

The evaluation established a number of unintended impacts of the project, as well as other added benefits worth mentioning. For instance, the cash component boosted the economies of the local markets for the period when disbursements were done, which was not a direct intention of the project. Increased circulation of money in the local markets must in turn have had a downstream trickle-down effect to many other people. Secondly, it also temporarily broke the dependency cycle on traders that poor farming communities found themselves in every year. Such farmers would borrow food and other items from the traders, and pay back using farm produce during harvesting when prices were very low. Although the method helped them in the lean season, it exploited them a lot and threw them back into that borrowing loop, as soon as they had exhausted their harvest.

On the other hand, the cash component brought out the challenge posed by the youth, who stopped project activities in Kutum claiming being left out in the cash beneficiary list. This was regardless of whether their families were beneficiaries or not, thus highlighting the need to start targeting them directly as a separate group. It also highlighted the possibility that the implementation criteria or rationale for the

⁹ file:///C:/Users/ADMIN/Downloads/1-s2.0-S2052297520300986-main.pdf

cash distribution may not have been communicated more clearly to these youth, leaving room for their unmet expectations and the discontent that followed.

At the end of the assessment of the impact criteria, however, the evaluation was satisfied that it had fulfilled the mandate it was charged to do, and awarded it a score of 4 on the rating scale. This was justified by the high level of community awareness on COVID-19 infection and prevention modes, and the rate at which the communities were practicing preventive methods, as a result of the implementation of the RCCE, IPC and surveillance components. At the same time infections gradually reduced until there were no reported cases by the time of this evaluation. The project may not have done everything, but it did contribute towards this good results in the targeted states, for which it must be recognised.

3.3.6 Assessment of the Sustainability of the Project

The assessment of the sustainability of this intervention entailed looking at the extent to which the net benefits of the intervention were likely to continue. That in turn involved looking at the mechanisms that GOAL and partners had put in place to sustain the key programme results, the possible motivations that existed for partners to continue playing those roles, and the potential risks facing the sustainability of project results. The evaluation discussed these points with the beneficiaries and key stakeholders, and findings in this regard are discussed below.

To begin with, a number of benefits of the intervention are likely to continue beyond the project period. Most capacity building benefits last beyond the actual activity, especially when the beneficiaries employ the acquired skills and knowledge long after the project period. In some cases, they even conduct skills and knowledge transfer to other people who did not attend the capacity building activity. The same is likely to be the case here, when direct beneficiaries use the acquired skills and knowledge beyond the project period, as they teach their families about what they learnt in the COVID-19 management. Most of the benefits of the trainings conducted for community groups, medical health personnel, and RRTs will remain in the trained people and be used in many different situations in future. The benefits of all equipment provided will go beyond the COVID-19 period. The benefits of the safe triage that was established by this project will be used throughout the life of the health clinics. The benefits of the surveillance infrastructure and the RRTs will be felt beyond this project, as they will be used in case of any other outbreaks. The benefits of the rehabilitated isolation centres will extend beyond this project, and had indeed been felt in Kutum at the time of this evaluation, where the centres were being prepared to receive the first suspected cases of monkey pox. Finally, the benefits of the cold chains that were supported by this project will be felt for many years after this project, as they will be able to preserve any other delicate drugs or samples.

For individual and personalized benefits from capacity building initiatives by the project, their continued application for the good of the individuals and their families will ensure that they are sustained for the period of the pandemic. In future, in the unlikely event of a new or similar outbreak, some of these will still be ingrained in the affected beneficiaries, and may be applied. For the rest of the above benefits, their sustainability was hinged on the mechanisms that GOAL and partners had put in place to sustain them. The sustainability of the benefits of most of the capacity building initiatives are usually individualized to the extent of the trained person continuing with personal capacity development. In future, consideration may be made for follow up or refresher capacity building to be conducted for the same people. It will be in the interest of the supported health clinics to work towards maintaining or upgrading the equipment, facilities and infrastructure provided by this project, to continue enjoying their benefits, and to enhance service delivery at these facilities.

The evaluation identified very minimal potential risks facing the sustainability of the benefits discussed above. For instance, capacity building is a continuous exercise that demands periodic refresher courses, to keep the beneficiaries up to date with the latest developments in the same field. Resource constraints may make it challenging for the supported health clinics to conduct such refresher courses for the trained beneficiaries. The clinics may have to be innovative to come up with ways and means of addressing this challenge, including working with other organizations in the health sector towards this objective. Similarly, the surveillance infrastructure including the RRT, as well as the case management infrastructure like the isolation centres, may slow down in operation if no outbreak occurs in the near future. The supported facilities will have to come up with ways of putting them to good use and keeping them active, in the unfortunate readiness for any disease outbreak in future.

In the final assessment of the sustainability criteria, the evaluation awarded a score of 3 on the rating scale, and not for negative reasons. This was an emergency intervention, which by design are usually structured to address an emerging situation as a primary objective. Sustainability in emergency interventions is usually of secondary priority, and even then, only when that was possible. The same was the case with this intervention, after it ably addressed the emergency for which it was designed and implemented. Still, it will be well if as many of its components can be sustained for posterity.

3.4 Best Practices

The evaluation identified a number of best practices resulting from the implementation of this project. A few of these are discussed in the section that follows.

3.4.1 Best Practices from the COVID-19 Response Component

The evaluation identified a number of best practices from the COVID-19 response component of the intervention. Some of these are summarised below.

The use of existing community groups for COVID-19 response: This was the first best practice identified by the evaluation, in the implementation of the RCCE component, as it gave those groups an added benefit from their original design. It was also a quick way to mobilize and share information with target communities, besides working with people already trusted by the community to enhance accurate but very vital information communication.

Establishment of safe triage sections, and IPC at the health clinics: Even though established for the COVID-19 response, these facilities will improve health service delivery at those facilities right across the board. They will also be used well after the project period, giving it an added sustainability advantage.

The surveillance infrastructure: Even though established for the COVID-19 response, this will remain as a standby infrastructure ready to be activated in the event of any outbreak in future. The lessons learnt during this project will be used to improve its effectiveness in future

Community Led Action: This approach was another best practice identified by the evaluation, as it took the COVID-19 preventive methods from training venues and into homesteads, where they became a daily practice. It is noteworthy that communities are key to stopping any disease outbreak, and that their collective actions at the family and local levels are at the heart of an effective infectious disease response. CLA helps communities to understand the urgency of the situation, and the actions they can take to

protect themselves, their families, and their communities. It is very likely that the home-based practice of COVID-19 preventive measures may have prevented community-based infection by quite some margin, even if it may not have been possible to quantify its impact.

3.4.2 Best Practices from the Multi-Purpose Cash Component

The multi-purpose cash component of the intervention yielded a number of best practices, a few of which are summarised below.

Incorporation of the host communities: This project went beyond the stated locations and into new areas that were outside its original geographic scope. This became necessary when it was deemed wise to incorporate some beneficiaries from host communities, to forestall any feelings of bitterness among host communities about preferential treatment of the target beneficiaries. This act of going beyond the planned beneficiaries was noted as a best practice, even if it was circumstantial.

Peace building: Even though not originally intended, the intervention ended up contributing to peace-building among the target populations by bringing in beneficiaries from the host communities who were not in the original project concept. This action resulted in the avoidance of obstruction of implementation of project activities by such host communities, especially given the fact that in some cases, project vehicles had to pass through host community settlements on their way to target locations. By selecting beneficiaries from amongst them, they became part of the project and supported all the related efforts.

Capital injection into the local economies: The multipurpose cash component of this project played a key role in injecting capital into the local economies of the project locations at a time when most local economies were collapsing from trade inactivity. This qualifies it as a best practice. Most recipients of the cash used it to purchase food and non-food items from the local markets and shopping centres, to the benefit of local traders. The economic trickle-down effect of this action can only be assumed to have been felt at tertiary economic levels, and all the way to Khartoum and beyond, as these traders restocked their shops with new foods and other items.

Temporary break from borrowing: This intervention created a temporary but very important break from an existing borrowing vicious cycle for the target beneficiaries. Over the years, families in the target locations have found themselves in a dependency cycle of borrowing from local traders and repaying with farm produce after harvesting. The unfairness of this arrangement was highlighted by the fact that traders demand to be paid back not in cash but in kind, using farm produce. This is usually done when the market is flooded with the same produce and the unit sale price is lowest. The traders usually end up receiving the bulk of the harvest from the farming families, leaving them with only a little to survive on. After just a few months, the farmers have to go back to the same traders to borrow again, including some of the very produce they paid back to the traders, but this time at a fairly high price, as the vicious cycle continues. For the period of this intervention, the beneficiaries experienced some peace of mind from this situation, as they purchased their requirements in cash, and was registered as a best practice of this intervention.

Indirect benefits of indirect beneficiaries: A hidden best practice of the cash component were the host of impact it had on indirect beneficiaries (family members). First, it created some stability at the household level, as it reduced the usual anxieties experienced when food and other supplies are depleted. It is well established that family frictions increase whenever there is shortage of food and other necessities, and this intervention prevented or at least reduced such frictions. Further, these family members would otherwise have had to go out and look for food or money, often under difficult circumstances. In the

process, they get exposed to different forms of exploitation, conflicts, violence, and at times sexual abuse. For the period when the cash lasted, therefore, it silently contributed positively in the lives of these indirect beneficiaries.

3.5 Challenges and Lessons Learnt

The evaluation identified a number of challenges that were faced by the project, and the possible lessons that were learnt each challenge, and from implementing this intervention generally. These are discussed below.

State of unpreparedness: The sudden outbreak of COVID-19, together with its being totally new in the health sector across the globe, meant that no one was prepared for it, or how to respond to it. Government health offices all over the world were least prepared for it, and so was the government of Sudan. There were no reliable data bases to inform any proposed interventions, and the ones that were there were not easily accessible to health practitioners. Analysis of available data was slow, and most of this was not shared due to confidentiality issues at the time. The government placed restrictions on conducting some activities like vaccination, or contact tracing, even where capacity for this among health practitioners was available. Hospitals across the implementation areas were least prepared to take in and accommodate suspected or confirmed cases. All these had an impact on the time as well as the manner of response, thereby posing a major challenge.

From the above observation it was possible to learn that in future, emphasis must be put in establishing, constantly updating and analysing consolidated data bases for such outbreaks, and make them accessible to health practitioners, as a way of promoting evidence-based as well as innovative mitigation measures. Similarly, the lives and health of populations must surely override and be put ahead of any confidentiality issues of any nature, which can be dealt with much afterwards. Secondly, placing government restrictions on activities like vaccination and contact tracing, when there was inadequate capacity for conducting such activities, was counter-productive and may need to be strongly considered before being imposed. At the same time, Sudan is geo-located in a region that is prone to disease outbreaks like Ebola and monkeypox. Hospitals and health facilities across the implementation areas should work towards establishing and maintaining isolation centres and the related protocols, in the event of such outbreaks in future.

Insecurity was the next challenge the intervention faced across the project locations. In North Darfur, incidents of shooting and hijacking (unrelated to this project!) were reported within or in close proximity to the implementation areas. From past experience, the project learnt never to take such reports lightly, and halted the implementation of activities until safety was declared once again. The halt in implementation resulted in significant delays against the work plan, but these were later made up for through deliberately increasing the tempo of the implementation of outstanding activities.

A lesson learnt from this situation is to always have an advanced mitigation measure in place, given that North Darfur and South Kordofan, where GOAL has chosen to implement its interventions, are still unstable and likely to experience incidences of insecurity in the foreseeable future. Similarly, it will be in the interest of GOAL and the targeted beneficiaries to invest in peace-building initiatives in these areas, besides the other interventions currently being undertaken in these areas.

Conflict-related challenges, of cross-cutting nature and affecting all implementing agencies in the state, were also experienced particularly in Abujubeiha. This happened shortly after the disbursement of the first round of the multi-purpose cash, and had a huge impact on the project implementation. Besides the

suspension of project operations in the affected locations, the local bank, that acted as the cash service provider, was also closed. Alternative innovative measures were taken for the disbursement of the second round of the cash. Beneficiaries were advised to collect their money from an alternative town that was not affected by the conflict. But this came with its own logistical challenges, as the beneficiaries had to be transported to the disbursement centre, and police escort also had to be obtained, both of which had cost implications. The project resumed operations only after the conflict had been solved, and the third round of disbursement was only completed in the month of September 2022.

A lesson learnt from this experience was that before such areas are confirmed as stable, a very detailed risk analysis together with possible mitigation measures will have to be an integral part of the design of any project targeting these areas. Insecurity and the related challenges may not be treated as incidental events anymore, and must be well-planned for, if effectiveness is to be realised despite these circumstances.

Conflict from the youth was another challenge faced by the project, specifically in Kassab IDP Camp, in Kutum locality of North Darfur. These youths disputed the beneficiary selection list that was done by community leaders, for excluding them. It was reported that this was a repeat incident of something they also did to a different intervention by World Food Programme (WFP). It took over one month, and the collective intervention of the Locality Commissioner, officials from the Humanitarian Aid Commission (HAC), community leaders, and the youth leaders, for the dispute to be resolved amicably. This inevitably caused a delay in the implementation process.

From the incident, the project learnt the need for a much deeper engagement with the youth during project formulation, design, entry, and community engagement, to explain to them in detail the project rationale for beneficiary selection, and in the process manage their expectations. Secondly, it also became clear that humanitarian and development agencies must now start targeting the youth in future interventions, to address their circumstances, away from that of their families. It was noteworthy that infants who arrived at the affected IDP camps in 2001 were now adults of 21 years old or more, with individual needs and aspirations in life that may be totally different from those of their families, and that needed to be addressed, if the related conflicts were to be forestalled.

Donor restrictions on procurement and the subsequent delays in procurement was also a notable challenge for this intervention. One requirement was the prohibition of in-country procurement of all items except those falling under Level 1 (gloves, masks, etc.). The implication was such that even items that were locally available, and sold by local subsidiaries of international companies, could not be procured locally. For such items, the project was disadvantaged through lost time, as well as the costs related to importation. But over and above that, all formal procurement processes take time, and this intervention was not exempted from this challenge. This was made worse by the global demand and ensuing competition for COVID-19 response items like personal protective equipment (PPE), particularly in the early days of the epidemic outbreak.

“A case in point was of one drug sold locally by a subsidiary of an international company. After importing it from outside the country, the cost of importing one drug was equivalent to purchasing nine of them locally.”

- Dr. Mohamed Hussein

GOAL- Sudan ERP Coordinator, Khartoum

4. CONCLUSION

An end-evaluation is just one method of availing evidence-based information on the performance of a project, but from their perspective an external third party, to ensure objectivity. By its nature, the exercise offers an opportunity for a project to avail proof on the fulfillment of its obligation to deliver on the promised outputs and outcomes in a systematic way that also captures the processes leading to this. The exercise also offers an opportunity for stakeholders to view and consider pertinent issues raised before identifying any interventions that may address identified issues.

From the onset, this evaluation set out to collect data and information on the performance of the project generally, with a view to gauge its success. Specifically, it aimed at establishing the performance of the project against its set objectives, implementation indicators, and expected results. The evaluation stated the methods used and their effectiveness in capturing the targeted information, together with an analysis of the information obtained, and the resultant findings. This report is therefore a summation of the extensive exercise that was undertaken over a fair period, and that interacted with many stakeholders and gathered very valuable information about the implementation, its results, the potential dynamics that were encountered by the project. The report puts together all the information that the study managed to obtain, together with reasoned discussions within each finding. Based on this information, the project can now make informed decisions on the most appropriate approach to address any identified issues, that would contribute towards the well-being of their target beneficiaries in North Darfur and South Kordofan. It was on the strength of the above findings and discussions that the report put together the recommendations that follow.

5. RECOMMENDATIONS

- i) Continue with the system strengthening approach to targeting improved provision of health services in intervention areas. The innovativeness with which this emergency intervention managed to contribute towards health systems strengthening in the two locations should be replicated in other sectors and locations. Long after this emergency project will have been closed, the systems that it helped to improve, like the isolation centres, will still be used for other contagious or infectious diseases in future.
- ii) There will be a need for quite some time to come up with follow-up support projects for the beneficiaries of North Darfur and South Kordofan, and their wider communities. These are communities that oscillate between insecurity and natural hazardous elements like droughts and famine, and unable to cope with these from the IDP situations in which most of them live. This will help to build on the positive gains of this emergency project, and contribute towards a more holistic approach aimed at improving their lives. Most of them remain in need of structured support, even after expressing appreciation for the support they received from this intervention during the COVID-19 period.
- iii) In the light of (i) above, GOAL should use their presence and voice at the national NGO forum to

encourage other NGOs to consider moving into North Darfur and South Kordofan. Technically, this is not GOAL's mandate, which remains to understand the context and the system in which the organization works, and to work with and build the capacity of the permanent actors in the system. However, it is in GOAL's interest for their target beneficiaries to experience a holistic improvement in their life circumstances, which will be improved a lot with the coming in of other agencies into North Darfur and South Kordofan, to intervene in other sectors that GOAL is currently not intervening in. GOAL could also consider expanding the intervention approach and venture into other sectors.

- iv) Come up with projects targeting the youth, to start addressing the silent problem that will soon blow up in most project locations. Incidents where the youth no longer feel they are direct beneficiaries even in interventions that impact on their bigger households are mere indications that they have their own needs, and they can no longer depend on foods produced by their parents, neither can they depend on farming for their livelihoods. There must be another answer to their predicament.

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Annex 3 - LFA Attainment Matrix

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